

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: 14-0135	Period: From 10/01/2019 To 09/30/2020	Worksheet S Parts I-III Date/Time Prepared: 3/17/2021 12:45 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 3/17/2021	Time: 12:45 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 DECATUR MEMORIAL HOSPITAL (14-0135) for the cost reporting period beginning 10/01/2019 and ending 09/30/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	221,402	-207,517	0	0	1.00
2.00	Subprovider - IPF	0	151,808	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	373,210	-207,517	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: 14-0135		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 3/17/2021 12:45 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2300 N. EDWARD ST.			PO Box:				1.00			
2.00	City: DECATUR			State: IL		Zip Code: 62526		County: MACON			
		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		DECATUR MEMORIAL HOSPITAL	140135	19500	1	07/01/1966	N	P	O	
4.00	Subprovider - IPF		DECATUR MEMORIAL HOSPITAL	14S135	19500	4	10/01/2015	N	P	O	
5.00	Subprovider - IRF										
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA		DMH HHA	147206	19500		01/13/1982	N	P	N	
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice		DMH HOSPICE	141517	19500		06/30/1988				
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2019		09/30/2020		20.00
21.00	Type of Control (see instructions)						2				21.00
						1.00	2.00	3.00			
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N				23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			933	419	0	38	4,606	91		24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0135		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 3/17/2021 12:45 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
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)							N	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	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	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.							N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.							Y	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	60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)							23.00	60.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part I
Date/Time Prepared:
3/17/2021 12:45 pm

	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00		2.00	3.00	4.00	
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
	Unweighted FTEs Nonprovider Site		Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
	1.00		2.00	3.00		
64.00 Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

Worksheet S-2
Part I
Date/Time Prepared:
3/17/2021 12:45 pm

MCRIF32 - 16.9.172.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0135	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part I Date/Time Prepared: 3/17/2021 12:45 pm	
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N

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		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0 115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	0	0	0 118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y	5.00	122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0135		Period: From 10/01/2019 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 3/17/2021 12:45 pm	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name: NATIONAL GOVERNMENT SERVICES, INC		Contractor's Name: 00131		Contractor's Number: 00131		141.00		
142.00	Street: 8115 KNU E ROAD		PO Box:				142.00		
143.00	City: INDIANAPOLIS		State:		Zip Code: 46250		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
								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)								0.00	169.00
						Beginning	Ending		
						1.00	2.00		
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)									170.00
						1.00	2.00		
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)								N	0
									171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0135	Period: From 10/01/2019 To 09/30/2020	Worksheet S-2 Part II Date/Time Prepared: 3/17/2021 12:45 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)	Y	10/01/2019	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	12/22/2020
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		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		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	02/09/2021	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part II
Date/Time Prepared:
3/17/2021 12:45 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?		Y		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.		Y		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.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		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.	DONALD	HENDRIAN		41.00
42.00	Enter the employer/company name of the cost report preparer.	DECATUR MEMORIAL HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(217) 876-2032	HENDRIAN.DON@MHSIL.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet S-2
Part II
Date/Time Prepared:
3/17/2021 12:45 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 REIMBURSEMENT	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: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
3/17/2021 12:45 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	114	47,884	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)		114	47,884	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,052	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	20	7,320	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 DETOXIFICATION INTENSIVE CARE UNIT						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		156	63,256	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	6,920		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		156			0	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: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
3/17/2021 12:45 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)	12,317	887	22,327			1.00
2.00	HMO and other (see instructions)	4,028	4,669				2.00
3.00	HMO IPF Subprovider	470	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)	12,317	887	22,327			7.00
8.00	INTENSIVE CARE UNIT	2,306	251	6,358			8.00
9.00	CORONARY CARE UNIT	2,417	138	3,494			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	DETOXIFICATION INTENSIVE CARE UNIT						12.00
13.00	NURSERY		52	1,316			13.00
14.00	Total (see instructions)	17,040	1,328	33,495	15.00	1,604.87	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,895	43	2,437	0.00	16.51	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	13,227	2,058	17,702	0.00	32.05	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	8.30	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				15.00	1,661.73	27.00
28.00	Observation Bed Days		1,576	6,803			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			414			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	91	139			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: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
3/17/2021 12:45 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	3,368	1,165	7,202	1.00
2.00 HMO and other (see instructions)			715	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 DETOXIFICATION INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,368	1,165	7,202	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	107	8	149	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part II
Date/Time Prepared:
3/17/2021 12:45 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	132,030,669	812,500	132,843,169	3,469,692.00	38.29
2.00	Non-physician anesthetist Part A		6,684,787	0	6,684,787	56,856.00	117.57
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		733,051	0	733,051	4,405.00	166.41
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		24,312,681	0	24,312,681	80,835.00	300.77
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	858,247	858,247	31,320.00	27.40
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		14,796,114	-1,133,483	13,662,631	316,530.00	43.16
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		7,834,355	0	7,834,355	125,207.00	62.57
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		316,935	0	316,935	1,322.00	239.74
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		1,939,092	0	1,939,092	19,785.00	98.01
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)		24,756,604	0	24,756,604		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		3,280,518	0	3,280,518		
20.00	Non-physician anesthetist Part A		845,581	0	845,581		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		62,195	0	62,195		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		2,126,979	0	2,126,979		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		268,581	0	268,581		
25.50	Home office wage-related (core)		580,619	0	580,619		
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: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part II
Date/Time Prepared:
3/17/2021 12:45 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	974,812	812,500	1,787,312	14,282.00	125.14	26.00
27.00	Administrative & General	5.00	10,502,163	-242,681	10,259,482	396,866.00	25.85	27.00
28.00	Administrative & General under contract (see inst.)		459,494	0	459,494	4,716.00	97.43	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,585,076	0	2,585,076	106,613.00	24.25	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,581,538	0	1,581,538	112,668.00	14.04	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,053,959	-1,714,426	339,533	19,805.00	17.14	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,714,426	1,714,426	97,729.00	17.54	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,210,382	242,681	2,453,063	66,795.00	36.73	38.00
39.00	Central Services and Supply	14.00	596,410	0	596,410	29,357.00	20.32	39.00
40.00	Pharmacy	15.00	2,405,627	0	2,405,627	61,847.00	38.90	40.00
41.00	Medical Records & Medical Records Library	16.00	2,278,948	0	2,278,948	87,800.00	25.96	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: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part III
Date/Time Prepared:
3/17/2021 12:45 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)	101,492,695	-45,747	101,446,948	3,305,397.00	30.69	1.00
2.00	Excluded area salaries (see instructions)	14,796,114	-1,133,483	13,662,631	316,530.00	43.16	2.00
3.00	Subtotal salaries (line 1 minus line 2)	86,696,581	1,087,736	87,784,317	2,988,867.00	29.37	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,090,382	0	10,090,382	146,314.00	68.96	4.00
5.00	Subtotal wage-related costs (see inst.)	25,399,418	0	25,399,418	0.00	28.93	5.00
6.00	Total (sum of lines 3 thru 5)	122,186,381	1,087,736	123,274,117	3,135,181.00	39.32	6.00
7.00	Total overhead cost (see instructions)	25,648,409	812,500	26,460,909	998,478.00	26.50	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0135	Period: From 10/01/2019 To 09/30/2020	Worksheet S-3 Part IV Date/Time Prepared: 3/17/2021 12:45 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		1,122,896	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		1,041,049	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)		16,820,768	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		515,018	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		180,163	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)		1,242,902	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		32,466	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		8,479,431	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		1,863,397	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		42,368	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		31,340,458	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: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet S-3
Part V
Date/Time Prepared:
3/17/2021 12:45 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	0	0	1.00
2.00	Hospital	0	0	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			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

Health Financial Systems		DECATUR MEMORIAL HOSPITAL			In Lieu of Form CMS-2552-10		
HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 14-0135 Component CCN: 14-7206	Period: From 10/01/2019 To 09/30/2020	Worksheet S-4 Date/Time Prepared: 3/17/2021 12:45 pm	
					Home Health Agency I	PPS	
					1.00		
0.00	County	MACON					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	1,121	177	246	1,544	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,611.00	254.00	353.00	2,218.00	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)			1.24	0.00	1.24	4.00
5.00	Other Administrative Personnel			6.35	0.00	6.35	5.00
6.00	Direct Nursing Service			15.31	0.00	15.31	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			5.56	0.00	5.56	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.97	0.00	0.97	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.39	0.00	0.39	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.74	0.00	0.74	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.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	19500					20.00
		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	4,226	841	145	288	5,500	21.00
22.00	Skilled Nursing Visit Charges	802,940	159,790	27,550	24,510	1,014,790	22.00
23.00	Physical Therapy Visits	3,660	255	75	98	4,088	23.00
24.00	Physical Therapy Visit Charges	695,400	48,450	14,250	11,590	769,690	24.00
25.00	Occupational Therapy Visits	351	46	12	10	419	25.00
26.00	Occupational Therapy Visit Charges	66,690	8,740	2,280	1,900	79,610	26.00
27.00	Speech Pathology Visits	13	159	0	0	172	27.00
28.00	Speech Pathology Visit Charges	2,470	30,210	0	1,140	33,820	28.00
29.00	Medical Social Service Visits	15	3	0	0	18	29.00
30.00	Medical Social Service Visit Charges	2,850	570	0	380	3,800	30.00
31.00	Home Health Aide Visits	363	37	0	0	400	31.00
32.00	Home Health Aide Visit Charges	30,855	3,145	0	2,040	36,040	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	8,628	1,341	232	396	10,597	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)	1,601,205	250,905	44,080	41,560	1,937,750	35.00
36.00	Total Number of Episodes (standard/non outlier)	776		106	24	906	36.00
37.00	Total Number of Outlier Episodes		60		2	62	37.00
38.00	Total Non-Routine Medical Supply Charges	79,821	18,574	1,267	2,761	102,423	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0135

Period:

Worksheet S-9

Hospice CCN: 14-1517

From 10/01/2019

PARTS I THROUGH IV

To 09/30/2020

Date/Time Prepared:

Hospice I

3/17/2021 12:45 pm

		Unduplicated Days	Hospice I						
		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	213	9,183	754	10,150	11.00
12.00	Hospice Inpatient Respite Care	0	0	0	0	12.00
13.00	Hospice General Inpatient Care	0	0	0	0	13.00
14.00	Total Hospice Days	213	9,183	754	10,150	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: 14-0135	Period: From 10/01/2019 To 09/30/2020	Worksheet S-10 Date/Time Prepared: 3/17/2021 12:45 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)		0.232478	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		23,359,260	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		156,254,641	6.00	
7.00	Medicaid cost (line 1 times line 6)		36,325,766	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		12,966,506	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		12,966,506	19.00	
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	7,509,671	2,891,958	10,401,629	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,745,833	2,891,958	4,637,791	21.00
22.00	Payments received from patients for amounts previously written off as charity care	160,703	615,095	775,798	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,585,130	2,276,863	3,861,993	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)		21,706,416	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,606,708	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,471,858	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		19,234,558	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		5,336,762	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		9,198,755	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		22,165,261	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0135

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

Worksheet A

Date/Time Prepared:
3/17/2021 12:45 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		14,820,463	14,820,463	-13,345,098	1,475,365	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	3,931,454	3,931,454	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	974,812	23,527,397	24,502,209	-270	24,501,939	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,502,163	15,499,458	26,001,621	9,158,678	35,160,299	5.00
7.00	00700	OPERATION OF PLANT	2,585,076	8,809,741	11,394,817	-1,389	11,393,428	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,094,489	1,094,489	-24	1,094,465	8.00
9.00	00900	HOUSEKEEPING	1,581,538	928,611	2,510,149	-5,253	2,504,896	9.00
10.00	01000	DIETARY	2,053,959	1,681,483	3,735,442	-3,126,143	609,299	10.00
11.00	01100	CAFETERIA	0	0	0	3,117,949	3,117,949	11.00
13.00	01300	NURSING ADMINISTRATION	2,210,382	301,408	2,511,790	223,219	2,735,009	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	596,410	3,923,468	4,519,878	-2,738,590	1,781,288	14.00
15.00	01500	PHARMACY	2,405,627	11,789,865	14,195,492	-11,143,655	3,051,837	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,278,948	639,506	2,918,454	-217	2,918,237	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	6,684,787	6,684,787	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	858,247	858,247	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	3,629,054	3,629,054	22.00
23.00	02301	PARAMED ED PRGM-CRNA	577,800	46,915	624,715	0	624,715	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,267,626	3,332,846	12,600,472	-590,629	12,009,843	30.00
31.00	03100	INTENSIVE CARE UNIT	3,621,603	1,860,926	5,482,529	-250,899	5,231,630	31.00
32.00	03200	CORONARY CARE UNIT	2,298,718	1,196,512	3,495,230	-84,450	3,410,780	32.00
40.00	04000	SUBPROVIDER - IPF	984,547	920,187	1,904,734	-13,342	1,891,392	40.00
43.00	04300	NURSERY	0	32,026	32,026	-28,170	3,856	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,172,751	18,312,196	23,484,947	-11,032,328	12,452,619	50.00
50.01	05001	ORTHO MEDICAL	75,784	51,772	127,556	-42,583	84,973	50.01
51.00	05100	RECOVERY ROOM	729,217	82,947	812,164	-13,723	798,441	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	31,909	31,909	335,386	367,295	52.00
53.00	05300	ANESTHESIOLOGY	6,916,854	1,075,279	7,992,133	-6,902,955	1,089,178	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,250,840	8,342,572	15,593,412	-741,134	14,852,278	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,256,558	1,984,717	3,241,275	-36,683	3,204,592	55.00
60.00	06000	LABORATORY	3,021,460	5,313,579	8,335,039	0	8,335,039	60.00
65.00	06500	RESPIRATORY THERAPY	1,290,193	359,045	1,649,238	-126,602	1,522,636	65.00
66.00	06600	PHYSICAL THERAPY	2,457,827	725,582	3,183,409	480,471	3,663,880	66.00
67.00	06700	OCCUPATIONAL THERAPY	476,539	56,138	532,677	-10,937	521,740	67.00
68.00	06800	SPEECH PATHOLOGY	331,492	43,511	375,003	-10,080	364,923	68.00
69.00	06900	ELECTROCARDIOLOGY	1,850,803	577,477	2,428,280	-20,213	2,408,067	69.00
69.01	06901	CATH LAB	1,153,961	3,907,144	5,061,105	-3,542,066	1,519,039	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	554,900	200,121	755,021	-48,011	707,010	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,280,520	5,280,520	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,733,998	15,733,998	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,689,964	10,689,964	73.00
74.00	07400	RENAL DIALYSIS	0	745,327	745,327	-7,950	737,377	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,250,453	1,482,895	3,733,348	-783,191	2,950,157	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	88,305	1,278,896	1,367,201	-186,760	1,180,441	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	1,968,128	888,868	2,856,996	0	2,856,996	90.01
90.02	09002	DMG PHYSICIAN GROUP	35,934,559	18,179,179	54,113,738	0	54,113,738	90.02
91.00	09100	EMERGENCY	4,077,069	5,105,334	9,182,403	-194,068	8,988,335	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,325,882	572,937	2,898,819	-53,888	2,844,931	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	590,402	352,697	943,099	-79	943,020	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	121,713,186	160,075,423	281,788,609	5,042,347	286,830,956	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	84,072	538,188	622,260	0	622,260	190.00
190.01	19001	SIU CLINIC	858,247	4,032,115	4,890,362	-4,487,301	403,061	190.01
190.02	19002	WOMEN'S CENTER	70,440	31,070	101,510	0	101,510	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	2,711	2,711	0	2,711	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	534,738	588,255	1,122,993	0	1,122,993	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	0	0	0	0	190.08
190.09	19009	SHORE	0	49,256	49,256	0	49,256	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	188,051	3,100,095	3,288,146	0	3,288,146	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0135

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

Worksheet A

Date/Time Prepared:
3/17/2021 12:45 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	
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	1,289,900	580,181	1,870,081	0	1,870,081	190.15
190.16	19016	CANCER CARE INSTITUTE	257,005	36,203	293,208	0	293,208	190.16
190.17	19017	INTEGRATED CENTER	343,231	577,237	920,468	-499,046	421,422	190.17
190.18	19019	340B ADMINISTRATION	64,113	1,477,159	1,541,272	0	1,541,272	190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM	0	103	103	0	103	190.19
191.00	19100	RESEARCH	843,039	215,957	1,058,996	0	1,058,996	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,784,647	3,437,384	9,222,031	-56,000	9,166,031	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	132,030,669	174,741,337	306,772,006	0	306,772,006	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0135

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

Worksheet A

Date/Time Prepared:
3/17/2021 12:45 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	4,505,860	5,981,225	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,577,584	9,509,038	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-9,450,876	15,051,063	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-7,056,555	28,103,744	5.00
7.00	00700	OPERATION OF PLANT	-198,951	11,194,477	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,094,465	8.00
9.00	00900	HOUSEKEEPING	0	2,504,896	9.00
10.00	01000	DIETARY	-10,455	598,844	10.00
11.00	01100	CAFETERIA	-1,852,679	1,265,270	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,735,009	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,781,288	14.00
15.00	01500	PHARMACY	0	3,051,837	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,611	2,916,626	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-6,684,787	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	858,247	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,629,054	22.00
23.00	02301	PARAMED ED PRGM-CRNA	-544,626	80,089	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-6,088	12,003,755	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,231,630	31.00
32.00	03200	CORONARY CARE UNIT	0	3,410,780	32.00
40.00	04000	SUBPROVIDER - IPF	0	1,891,392	40.00
43.00	04300	NURSERY	0	3,856	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-14,000	12,438,619	50.00
50.01	05001	ORTHO MEDICAL	0	84,973	50.01
51.00	05100	RECOVERY ROOM	0	798,441	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	367,295	52.00
53.00	05300	ANESTHESIOLOGY	-294,998	794,180	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,532,451	13,319,827	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-6,689	3,197,903	55.00
60.00	06000	LABORATORY	-21,019	8,314,020	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,522,636	65.00
66.00	06600	PHYSICAL THERAPY	-13,187	3,650,693	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	521,740	67.00
68.00	06800	SPEECH PATHOLOGY	0	364,923	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,408,067	69.00
69.01	06901	CATH LAB	0	1,519,039	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	707,010	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-454,276	4,826,244	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,733,998	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,689,964	73.00
74.00	07400	RENAL DIALYSIS	0	737,377	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	2,950,157	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-2,000	1,178,441	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	-497,386	2,359,610	90.01
90.02	09002	DMG PHYSICIAN GROUP	-32,225,923	21,887,815	90.02
91.00	09100	EMERGENCY	-3,513,715	5,474,620	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	2,844,931	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	943,020	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-54,298,828	232,532,128	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	622,260	190.00
190.01	19001	SIU CLINIC	0	403,061	190.01
190.02	19002	WOMEN'S CENTER	0	101,510	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	2,711	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	1,122,993	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	0	190.08
190.09	19009	SHORE	0	49,256	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	3,288,146	190.12
190.13	19013	ELDERLY SERVICES	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	190.14
190.15	19015	CORPORATE HEALTH	0	1,870,081	190.15

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0135

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

Worksheet A

Date/Time Prepared:
3/17/2021 12:45 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
190.16	19016	CANCER CARE INSTITUTE	0	293,208	190.16
190.17	19017	INTEGRATED CENTER	0	421,422	190.17
190.18	19019	340B ADMINISTRATION	0	1,541,272	190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM	0	103	190.19
191.00	19100	RESEARCH	0	1,058,996	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	9,166,031	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-54,298,828	252,473,178	200.00

RECLASSIFICATIONS

Provider CCN: 14-0135

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

Worksheet A-6

Date/Time Prepared:
3/17/2021 12:45 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CAPITAL RECLASS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,931,454		1.00
	0		0	3,931,454		
	B - CAPA-STATE BED TAX					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	9,413,644		1.00
	0		0	9,413,644		
	C - ANESTHESIA - RN SALARY					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	6,684,787	0		1.00
	0		6,684,787	0		
	D - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	10,689,964		1.00
	0		0	10,689,964		
	E - MEDICAL EDUCATION					
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	858,247	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	3,629,054		2.00
	0		858,247	3,629,054		
	G - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	1,714,426	1,403,523		1.00
	0		1,714,426	1,403,523		
	H - CHIEF NURSING SALARY					
1.00	NURSING ADMINISTRATION	13.00	242,681	0		1.00
	0		242,681	0		
	I - INTEGRATIVE CENTER					
1.00	PHYSICAL THERAPY	66.00	219,236	279,810		1.00
	0		219,236	279,810		
	J - MEDICAL DIRECTORS					
1.00	ADULTS & PEDIATRICS	30.00	56,000	0		1.00
	0		56,000	0		
	K - LABOR AND DELIVERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	299,357	66,015		1.00
	0		299,357	66,015		
	L - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	21,014,518		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
	0		0	21,014,518		

RECLASSIFICATIONS

Provider CCN: 14-0135

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

Worksheet A-6

Date/Time Prepared:
3/17/2021 12:45 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
1.00	M - IMPLANTABLE DEVICES				1.00
	IMPL. DEV. CHARGED TO	72.00	0	15,733,998	
	PATIENTS _____	_____	_____	_____	
	0		0	15,733,998	
	N - INCENTIVE FOR EMPLOYEES				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	812,500	0	1.00
	TOTALS		812,500	0	
500.00	Grand Total: Increases		10,887,234	66,161,980	500.00

RECLASSIFICATIONS

Provider CCN: 14-0135

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

Worksheet A-6

Date/Time Prepared:
3/17/2021 12:45 pm

	Decreases							3/17/2021 12:45 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - CAPITAL RECLASS							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,931,454	9			1.00
	0		0	3,931,454				
	B - CAPA-STATE BED TAX							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,413,644	13			1.00
	0		0	9,413,644				
	C - ANESTHESIA - RN SALARY							
1.00	ANESTHESIOLOGY	53.00	6,684,787	0	0			1.00
	0		6,684,787	0				
	D - DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	10,689,964	0			1.00
	0		0	10,689,964				
	E - MEDICAL EDUCATION							
1.00	SIU CLINIC	190.01	858,247	0	0			1.00
2.00	SIU CLINIC	190.01	0	3,629,054	0			2.00
	0		858,247	3,629,054				
	G - CAFETERIA RECLASS							
1.00	DIETARY	10.00	1,714,426	1,403,523	0			1.00
	0		1,714,426	1,403,523				
	H - CHIEF NURSING SALARY							
1.00	ADMINISTRATIVE & GENERAL	5.00	242,681	0	0			1.00
	0		242,681	0				
	I - INTEGRATIVE CENTER							
1.00	INTEGRATED CENTER	190.17	219,236	279,810	0			1.00
	0		219,236	279,810				
	J - MEDICAL DIRECTORS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	56,000	0	0			1.00
	0		56,000	0				
	K - LABOR AND DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	299,357	66,015	0			1.00
	0		299,357	66,015				
	L - MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	270	0			1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	12,285	0			2.00
3.00	OPERATION OF PLANT	7.00	0	1,389	0			3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	24	0			4.00
5.00	HOUSEKEEPING	9.00	0	5,253	0			5.00
6.00	DIETARY	10.00	0	8,194	0			6.00
7.00	NURSING ADMINISTRATION	13.00	0	19,462	0			7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,738,590	0			8.00
9.00	PHARMACY	15.00	0	453,691	0			9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	217	0			10.00
11.00	ADULTS & PEDIATRICS	30.00	0	281,257	0			11.00
12.00	INTENSIVE CARE UNIT	31.00	0	250,899	0			12.00
13.00	CORONARY CARE UNIT	32.00	0	84,450	0			13.00
14.00	SUBPROVIDER - IPF	40.00	0	13,342	0			14.00
15.00	NURSERY	43.00	0	28,170	0			15.00
16.00	OPERATING ROOM	50.00	0	11,032,328	0			16.00
17.00	ORTHO MEDICAL	50.01	0	42,583	0			17.00
18.00	RECOVERY ROOM	51.00	0	13,723	0			18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	29,986	0			19.00
20.00	ANESTHESIOLOGY	53.00	0	218,168	0			20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	741,134	0			21.00
22.00	RADIOLOGY-THERAPEUTIC	55.00	0	36,683	0			22.00
23.00	RESPIRATORY THERAPY	65.00	0	126,602	0			23.00
24.00	PHYSICAL THERAPY	66.00	0	18,575	0			24.00
25.00	OCCUPATIONAL THERAPY	67.00	0	10,937	0			25.00
26.00	SPEECH PATHOLOGY	68.00	0	10,080	0			26.00
27.00	ELECTROCARDIOLOGY	69.00	0	20,213	0			27.00
28.00	CATH LAB	69.01	0	3,542,066	0			28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	48,011	0			29.00
30.00	RENAL DIALYSIS	74.00	0	7,950	0			30.00
31.00	ASC (NON-DISTINCT PART)	75.00	0	783,191	0			31.00
32.00	CLINIC	90.00	0	186,760	0			32.00
33.00	EMERGENCY	91.00	0	194,068	0			33.00
34.00	HOME HEALTH AGENCY	101.00	0	53,888	0			34.00
35.00	HOSPICE	116.00	0	79	0			35.00
	0		0	21,014,518				
	M - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	15,733,998	0			1.00
	0		0	15,733,998				

RECLASSIFICATIONS

Provider CCN: 14-0135

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

Worksheet A-6

Date/Time Prepared:
3/17/2021 12:45 pm

	Decreases				wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
1.00	N - INCENTIVE FOR EMPLOYEES					
	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	812,500	0	1.00
	TOTALS		0	812,500		
500.00	Grand Total: Decreases		10,074,734	66,974,480		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part I
Date/Time Prepared:
3/17/2021 12:45 pm

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
			1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	1,379,068	4,503,932	0	4,503,932	0	1.00	
2.00	Land Improvements	24,946	9,639	0	9,639	0	2.00	
3.00	Buildings and Fixtures	9,841,821	941,258	0	941,258	0	3.00	
4.00	Building Improvements	210,600	-19,800	0	-19,800	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	12,838,652	7,463,053	0	7,463,053	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	24,295,087	12,898,082	0	12,898,082	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	24,295,087	12,898,082	0	12,898,082	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	5,883,000	0					1.00
2.00	Land Improvements	34,585	0					
3.00	Buildings and Fixtures	10,783,079	0					
4.00	Building Improvements	190,800	0					4.00
5.00	Fixed Equipment	0	0					
6.00	Movable Equipment	20,301,705	0					
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	37,193,169	0					
9.00	Reconciling Items	0	0					
10.00	Total (line 8 minus line 9)	37,193,169	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part II
Date/Time Prepared:
3/17/2021 12:45 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	5,394,986	0	11,833	0	9,413,644	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,394,986	0	11,833	0	9,413,644	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	14,820,463				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	14,820,463				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet A-7
Part III
Date/Time Prepared:
3/17/2021 12:45 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	16,891,464	0	16,891,464	0.454155	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	20,301,705	0	20,301,705	0.545845	0	2.00
3.00	Total (sum of lines 1-2)	37,193,169	0	37,193,169	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,908,463	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	9,509,038	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	15,417,501	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	10,388	0	0	62,374	5,981,225	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	9,509,038	2.00
3.00	Total (sum of lines 1-2)	10,388	0	0	62,374	15,490,263	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0135

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

Worksheet A-8

Date/Time Prepared:
3/17/2021 12:45 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		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,445	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-745	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-454,276	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	B	-85,537	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-35,945,786			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	3,697,293			0	12.00
13.00	Laundry and linen service	A	0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,832,222	CAFETERIA	11.00	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	MEDICAL RECORDS & LIBRARY	16.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-1,611	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)	B	-544,626	PARAMED ED PRGM-CRNA	23.00	0	19.00
20.00	Vending machines	B	-20,457	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist	A	-6,684,787	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	A&G - OTHER REVENUE	B	-827,731	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0135

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

Worksheet A-8

Date/Time Prepared:
3/17/2021 12:45 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.01	MISC TELEPHONE REVENUE	B		0 ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	MISC ACCOUNTING REVENUE	B	-51,397	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	ENGR-OTHER REVENUE	B	-123,798	OPERATION OF PLANT	7.00	0	33.03
33.04	ENGR-GROUND LEASE	B	-75,153	OPERATION OF PLANT	7.00	0	33.04
33.05	DIET-OTHER REVENUE	B	-10,455	DIETARY	10.00	0	33.05
33.06	PEDS-OTHER REVENUE	B	-1,937	ADULTS & PEDIATRICS	30.00	0	33.06
33.07	OBGY-OTHER REVENUE	B	-544	ADULTS & PEDIATRICS	30.00	0	33.07
33.08	XRAY-OTHER REVENUE	B	-1,531,241	RADIOLOGY-DIAGNOSTIC	54.00	0	33.08
33.09	SIUR-OTHER REVENUE	B	-2,000	CLINIC	90.00	0	33.09
33.10	CANC-OTHER REVENUE	B	-6,008	RADIOLOGY-THERAPEUTIC	55.00	0	33.10
33.11	SPOR-OTHER REVENUE	B	-13,187	PHYSICAL THERAPY	66.00	0	33.11
33.12	DMG - OTHER REVENUE	B	-145,832	DMG PHYSICIAN GROUP	90.02	0	33.12
33.13	ER - OTHER REVENUE	B	-161,033	EMERGENCY	91.00	0	33.13
33.14	LABO-OTHER REVENUE	B	-21,019	LABORATORY	60.00	0	33.14
33.15	NON-ALLOWABLE DUES	A	-496	ADMINISTRATIVE & GENERAL	5.00	0	33.15
33.16	HOSPITAL LOBBYING DUES	A	-57,572	ADMINISTRATIVE & GENERAL	5.00	0	33.16
33.17	TRAUMA CENTER ASSN OF AMERICA DUES	A	-920	EMERGENCY	91.00	0	33.17
33.18	ADVERTISING	A	-226,010	ADMINISTRATIVE & GENERAL	5.00	0	33.18
33.19	DMG ADVERTISING	A	-2,951	DMG PHYSICIAN GROUP	90.02	0	33.19
33.20	NON-ALLOWABLE MARKETING	A	-28,342	ADMINISTRATIVE & GENERAL	5.00	0	33.20
33.21	CRNA BENEFITS	A	-508,946	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.21
33.22	CRNA ACCRUALS	A	41,637	ANESTHESIOLOGY	53.00	0	33.22
33.23	CRNA FICA	A	-336,635	ANESTHESIOLOGY	53.00	0	33.23
33.24	ILLINOIS PROVIDER TAX EXP	A	-9,413,644	ADMINISTRATIVE & GENERAL	5.00	0	33.24
33.25	SELF INSURANCE	A	-8,941,930	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.25
33.26	MEDICARE DEPRECIATION	A	4,444,931	CAP REL COSTS-BLDG & FIXT	1.00	9	33.26
33.27	MEDICARE DEPRECIATION	A	5,577,584	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.27
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-54,298,828				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: 14-0135

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

Worksheet A-8-1

Date/Time Prepared:
3/17/2021 12:45 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	1.00	CAP REL COSTS-BLDG & FIXT	CAPITAL EXPENSES	62,374	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE EXPENSES	3,634,919	0	2.00
3.00	0.00			0	0	3.00
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			3,697,293	0	5.00

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		
	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	MEMORIAL HEALTH	0.00	MEMORIAL HEALTH	0.00	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: 14-0135

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

Worksheet A-8-1

Date/Time Prepared:
3/17/2021 12:45 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	62,374	14		1.00
2.00	3,634,919	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	3,697,293			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	HEALTHCARE		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: 14-0135

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

Worksheet A-8-2

Date/Time Prepared:
3/17/2021 12:45 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	30.00	ADULTS & PEDIATRICS	57,479	1,479	56,000	626	179,000	1.00
2.00	50.00	OPERATING ROOM	14,000	14,000	0	0	246,400	2.00
3.00	90.01	DMG EXPRESS CARE PHYSICIAN GROUP	497,386	497,386	0	0	179,000	3.00
4.00	90.02	DMG PHYSICIAN GROUP	24,935,291	24,935,291	0	0	179,000	4.00
5.00	91.00	EMERGENCY	280,074	280,074	0	0	179,000	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	1,210	1,210	0	0	271,900	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	681	681	0	0	271,900	7.00
8.00	90.02	DMG PHYSICIAN GROUP	7,141,849	7,141,849	0	0	179,000	8.00
9.00	91.00	EMERGENCY	3,071,688	3,071,688	0	0	179,000	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			35,999,658	35,943,658	56,000		1,864,200	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	30.00	ADULTS & PEDIATRICS	53,872	2,694	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	90.01	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0	0	3.00
4.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	4.00
5.00	91.00	EMERGENCY	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	7.00
8.00	90.02	DMG PHYSICIAN GROUP	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			53,872	2,694	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	30.00	ADULTS & PEDIATRICS	0	53,872	2,128	3,607		1.00
2.00	50.00	OPERATING ROOM	0	0	0	14,000		2.00
3.00	90.01	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	497,386		3.00
4.00	90.02	DMG PHYSICIAN GROUP	0	0	0	24,935,291		4.00
5.00	91.00	EMERGENCY	0	0	0	280,074		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,210		6.00
7.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	681		7.00
8.00	90.02	DMG PHYSICIAN GROUP	0	0	0	7,141,849		8.00
9.00	91.00	EMERGENCY	0	0	0	3,071,688		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	53,872	2,128	35,945,786		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part I
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Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	5,981,225	5,981,225			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	9,509,038	9,509,038			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	15,051,063	53,678	15,104,741		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	28,103,744	451,173	1,919,367	35,265,316	5.00
7.00	00700	OPERATION OF PLANT	11,194,477	363,184	483,613	12,360,303	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,094,465	79,282	0	1,173,747	8.00
9.00	00900	HOUSEKEEPING	2,504,896	729,455	295,873	3,554,412	9.00
10.00	01000	DIETARY	598,844	61,957	63,519	727,149	10.00
11.00	01100	CAFETERIA	1,265,270	312,820	320,733	1,913,114	11.00
13.00	01300	NURSING ADMINISTRATION	2,735,009	69,303	458,917	3,310,682	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,781,288	195,509	111,576	2,195,657	14.00
15.00	01500	PHARMACY	3,051,837	29,485	450,042	4,075,629	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,916,626	46,748	426,343	3,390,262	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	858,247	0	160,560	1,018,807	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,629,054	0	0	3,629,054	22.00
23.00	02301	PARAMED ED PRGM-CRNA	80,089	0	108,094	188,183	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,003,755	846,133	1,683,194	14,549,684	30.00
31.00	03100	INTENSIVE CARE UNIT	5,231,630	134,346	677,526	6,121,968	31.00
32.00	03200	CORONARY CARE UNIT	3,410,780	130,894	430,042	3,976,800	32.00
40.00	04000	SUBPROVIDER - IPF	1,891,392	157,947	184,188	2,241,499	40.00
43.00	04300	NURSERY	3,856	15,839	0	19,695	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,438,619	505,469	1,891,868	15,803,669	50.00
50.01	05001	ORTHO MEDICAL	84,973	14,642	0	113,793	50.01
51.00	05100	RECOVERY ROOM	798,441	24,571	0	959,433	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	367,295	31,237	0	459,593	52.00
53.00	05300	ANESTHESIOLOGY	794,180	25,604	188,819	1,052,018	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,319,827	418,311	638,302	15,732,920	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,197,903	92,752	16,057	3,541,788	55.00
60.00	06000	LABORATORY	8,314,020	131,020	68,791	9,079,083	60.00
65.00	06500	RESPIRATORY THERAPY	1,522,636	0	17,746	1,781,750	65.00
66.00	06600	PHYSICAL THERAPY	3,650,693	114,400	4,935	4,270,850	66.00
67.00	06700	OCCUPATIONAL THERAPY	521,740	7,107	579	618,576	67.00
68.00	06800	SPEECH PATHOLOGY	364,923	8,417	0	435,355	68.00
69.00	06900	ELECTROCARDIOLOGY	2,408,067	136,249	217,198	3,107,760	69.00
69.01	06901	CATH LAB	1,519,039	144,087	288,955	2,167,963	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	707,010	22,076	57,613	890,599	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,826,244	0	0	4,826,244	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,733,998	0	0	15,733,998	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,689,964	0	0	10,689,964	73.00
74.00	07400	RENAL DIALYSIS	737,377	0	8,488	745,865	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,950,157	115,987	93,138	3,580,294	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,178,441	0	5,238	1,200,199	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	2,359,610	0	0	2,359,610	90.01
90.02	09002	DMG PHYSICIAN GROUP	21,887,815	0	0	21,887,815	90.02
91.00	09100	EMERGENCY	5,474,620	378,015	50,016	6,665,385	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	2,844,931	51,586	0	3,331,641	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	943,020	0	0	1,053,472	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	232,532,128	5,899,283	9,506,783	231,801,508	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	622,260	43,951	0	681,939	190.00
190.01	19001	SIU CLINIC	403,061	0	0	403,061	190.01
190.02	19002	WOMEN'S CENTER	101,510	0	0	114,688	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	2,711	0	0	2,711	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	1,122,993	0	0	1,223,031	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	9,917	0	9,917	190.08
190.09	19009	SHORE	49,256	0	0	49,256	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	190.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	3,288,146	0	0	35,180	3,323,326	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	1,870,081	0	0	241,313	2,111,394	190.15
190.16	19016	CANCER CARE INSTITUTE	293,208	6,048	0	48,080	347,336	190.16
190.17	19017	INTEGRATED CENTER	421,422	0	0	23,197	444,619	190.17
190.18	19019	340B ADMINISTRATION	1,541,272	0	0	11,994	1,553,266	190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM	103	0	0	0	103	190.19
191.00	19100	RESEARCH	1,058,996	22,026	2,255	157,715	1,240,992	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,166,031	0	0	0	9,166,031	192.00
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)	252,473,178	5,981,225	9,509,038	15,104,741	252,473,178	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:
From 10/01/2019
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	35,265,316					5.00
7.00	00700	OPERATION OF PLANT	2,006,782	14,367,085				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	190,566	222,768	1,587,081			8.00
9.00	00900	HOUSEKEEPING	577,084	2,049,629	0	6,181,125		9.00
10.00	01000	DIETARY	118,058	174,086	78	88,969	1,108,340	10.00
11.00	01100	CAFETERIA	310,607	878,964	0	449,204	0	11.00
13.00	01300	NURSING ADMINISTRATION	537,512	194,727	0	99,518	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	356,480	549,343	0	280,748	0	14.00
15.00	01500	PHARMACY	661,707	82,848	0	42,340	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	550,433	131,352	0	67,129	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	165,410	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	589,202	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM-CRNA	30,553	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,362,243	2,377,475	408,346	1,215,039	695,494	30.00
31.00	03100	INTENSIVE CARE UNIT	993,944	377,488	133,976	192,919	119,050	31.00
32.00	03200	CORONARY CARE UNIT	645,661	367,787	97,368	187,962	117,288	32.00
40.00	04000	SUBPROVIDER - IPF	363,923	443,801	0	226,810	69,582	40.00
43.00	04300	NURSERY	3,198	44,504	9,569	22,744	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,565,836	1,420,270	157,104	725,845	4,553	50.00
50.01	05001	ORTHO MEDICAL	18,475	41,141	0	21,025	0	50.01
51.00	05100	RECOVERY ROOM	155,771	69,040	56,864	35,283	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	74,618	87,769	0	44,855	0	52.00
53.00	05300	ANESTHESIOLOGY	170,802	71,943	0	36,767	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,554,350	1,175,374	151,541	600,688	8,254	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	575,034	260,616	46,027	133,191	0	55.00
60.00	06000	LABORATORY	1,474,053	368,141	0	188,142	0	60.00
65.00	06500	RESPIRATORY THERAPY	289,280	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	693,402	321,442	84,168	164,276	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	100,430	19,968	0	10,205	0	67.00
68.00	06800	SPEECH PATHOLOGY	70,683	23,651	0	12,087	0	68.00
69.00	06900	ELECTROCARDIOLOGY	504,567	382,834	65,330	195,651	5,256	69.00
69.01	06901	CATH LAB	351,984	404,856	47,792	206,906	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	144,580	62,029	27,736	31,701	459	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	783,574	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,554,525	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,735,590	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	121,096	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	581,286	325,903	93,744	166,556	39,218	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	194,861	0	4,806	0	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	383,099	0	7,890	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	3,553,740	0	3,413	0	0	90.02
91.00	09100	EMERGENCY	1,082,172	1,062,149	139,411	542,823	49,186	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	540,915	144,948	0	74,077	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	171,039	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,909,125	14,136,846	1,535,163	6,063,460	1,108,340	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	110,718	123,493	0	63,112	0	190.00
190.01	19001	SIU CLINIC	65,440	0	0	0	0	190.01
190.02	19002	WOMEN'S CENTER	18,620	0	0	0	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	440	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	198,568	0	0	0	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	1,610	27,864	0	14,240	0	190.08
190.09	19009	SHORE	7,997	0	0	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	539,565	0	0	0	0	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	342,800	0	6,789	0	0	190.15

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
190.16	19016	CANCER CARE INSTITUTE	56,392	16,994	0	8,685	0	190.16
190.17	19017	INTEGRATED CENTER	72,187	0	33,432	0	0	190.17
190.18	19019	340B ADMINISTRATION	252,184	0	0	0	0	190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM	17	0	0	0	0	190.19
191.00	19100	RESEARCH	201,484	61,888	0	31,628	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,488,169	0	11,697	0	0	192.00
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)	35,265,316	14,367,085	1,587,081	6,181,125	1,108,340	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	3,551,889					11.00
13.00	01300	NURSING ADMINISTRATION	84,508	4,226,947				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	38,341	0	3,420,569			14.00
15.00	01500	PHARMACY	80,772	0	0	4,943,296		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	114,669	0	418	0	4,254,263	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM-CRNA	8,399	0	798	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	417,115	2,545,721	3,836	0	127,586	30.00
31.00	03100	INTENSIVE CARE UNIT	120,613	718,920	3,201	0	46,260	31.00
32.00	03200	CORONARY CARE UNIT	94,598	577,374	1,518	0	31,541	32.00
40.00	04000	SUBPROVIDER - IPF	45,022	274,757	1,110	0	14,453	40.00
43.00	04300	NURSERY	0	0	255	0	6,526	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	232,091	0	28,625	20,866	619,894	50.00
50.01	05001	ORTHO MEDICAL	3,272	0	8	0	6,527	50.01
51.00	05100	RECOVERY ROOM	27,651	0	126	0	35,673	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	232	0	13,098	52.00
53.00	05300	ANESTHESIOLOGY	74,255	0	27,073	0	37,189	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	315,182	0	211,441	657,545	943,790	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	45,840	0	1,383	409	92,220	55.00
60.00	06000	LABORATORY	154,946	0	286,422	0	577,012	60.00
65.00	06500	RESPIRATORY THERAPY	55,248	0	3,006	0	85,623	65.00
66.00	06600	PHYSICAL THERAPY	123,504	0	3,554	0	80,421	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,971	0	22	0	27,732	67.00
68.00	06800	SPEECH PATHOLOGY	9,790	0	23	0	12,136	68.00
69.00	06900	ELECTROCARDIOLOGY	76,655	0	1,138	53,652	161,875	69.00
69.01	06901	CATH LAB	39,541	0	28,577	10,184	108,054	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	26,070	0	3,740	0	30,928	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	687,650	0	41,869	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,048,935	0	144,322	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,689,176	236,738	73.00
74.00	07400	RENAL DIALYSIS	0	0	10	0	7,454	74.00
75.00	07500	ASC (NON-DISTINCT PART)	93,044	110,175	4,102	0	81,481	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,227	0	454	0	46,595	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	53,094	0	1,411	0	29,142	90.01
90.02	09002	DMG PHYSICIAN GROUP	630,666	0	11,746	434	331,107	90.02
91.00	09100	EMERGENCY	143,792	0	14,200	0	255,474	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	87,399	0	1,392	0	15,323	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	22,634	0	3,022	10,425	6,220	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,240,909	4,226,947	3,379,428	4,442,691	4,254,263	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,126	0	18,364	0	0	190.00
190.01	19001	SIU CLINIC	40,904	0	122	0	0	190.01
190.02	19002	WOMEN'S CENTER	3,027	0	0	0	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	33,596	0	2,924	0	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	0	0	0	0	190.08
190.09	19009	SHORE	0	0	64	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	11,071	0	0	0	0	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	15,894	0	0	190.14

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet B
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
190.15	19015	CORPORATE HEALTH	49,303	0	0	10,751	0	190.15
190.16	19016	CANCER CARE INSTITUTE	14,616	0	2,145	0	0	190.16
190.17	19017	INTEGRATED CENTER	7,608	0	0	0	0	190.17
190.18	19019	340B ADMINISTRATION	3,245	0	0	489,854	0	190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM	0	0	13	0	0	190.19
191.00	19100	RESEARCH	43,686	0	737	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	95,798	0	878	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,551,889	4,226,947	3,420,569	4,943,296	4,254,263	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:
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Cost Center Description			INTERNS & RESIDENTS			PARAMED ED PRGM-CRNA	Subtotal	
			NONPHYSICIAN ANESTHETISTS	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
				APPRV	APPRV			
			19.00	21.00	22.00	23.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		1,184,217				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			4,218,256			22.00
23.00	02301	PARAMED ED PRGM-CRNA				227,933		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,184,217	4,218,256	0	30,105,012	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	8,828,339	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	6,097,897	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	3,680,957	40.00
43.00	04300	NURSERY	0	0	0	0	106,491	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	21,578,753	50.00
50.01	05001	ORTHO MEDICAL	0	0	0	0	204,241	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	1,339,841	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	680,165	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	227,933	1,697,980	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	22,351,085	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	4,696,508	55.00
60.00	06000	LABORATORY	0	0	0	0	12,127,799	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	2,214,907	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	5,741,617	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	794,904	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	563,725	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	4,554,718	69.00
69.01	06901	CATH LAB	0	0	0	0	3,365,857	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,217,752	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	6,339,337	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	20,481,780	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	16,351,468	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	874,425	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	5,075,803	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	1,451,142	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0	2,834,246	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	0	0	0	26,418,921	90.02
91.00	09100	EMERGENCY	0	0	0	0	9,954,592	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	4,195,695	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	1,266,812	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,184,217	4,218,256	227,933	227,192,769	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,005,752	190.00
190.01	19001	SIU CLINIC	0	0	0	0	509,527	190.01
190.02	19002	WOMEN'S CENTER	0	0	0	0	136,335	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	0	0	0	3,151	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	0	0	0	1,458,119	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	0	0	0	53,631	190.08
190.09	19009	SHORE	0	0	0	0	57,317	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	0	0	0	3,873,962	190.12

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet B
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Cost Center Description			NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED ED PRGM-CRNA	Subtotal	
				SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
				19.00	21.00	22.00	23.00	24.00
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	0
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	15,894	190.14
190.15	19015	CORPORATE HEALTH	0	0	0	0	2,521,037	190.15
190.16	19016	CANCER CARE INSTITUTE	0	0	0	0	446,168	190.16
190.17	19017	INTEGRATED CENTER	0	0	0	0	557,846	190.17
190.18	19019	340B ADMINISTRATION	0	0	0	0	2,298,549	190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM	0	0	0	0	133	190.19
191.00	19100	RESEARCH	0	0	0	0	1,580,415	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	10,762,573	192.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,184,217	4,218,256	227,933	252,473,178	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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From 10/01/2019
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02301	PARAMED ED PRGM-CRNA			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,402,473	24,702,539	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,828,339	31.00
32.00	03200	CORONARY CARE UNIT	0	6,097,897	32.00
40.00	04000	SUBPROVIDER - IPF	0	3,680,957	40.00
43.00	04300	NURSERY	0	106,491	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	21,578,753	50.00
50.01	05001	ORTHO MEDICAL	0	204,241	50.01
51.00	05100	RECOVERY ROOM	0	1,339,841	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	680,165	52.00
53.00	05300	ANESTHESIOLOGY	0	1,697,980	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	22,351,085	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,696,508	55.00
60.00	06000	LABORATORY	0	12,127,799	60.00
65.00	06500	RESPIRATORY THERAPY	0	2,214,907	65.00
66.00	06600	PHYSICAL THERAPY	0	5,741,617	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	794,904	67.00
68.00	06800	SPEECH PATHOLOGY	0	563,725	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,554,718	69.00
69.01	06901	CATH LAB	0	3,365,857	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,217,752	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,339,337	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	20,481,780	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,351,468	73.00
74.00	07400	RENAL DIALYSIS	0	874,425	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	5,075,803	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	1,451,142	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	2,834,246	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	26,418,921	90.02
91.00	09100	EMERGENCY	0	9,954,592	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	4,195,695	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	1,266,812	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-5,402,473	221,790,296	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,005,752	190.00
190.01	19001	SIU CLINIC	0	509,527	190.01
190.02	19002	WOMEN'S CENTER	0	136,335	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	3,151	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	1,458,119	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	53,631	190.08
190.09	19009	SHORE	0	57,317	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	3,873,962	190.12

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0135

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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
190.13	19013	ELDERLY SERVICES	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	15,894	190.14
190.15	19015	CORPORATE HEALTH	0	2,521,037	190.15
190.16	19016	CANCER CARE INSTITUTE	0	446,168	190.16
190.17	19017	INTEGRATED CENTER	0	557,846	190.17
190.18	19019	340B ADMINISTRATION	0	2,298,549	190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM	0	133	190.19
191.00	19100	RESEARCH	0	1,580,415	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	10,762,573	192.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	-5,402,473	247,070,705	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	53,678	0	53,678	53,678	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	451,173	4,791,032	5,242,205	6,806	5.00
7.00	00700	OPERATION OF PLANT	0	363,184	319,029	682,213	1,719	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	79,282	0	79,282	0	8.00
9.00	00900	HOUSEKEEPING	0	729,455	24,188	753,643	1,052	9.00
10.00	01000	DIETARY	0	61,957	2,829	64,786	226	10.00
11.00	01100	CAFETERIA	0	312,820	14,291	327,111	1,140	11.00
13.00	01300	NURSING ADMINISTRATION	0	69,303	47,453	116,756	1,631	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	195,509	107,284	302,793	397	14.00
15.00	01500	PHARMACY	0	29,485	544,265	573,750	1,600	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	46,748	545	47,293	1,516	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	571	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM-CRNA	0	0	0	0	384	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	846,133	16,602	862,735	5,983	30.00
31.00	03100	INTENSIVE CARE UNIT	0	134,346	78,466	212,812	2,408	31.00
32.00	03200	CORONARY CARE UNIT	0	130,894	5,084	135,978	1,529	32.00
40.00	04000	SUBPROVIDER - IPF	0	157,947	7,972	165,919	655	40.00
43.00	04300	NURSERY	0	15,839	0	15,839	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	505,469	1,891,868	2,397,337	3,440	50.00
50.01	05001	ORTHO MEDICAL	0	14,642	0	14,642	50	50.01
51.00	05100	RECOVERY ROOM	0	24,571	0	24,571	485	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	31,237	0	31,237	217	52.00
53.00	05300	ANESTHESIOLOGY	0	25,604	188,819	214,423	154	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	418,311	638,302	1,056,613	4,822	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	92,752	16,057	108,809	836	55.00
60.00	06000	LABORATORY	0	131,020	68,791	199,811	2,009	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	17,746	17,746	858	65.00
66.00	06600	PHYSICAL THERAPY	0	114,400	4,935	119,335	1,780	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,107	579	7,686	317	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,417	0	8,417	220	68.00
69.00	06900	ELECTROCARDIOLOGY	0	136,249	217,198	353,447	1,231	69.00
69.01	06901	CATH LAB	0	144,087	288,955	433,042	767	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	22,076	57,613	79,689	369	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	8,488	8,488	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	115,987	93,138	209,125	1,497	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	5,238	5,238	59	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	378,015	50,016	428,031	2,711	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	51,586	0	51,586	1,547	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	393	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	5,899,283	9,506,783	15,406,066	51,379	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	43,951	0	43,951	56	190.00
190.01	19001	SIU CLINIC	0	0	0	0	0	190.01
190.02	19002	WOMEN'S CENTER	0	0	0	0	47	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	0	0	0	356	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	9,917	0	9,917	0	190.08
190.09	19009	SHORE	0	0	0	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet B
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
190.12	19012	CCOP FISCAL INTERMEDIARY	0	0	0	0	125	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	0	0	0	0	858	190.15
190.16	19016	CANCER CARE INSTITUTE	0	6,048	0	6,048	171	190.16
190.17	19017	INTEGRATED CENTER	0	0	0	0	82	190.17
190.18	19019	340B ADMINISTRATION	0	0	0	0	43	190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	190.19
191.00	19100	RESEARCH	0	22,026	2,255	24,281	561	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
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)	0	5,981,225	9,509,038	15,490,263	53,678	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet B
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,249,011					5.00
7.00	00700	OPERATION OF PLANT	298,699	982,631				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	28,365	15,236	122,883			8.00
9.00	00900	HOUSEKEEPING	85,896	140,184	0	980,775		9.00
10.00	01000	DIETARY	17,572	11,907	6	14,117	108,614	10.00
11.00	01100	CAFETERIA	46,232	60,116	0	71,276	0	11.00
13.00	01300	NURSING ADMINISTRATION	80,006	13,318	0	15,791	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	53,060	37,572	0	44,547	0	14.00
15.00	01500	PHARMACY	98,492	5,666	0	6,718	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	81,929	8,984	0	10,652	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	24,620	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	87,700	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM-CRNA	4,548	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	351,608	162,604	31,617	192,792	68,156	30.00
31.00	03100	INTENSIVE CARE UNIT	147,943	25,818	10,373	30,611	11,667	31.00
32.00	03200	CORONARY CARE UNIT	96,103	25,155	7,539	29,824	11,494	32.00
40.00	04000	SUBPROVIDER - IPF	54,168	30,354	0	35,988	6,819	40.00
43.00	04300	NURSERY	476	3,044	741	3,609	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	381,911	97,139	12,164	115,172	446	50.00
50.01	05001	ORTHO MEDICAL	2,750	2,814	0	3,336	0	50.01
51.00	05100	RECOVERY ROOM	23,186	4,722	4,403	5,599	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,107	6,003	0	7,117	0	52.00
53.00	05300	ANESTHESIOLOGY	25,423	4,921	0	5,834	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	380,202	80,389	11,733	95,313	809	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	85,591	17,825	3,564	21,134	0	55.00
60.00	06000	LABORATORY	219,405	25,179	0	29,853	0	60.00
65.00	06500	RESPIRATORY THERAPY	43,058	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	103,209	21,985	6,517	26,066	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,949	1,366	0	1,619	0	67.00
68.00	06800	SPEECH PATHOLOGY	10,521	1,618	0	1,918	0	68.00
69.00	06900	ELECTROCARDIOLOGY	75,102	26,184	5,058	31,045	515	69.00
69.01	06901	CATH LAB	52,391	27,690	3,700	32,830	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	21,520	4,242	2,148	5,030	45	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	116,631	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	380,228	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	258,334	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	18,025	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	86,521	22,290	7,258	26,428	3,843	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	29,004	0	372	0	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	57,022	0	611	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	528,906	0	264	0	0	90.02
91.00	09100	EMERGENCY	161,076	72,645	10,794	86,131	4,820	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	80,512	9,914	0	11,754	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	25,458	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,749,459	966,884	118,862	962,104	108,614	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,480	8,446	0	10,014	0	190.00
190.01	19001	SIU CLINIC	9,740	0	0	0	0	190.01
190.02	19002	WOMEN'S CENTER	2,772	0	0	0	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	66	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	29,556	0	0	0	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	240	1,906	0	2,260	0	190.08
190.09	19009	SHORE	1,190	0	0	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	80,311	0	0	0	0	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	51,024	0	526	0	0	190.15

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet B
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
190.16	19016	CANCER CARE INSTITUTE	8,394	1,162	0	1,378	0	190.16
190.17	19017	INTEGRATED CENTER	10,745	0	2,589	0	0	190.17
190.18	19019	340B ADMINISTRATION	37,536	0	0	0	0	190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM	2	0	0	0	0	190.19
191.00	19100	RESEARCH	29,990	4,233	0	5,019	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	221,506	0	906	0	0	192.00
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)	5,249,011	982,631	122,883	980,775	108,614	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet B
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	505,875					11.00
13.00	01300	NURSING ADMINISTRATION	12,036	239,538				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,461	0	443,830			14.00
15.00	01500	PHARMACY	11,504	0	0	697,730		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16,332	0	54	0	166,760	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM-CRNA	1,196	0	104	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	59,407	144,264	498	0	5,007	30.00
31.00	03100	INTENSIVE CARE UNIT	17,178	40,741	415	0	1,816	31.00
32.00	03200	CORONARY CARE UNIT	13,473	32,719	197	0	1,238	32.00
40.00	04000	SUBPROVIDER - IPF	6,412	15,570	144	0	567	40.00
43.00	04300	NURSERY	0	0	33	0	256	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	33,055	0	3,714	2,945	24,329	50.00
50.01	05001	ORTHO MEDICAL	466	0	1	0	256	50.01
51.00	05100	RECOVERY ROOM	3,938	0	16	0	1,400	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	30	0	514	52.00
53.00	05300	ANESTHESIOLOGY	10,576	0	3,513	0	1,460	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,890	0	27,435	92,811	36,836	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,529	0	180	58	3,619	55.00
60.00	06000	LABORATORY	22,068	0	37,164	0	22,646	60.00
65.00	06500	RESPIRATORY THERAPY	7,869	0	390	0	3,360	65.00
66.00	06600	PHYSICAL THERAPY	17,590	0	461	0	3,156	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,559	0	3	0	1,088	67.00
68.00	06800	SPEECH PATHOLOGY	1,394	0	3	0	476	68.00
69.00	06900	ELECTROCARDIOLOGY	10,917	0	148	7,573	6,353	69.00
69.01	06901	CATH LAB	5,632	0	3,708	1,438	4,241	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3,713	0	485	0	1,214	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	89,225	0	1,643	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	265,857	0	5,664	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	520,714	9,291	73.00
74.00	07400	RENAL DIALYSIS	0	0	1	0	293	74.00
75.00	07500	ASC (NON-DISTINCT PART)	13,252	6,244	532	0	3,198	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	602	0	59	0	1,829	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	7,562	0	183	0	1,144	90.01
90.02	09002	DMG PHYSICIAN GROUP	89,820	0	1,524	61	12,995	90.02
91.00	09100	EMERGENCY	20,480	0	1,842	0	10,026	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	12,448	0	181	0	601	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	3,224	0	392	1,471	244	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	461,583	239,538	438,492	627,071	166,760	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,157	0	2,383	0	0	190.00
190.01	19001	SIU CLINIC	5,826	0	16	0	0	190.01
190.02	19002	WOMEN'S CENTER	431	0	0	0	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	4,785	0	379	0	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	0	0	0	0	190.08
190.09	19009	SHORE	0	0	8	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	1,577	0	0	0	0	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	2,062	0	0	190.14

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2019
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
190.15	19015	CORPORATE HEALTH	7,022	0	0	1,517	0	190.15
190.16	19016	CANCER CARE INSTITUTE	2,082	0	278	0	0	190.16
190.17	19017	INTEGRATED CENTER	1,084	0	0	0	0	190.17
190.18	19019	340B ADMINISTRATION	462	0	0	69,142	0	190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM	0	0	2	0	0	190.19
191.00	19100	RESEARCH	6,222	0	96	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,644	0	114	0	0	192.00
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)	505,875	239,538	443,830	697,730	166,760	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet B
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-CRNA	Subtotal	
			NONPHYSICIAN ANESTHETISTS	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
				APPRV	APPRV		
			19.00	21.00	22.00	23.00	24.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS	0				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		25,191			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			87,700		22.00
23.00	02301	PARAMED ED PRGM-CRNA				6,232	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS				1,884,671	30.00
31.00	03100	INTENSIVE CARE UNIT				501,782	31.00
32.00	03200	CORONARY CARE UNIT				355,249	32.00
40.00	04000	SUBPROVIDER - IPF				316,596	40.00
43.00	04300	NURSERY				23,998	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM				3,071,652	50.00
50.01	05001	ORTHO MEDICAL				24,315	50.01
51.00	05100	RECOVERY ROOM				68,320	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				56,225	52.00
53.00	05300	ANESTHESIOLOGY				266,304	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				1,831,853	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				248,145	55.00
60.00	06000	LABORATORY				558,135	60.00
65.00	06500	RESPIRATORY THERAPY				73,281	65.00
66.00	06600	PHYSICAL THERAPY				300,099	66.00
67.00	06700	OCCUPATIONAL THERAPY				29,587	67.00
68.00	06800	SPEECH PATHOLOGY				24,567	68.00
69.00	06900	ELECTROCARDIOLOGY				517,573	69.00
69.01	06901	CATH LAB				565,439	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY				118,455	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				207,499	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				651,749	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				788,339	73.00
74.00	07400	RENAL DIALYSIS				26,807	74.00
75.00	07500	ASC (NON-DISTINCT PART)				380,188	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC				37,163	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP				66,522	90.01
90.02	09002	DMG PHYSICIAN GROUP				633,570	90.02
91.00	09100	EMERGENCY				798,556	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)				0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY				168,543	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE				31,182	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	14,626,364	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				82,487	190.00
190.01	19001	SIU CLINIC				15,582	190.01
190.02	19002	WOMEN'S CENTER				3,250	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE				0	190.03
190.04	19004	NON HOSPITAL PHARMACIES				0	190.04
190.05	19005	RENTAL PROPERTY				66	190.05
190.06	19006	DECATUR DIGESTIVE CENTER				0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT				35,076	190.07
190.08	19008	PULMONARY EXTENDED CARE				14,323	190.08
190.09	19009	SHORE				1,198	190.09
190.10	19010	PHYSICIAN RECRUITMENT				0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE				0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY				82,013	190.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
3/17/2021 12:45 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		PARAMED ED PRGM-CRNA	Subtotal	
				SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
				19.00	21.00	22.00	23.00	24.00
190.13	19013	ELDERLY SERVICES						0 190.13
190.14	19014	REAL ESTATE MANAGEMENT						2,062 190.14
190.15	19015	CORPORATE HEALTH						60,947 190.15
190.16	19016	CANCER CARE INSTITUTE						19,513 190.16
190.17	19017	INTEGRATED CENTER						14,500 190.17
190.18	19019	340B ADMINISTRATION						107,183 190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM						4 190.19
191.00	19100	RESEARCH						70,402 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES						236,170 192.00
200.00		Cross Foot Adjustments	0	25,191	87,700	6,232		119,123 200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		TOTAL (sum lines 118 through 201)	0	25,191	87,700	6,232	15,490,263	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
3/17/2021 12:45 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02301	PARAMED ED PRGM-CRNA			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	1,884,671	30.00
31.00	03100	INTENSIVE CARE UNIT	0	501,782	31.00
32.00	03200	CORONARY CARE UNIT	0	355,249	32.00
40.00	04000	SUBPROVIDER - IPF	0	316,596	40.00
43.00	04300	NURSERY	0	23,998	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	3,071,652	50.00
50.01	05001	ORTHO MEDICAL	0	24,315	50.01
51.00	05100	RECOVERY ROOM	0	68,320	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	56,225	52.00
53.00	05300	ANESTHESIOLOGY	0	266,304	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,831,853	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	248,145	55.00
60.00	06000	LABORATORY	0	558,135	60.00
65.00	06500	RESPIRATORY THERAPY	0	73,281	65.00
66.00	06600	PHYSICAL THERAPY	0	300,099	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	29,587	67.00
68.00	06800	SPEECH PATHOLOGY	0	24,567	68.00
69.00	06900	ELECTROCARDIOLOGY	0	517,573	69.00
69.01	06901	CATH LAB	0	565,439	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	118,455	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	207,499	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	651,749	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	788,339	73.00
74.00	07400	RENAL DIALYSIS	0	26,807	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	380,188	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	37,163	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	66,522	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	633,570	90.02
91.00	09100	EMERGENCY	0	798,556	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	168,543	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	31,182	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	14,626,364	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	82,487	190.00
190.01	19001	SIU CLINIC	0	15,582	190.01
190.02	19002	WOMEN'S CENTER	0	3,250	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	66	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	35,076	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	14,323	190.08
190.09	19009	SHORE	0	1,198	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	82,013	190.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
3/17/2021 12:45 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
190.13	19013	ELDERLY SERVICES	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	2,062	190.14
190.15	19015	CORPORATE HEALTH	0	60,947	190.15
190.16	19016	CANCER CARE INSTITUTE	0	19,513	190.16
190.17	19017	INTEGRATED CENTER	0	14,500	190.17
190.18	19019	340B ADMINISTRATION	0	107,183	190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM	0	4	190.19
191.00	19100	RESEARCH	0	70,402	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	236,170	192.00
200.00		Cross Foot Adjustments	0	119,123	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	15,490,263	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

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

Worksheet B-1

Date/Time Prepared:
3/17/2021 12:45 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	474,682				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,891,915			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,260	0	80,739,736		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	35,806	1,960,901	10,259,482	-35,265,316	5.00
7.00	00700	OPERATION OF PLANT	28,823	130,574	2,585,076	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,292	0	0	0	8.00
9.00	00900	HOUSEKEEPING	57,891	9,900	1,581,538	0	9.00
10.00	01000	DIETARY	4,917	1,158	339,533	0	10.00
11.00	01100	CAFETERIA	24,826	5,849	1,714,426	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,500	19,422	2,453,063	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,516	43,910	596,410	0	14.00
15.00	01500	PHARMACY	2,340	222,760	2,405,627	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,710	223	2,278,948	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	858,247	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM-CRNA	0	0	577,800	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	67,151	6,795	8,997,234	0	30.00
31.00	03100	INTENSIVE CARE UNIT	10,662	32,115	3,621,603	0	31.00
32.00	03200	CORONARY CARE UNIT	10,388	2,081	2,298,718	0	32.00
40.00	04000	SUBPROVIDER - IPF	12,535	3,263	984,547	0	40.00
43.00	04300	NURSERY	1,257	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	40,115	774,315	5,172,751	0	50.00
50.01	05001	ORTHO MEDICAL	1,162	0	75,784	0	50.01
51.00	05100	RECOVERY ROOM	1,950	0	729,217	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,479	0	326,392	0	52.00
53.00	05300	ANESTHESIOLOGY	2,032	77,281	232,067	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,198	261,248	7,250,840	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,361	6,572	1,256,558	0	55.00
60.00	06000	LABORATORY	10,398	28,155	3,021,460	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	7,263	1,290,193	0	65.00
66.00	06600	PHYSICAL THERAPY	9,079	2,020	2,677,063	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	564	237	476,539	0	67.00
68.00	06800	SPEECH PATHOLOGY	668	0	331,492	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10,813	88,896	1,850,803	0	69.00
69.01	06901	CATH LAB	11,435	118,265	1,153,961	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,752	23,580	554,900	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,474	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	9,205	38,120	2,250,453	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	2,144	88,305	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	0	0	0	90.02
91.00	09100	EMERGENCY	30,000	20,471	4,077,069	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	4,094	0	2,325,882	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	590,402	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	468,179	3,890,992	77,284,383	-35,265,316	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,488	0	84,072	0	190.00
190.01	19001	SIU CLINIC	0	0	0	0	190.01
190.02	19002	WOMEN'S CENTER	0	0	70,440	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	0	534,738	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	787	0	0	0	190.08
190.09	19009	SHORE	0	0	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	190.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

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

Worksheet B-1

Date/Time Prepared:
3/17/2021 12:45 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	0	188,051	0	3,323,326	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	0	0	1,289,900	0	2,111,394	190.15
190.16	19016	CANCER CARE INSTITUTE	480	0	257,005	0	347,336	190.16
190.17	19017	INTEGRATED CENTER	0	0	123,995	0	444,619	190.17
190.18	19019	340B ADMINISTRATION	0	0	64,113	0	1,553,266	190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM	0	0	0	0	103	190.19
191.00	19100	RESEARCH	1,748	923	843,039	0	1,240,992	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	9,166,031	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,981,225	9,509,038	15,104,741		35,265,316	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.600488	2.443280	0.187079		0.162357	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			53,678		5,249,011	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000665		0.024166	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: 14-0135

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

Worksheet B-1

Date/Time Prepared:
3/17/2021 12:45 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	405,793				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,292	1,380,218			8.00
9.00	00900	HOUSEKEEPING	57,891	0	341,610		9.00
10.00	01000	DIETARY	4,917	68	4,917	118,301	10.00
11.00	01100	CAFETERIA	24,826	0	24,826	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,500	0	5,500	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,516	0	15,516	0	14.00
15.00	01500	PHARMACY	2,340	0	2,340	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,710	0	3,710	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM-CRNA	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	67,151	355,121	67,151	74,235	30.00
31.00	03100	INTENSIVE CARE UNIT	10,662	116,513	10,662	12,707	31.00
32.00	03200	CORONARY CARE UNIT	10,388	84,677	10,388	12,519	32.00
40.00	04000	SUBPROVIDER - IPF	12,535	0	12,535	7,427	40.00
43.00	04300	NURSERY	1,257	8,322	1,257	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	40,115	136,627	40,115	486	50.00
50.01	05001	ORTHO MEDICAL	1,162	0	1,162	0	50.01
51.00	05100	RECOVERY ROOM	1,950	49,452	1,950	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,479	0	2,479	0	52.00
53.00	05300	ANESTHESIOLOGY	2,032	0	2,032	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,198	131,789	33,198	881	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,361	40,028	7,361	0	55.00
60.00	06000	LABORATORY	10,398	0	10,398	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	9,079	73,197	9,079	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	564	0	564	0	67.00
68.00	06800	SPEECH PATHOLOGY	668	0	668	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10,813	56,815	10,813	561	69.00
69.01	06901	CATH LAB	11,435	41,563	11,435	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,752	24,121	1,752	49	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	9,205	81,525	9,205	4,186	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	4,180	0	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	6,862	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	2,968	0	0	90.02
91.00	09100	EMERGENCY	30,000	121,240	30,000	5,250	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	4,094	0	4,094	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	399,290	1,335,068	335,107	118,301	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,488	0	3,488	0	190.00
190.01	19001	SIU CLINIC	0	0	0	0	190.01
190.02	19002	WOMEN'S CENTER	0	0	0	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	0	0	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	787	0	787	0	190.08
190.09	19009	SHORE	0	0	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	0	0	0	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	0	190.13

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

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

Worksheet B-1

Date/Time Prepared:
3/17/2021 12:45 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
			7.00	8.00	9.00	10.00	11.00	
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	0	5,904	0	0	1,808	190.15
190.16	19016	CANCER CARE INSTITUTE	480	0	480	0	536	190.16
190.17	19017	INTEGRATED CENTER	0	29,074	0	0	279	190.17
190.18	19019	340B ADMINISTRATION	0	0	0	0	119	190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	190.19
191.00	19100	RESEARCH	1,748	0	1,748	0	1,602	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	10,172	0	0	3,513	192.00
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)	14,367,085	1,587,081	6,181,125	1,108,340	3,551,889	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	35.404960	1.149877	18.094099	9.368813	27.269572	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	982,631	122,883	980,775	108,614	505,875	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.421508	0.089032	2.871037	0.918116	3.883847	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: 14-0135

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

Worksheet B-1

Date/Time Prepared:
3/17/2021 12:45 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	531,020					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	26,266,882				14.00
15.00	01500	PHARMACY	0	0	14,323,976			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,212	0	954,028,734		16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02301	PARAMED ED PRGM-CRNA	0	6,129	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	319,812	29,457	0	28,613,138	0	30.00
31.00	03100	INTENSIVE CARE UNIT	90,316	24,583	0	10,374,601	0	31.00
32.00	03200	CORONARY CARE UNIT	72,534	11,657	0	7,073,540	0	32.00
40.00	04000	SUBPROVIDER - IPF	34,517	8,525	0	3,241,301	0	40.00
43.00	04300	NURSERY	0	1,957	0	1,463,569	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	219,811	60,462	139,020,788	0	50.00
50.01	05001	ORTHO MEDICAL	0	63	0	1,463,681	0	50.01
51.00	05100	RECOVERY ROOM	0	971	0	8,000,202	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,782	0	2,937,490	0	52.00
53.00	05300	ANESTHESIOLOGY	0	207,898	0	8,340,254	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,623,669	1,905,341	211,603,760	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	10,624	1,184	20,681,714	0	55.00
60.00	06000	LABORATORY	0	2,199,457	0	129,403,938	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	23,084	0	19,202,282	0	65.00
66.00	06600	PHYSICAL THERAPY	0	27,293	0	18,035,691	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	169	0	6,219,314	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	175	0	2,721,680	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,737	155,465	36,302,953	0	69.00
69.01	06901	CATH LAB	0	219,444	29,511	24,232,746	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	28,720	0	6,936,085	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	5,280,520	0	9,389,834	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,733,998	0	32,366,558	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	10,689,964	53,092,252	0	73.00
74.00	07400	RENAL DIALYSIS	0	78	0	1,671,690	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	13,841	31,496	0	18,273,473	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,484	0	10,449,562	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	10,832	0	6,535,489	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	90,196	1,258	74,255,821	0	90.02
91.00	09100	EMERGENCY	0	109,041	0	57,294,079	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	10,687	0	3,436,351	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	23,206	30,207	1,394,898	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	531,020	25,950,955	12,873,392	954,028,734	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	141,015	0	0	0	190.00
190.01	19001	SIU CLINIC	0	935	0	0	0	190.01
190.02	19002	WOMEN'S CENTER	0	0	0	0	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	0	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	22,456	0	0	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	0	0	0	0	190.08
190.09	19009	SHORE	0	493	0	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.11
190.12	19012	CCOP FISCAL INTERMEDIARY	0	0	0	0	0	190.12

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

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

Worksheet B-1

Date/Time Prepared:
3/17/2021 12:45 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			13.00	14.00	15.00	16.00	19.00	
190.13	19013	ELDERLY SERVICES	0	0	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	122,049	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	0	0	31,153	0	0	190.15
190.16	19016	CANCER CARE INSTITUTE	0	16,469	0	0	0	190.16
190.17	19017	INTEGRATED CENTER	0	0	0	0	0	190.17
190.18	19019	340B ADMINISTRATION	0	0	1,419,431	0	0	190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM	0	103	0	0	0	190.19
191.00	19100	RESEARCH	0	5,663	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,744	0	0	0	192.00
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)	4,226,947	3,420,569	4,943,296	4,254,263	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.960052	0.130224	0.345106	0.004459	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	239,538	443,830	697,730	166,760	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.451090	0.016897	0.048711	0.000175	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

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

Worksheet B-1

Date/Time Prepared:
3/17/2021 12:45 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-CRNA (ASSIGNED TIME)	
			SERVICES-SALAR	SERVICES-OTHER		
			Y & FRINGES	PRGM COSTS		
			APPRV	APPRV		
			(TIME SPENT)	(TIME SPENT)		
			21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
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
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	100			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		100		22.00
23.00	02301	PARAMED ED PRGM-CRNA			100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	100	100	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	50.00
50.01	05001	ORTHO MEDICAL	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	100	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
60.00	06000	LABORATORY	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
69.01	06901	CATH LAB	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE			0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	100	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	19001	SIU CLINIC	0	0	0	190.01
190.02	19002	WOMEN'S CENTER	0	0	0	190.02
190.03	19011	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	190.03
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	190.04
190.05	19005	RENTAL PROPERTY	0	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	0	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	0	0	190.08
190.09	19009	SHORE	0	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	190.10
190.11	19003	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	190.11

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0135

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

Worksheet B-1

Date/Time Prepared:
3/17/2021 12:45 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-CRNA (ASSIGNED TIME)	
			SERVICES-SALAR Y & FRINGES APPRV (TIME SPENT)	SERVICES-OTHER PRGM COSTS APPRV (TIME SPENT)		
			21.00	22.00	23.00	
190.12	19012	CCOP FISCAL INTERMEDIARY	0	0	0	190.12
190.13	19013	ELDERLY SERVICES	0	0	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	190.14
190.15	19015	CORPORATE HEALTH	0	0	0	190.15
190.16	19016	CANCER CARE INSTITUTE	0	0	0	190.16
190.17	19017	INTEGRATED CENTER	0	0	0	190.17
190.18	19019	340B ADMINISTRATION	0	0	0	190.18
190.19	19018	PHARMACY RESIDENCY PROGRAM	0	0	0	190.19
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,184,217	4,218,256	227,933	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11,842.170000	42,182.560000	2,279.330000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	25,191	87,700	6,232	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	251.910000	877.000000	62.320000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000	207.00

Worksheet C
Part I
Date/Time Prepared:
3/17/2021 12:45 pm

MCRIF32 - 16.9.172.1

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/17/2021 12:45 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	23,390,401		23,390,401		30.00
31.00	03100	INTENSIVE CARE UNIT	10,374,601		10,374,601		31.00
32.00	03200	CORONARY CARE UNIT	7,073,540		7,073,540		32.00
40.00	04000	SUBPROVIDER - IPF	3,241,301		3,241,301		40.00
43.00	04300	NURSERY	1,463,569		1,463,569		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	45,153,145	93,867,643	139,020,788	0.155220	0.000000
50.01	05001	ORTHO MEDICAL	766,154	697,527	1,463,681	0.139539	0.000000
51.00	05100	RECOVERY ROOM	3,569,612	4,430,590	8,000,202	0.167476	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,744,221	193,269	2,937,490	0.231546	0.000000
53.00	05300	ANESTHESIOLOGY	3,020,866	5,319,388	8,340,254	0.203589	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,074,717	161,529,043	211,603,760	0.105627	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	268,447	20,413,267	20,681,714	0.227085	0.000000
60.00	06000	LABORATORY	46,956,608	82,447,330	129,403,938	0.093720	0.000000
65.00	06500	RESPIRATORY THERAPY	17,127,280	2,075,002	19,202,282	0.115346	0.000000
66.00	06600	PHYSICAL THERAPY	3,826,192	14,209,499	18,035,691	0.318347	0.000000
67.00	06700	OCCUPATIONAL THERAPY	2,301,911	3,917,403	6,219,314	0.127812	0.000000
68.00	06800	SPEECH PATHOLOGY	1,301,688	1,419,992	2,721,680	0.207124	0.000000
69.00	06900	ELECTROCARDIOLOGY	8,931,604	27,371,349	36,302,953	0.125464	0.000000
69.01	06901	CATH LAB	8,322,915	15,909,831	24,232,746	0.138897	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	1,040,396	5,895,689	6,936,085	0.175568	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,639,097	5,750,737	9,389,834	0.675128	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,268,324	14,098,234	32,366,558	0.632807	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	22,469,912	30,622,340	53,092,252	0.307982	0.000000
74.00	07400	RENAL DIALYSIS	1,446,494	225,196	1,671,690	0.523078	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	2,096,777	16,176,696	18,273,473	0.277769	0.000000
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,368,310	9,081,252	10,449,562	0.138871	0.000000
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	6,535,489	6,535,489	0.433670	0.000000
90.02	09002	DMG PHYSICIAN GROUP	0	74,255,821	74,255,821	0.355782	0.000000
91.00	09100	EMERGENCY	15,617,189	41,676,890	57,294,079	0.173746	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	489,684	4,733,053	5,222,737	1.104687	0.000000
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000
	OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	3,436,351	3,436,351		101.00
	SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	1,394,898	1,394,898		116.00
200.00		Subtotal (see instructions)	306,344,955	647,683,779	954,028,734		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	306,344,955	647,683,779	954,028,734		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/17/2021 12:45 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.155220		50.00
50.01	05001	ORTHO MEDICAL	0.139539		50.01
51.00	05100	RECOVERY ROOM	0.167476		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.231546		52.00
53.00	05300	ANESTHESIOLOGY	0.203589		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.105627		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.227085		55.00
60.00	06000	LABORATORY	0.093720		60.00
65.00	06500	RESPIRATORY THERAPY	0.115346		65.00
66.00	06600	PHYSICAL THERAPY	0.318347		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.127812		67.00
68.00	06800	SPEECH PATHOLOGY	0.207124		68.00
69.00	06900	ELECTROCARDIOLOGY	0.125464		69.00
69.01	06901	CATH LAB	0.138897		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.175568		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.675128		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.632807		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.307982		73.00
74.00	07400	RENAL DIALYSIS	0.523078		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.277769		75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.138871		90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0.433670		90.01
90.02	09002	DMG PHYSICIAN GROUP	0.355782		90.02
91.00	09100	EMERGENCY	0.173746		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.104687		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
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			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	24,702,539		24,702,539	2,128	24,704,667	30.00
31.00	03100	INTENSIVE CARE UNIT	8,828,339		8,828,339	0	8,828,339	31.00
32.00	03200	CORONARY CARE UNIT	6,097,897		6,097,897	0	6,097,897	32.00
40.00	04000	SUBPROVIDER - IPF	3,680,957		3,680,957	0	3,680,957	40.00
43.00	04300	NURSERY	106,491		106,491	0	106,491	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,578,753		21,578,753	0	21,578,753	50.00
50.01	05001	ORTHO MEDICAL	204,241		204,241	0	204,241	50.01
51.00	05100	RECOVERY ROOM	1,339,841		1,339,841	0	1,339,841	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	680,165		680,165	0	680,165	52.00
53.00	05300	ANESTHESIOLOGY	1,697,980		1,697,980	0	1,697,980	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,351,085		22,351,085	0	22,351,085	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,696,508		4,696,508	0	4,696,508	55.00
60.00	06000	LABORATORY	12,127,799		12,127,799	0	12,127,799	60.00
65.00	06500	RESPIRATORY THERAPY	2,214,907	0	2,214,907	0	2,214,907	65.00
66.00	06600	PHYSICAL THERAPY	5,741,617	0	5,741,617	0	5,741,617	66.00
67.00	06700	OCCUPATIONAL THERAPY	794,904	0	794,904	0	794,904	67.00
68.00	06800	SPEECH PATHOLOGY	563,725	0	563,725	0	563,725	68.00
69.00	06900	ELECTROCARDIOLOGY	4,554,718		4,554,718	0	4,554,718	69.00
69.01	06901	CATH LAB	3,365,857		3,365,857	0	3,365,857	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,217,752		1,217,752	0	1,217,752	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,339,337		6,339,337	0	6,339,337	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,481,780		20,481,780	0	20,481,780	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,351,468		16,351,468	0	16,351,468	73.00
74.00	07400	RENAL DIALYSIS	874,425		874,425	0	874,425	74.00
75.00	07500	ASC (NON-DISTINCT PART)	5,075,803		5,075,803	0	5,075,803	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,451,142		1,451,142	0	1,451,142	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	2,834,246		2,834,246	0	2,834,246	90.01
90.02	09002	DMG PHYSICIAN GROUP	26,418,921		26,418,921	0	26,418,921	90.02
91.00	09100	EMERGENCY	9,954,592		9,954,592	0	9,954,592	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,769,488		5,769,488	0	5,769,488	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,195,695		4,195,695		4,195,695	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	1,266,812		1,266,812		1,266,812	116.00
200.00		Subtotal (see instructions)	227,559,784	0	227,559,784	2,128	227,561,912	200.00
201.00		Less Observation Beds	5,769,488		5,769,488		5,769,488	201.00
202.00		Total (see instructions)	221,790,296	0	221,790,296	2,128	221,792,424	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet C
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			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	23,390,401		23,390,401		30.00
31.00	03100	INTENSIVE CARE UNIT	10,374,601		10,374,601		31.00
32.00	03200	CORONARY CARE UNIT	7,073,540		7,073,540		32.00
40.00	04000	SUBPROVIDER - IPF	3,241,301		3,241,301		40.00
43.00	04300	NURSERY	1,463,569		1,463,569		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	45,153,145	93,867,643	139,020,788	0.155220	0.000000
50.01	05001	ORTHO MEDICAL	766,154	697,527	1,463,681	0.139539	0.000000
51.00	05100	RECOVERY ROOM	3,569,612	4,430,590	8,000,202	0.167476	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,744,221	193,269	2,937,490	0.231546	0.000000
53.00	05300	ANESTHESIOLOGY	3,020,866	5,319,388	8,340,254	0.203589	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,074,717	161,529,043	211,603,760	0.105627	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	268,447	20,413,267	20,681,714	0.227085	0.000000
60.00	06000	LABORATORY	46,956,608	82,447,330	129,403,938	0.093720	0.000000
65.00	06500	RESPIRATORY THERAPY	17,127,280	2,075,002	19,202,282	0.115346	0.000000
66.00	06600	PHYSICAL THERAPY	3,826,192	14,209,499	18,035,691	0.318347	0.000000
67.00	06700	OCCUPATIONAL THERAPY	2,301,911	3,917,403	6,219,314	0.127812	0.000000
68.00	06800	SPEECH PATHOLOGY	1,301,688	1,419,992	2,721,680	0.207124	0.000000
69.00	06900	ELECTROCARDIOLOGY	8,931,604	27,371,349	36,302,953	0.125464	0.000000
69.01	06901	CATH LAB	8,322,915	15,909,831	24,232,746	0.138897	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	1,040,396	5,895,689	6,936,085	0.175568	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,639,097	5,750,737	9,389,834	0.675128	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,268,324	14,098,234	32,366,558	0.632807	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	22,469,912	30,622,340	53,092,252	0.307982	0.000000
74.00	07400	RENAL DIALYSIS	1,446,494	225,196	1,671,690	0.523078	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	2,096,777	16,176,696	18,273,473	0.277769	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,368,310	9,081,252	10,449,562	0.138871	0.000000
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	6,535,489	6,535,489	0.433670	0.000000
90.02	09002	DMG PHYSICIAN GROUP	0	74,255,821	74,255,821	0.355782	0.000000
91.00	09100	EMERGENCY	15,617,189	41,676,890	57,294,079	0.173746	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	489,684	4,733,053	5,222,737	1.104687	0.000000
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	3,436,351	3,436,351		101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	1,394,898	1,394,898		116.00
200.00		Subtotal (see instructions)	306,344,955	647,683,779	954,028,734		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	306,344,955	647,683,779	954,028,734		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/17/2021 12:45 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.00	03200	CORONARY CARE UNIT				32.00
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	ORTHO MEDICAL	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
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
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	06901	CATH LAB	0.000000			69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0.000000			90.01
90.02	09002	DMG PHYSICIAN GROUP	0.000000			90.02
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/17/2021 12:45 pm

			Title V		Hospital		3/17/2021 12:45 pm	
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	24,702,539		24,702,539	2,128	24,704,667	30.00
31.00	03100	INTENSIVE CARE UNIT	8,828,339		8,828,339	0	8,828,339	31.00
32.00	03200	CORONARY CARE UNIT	6,097,897		6,097,897	0	6,097,897	32.00
40.00	04000	SUBPROVIDER - IPF	3,680,957		3,680,957	0	3,680,957	40.00
43.00	04300	NURSERY	106,491		106,491	0	106,491	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,578,753		21,578,753	0	21,578,753	50.00
50.01	05001	ORTHO MEDICAL	204,241		204,241	0	204,241	50.01
51.00	05100	RECOVERY ROOM	1,339,841		1,339,841	0	1,339,841	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	680,165		680,165	0	680,165	52.00
53.00	05300	ANESTHESIOLOGY	1,697,980		1,697,980	0	1,697,980	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,351,085		22,351,085	0	22,351,085	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,696,508		4,696,508	0	4,696,508	55.00
60.00	06000	LABORATORY	12,127,799		12,127,799	0	12,127,799	60.00
65.00	06500	RESPIRATORY THERAPY	2,214,907	0	2,214,907	0	2,214,907	65.00
66.00	06600	PHYSICAL THERAPY	5,741,617	0	5,741,617	0	5,741,617	66.00
67.00	06700	OCCUPATIONAL THERAPY	794,904	0	794,904	0	794,904	67.00
68.00	06800	SPEECH PATHOLOGY	563,725	0	563,725	0	563,725	68.00
69.00	06900	ELECTROCARDIOLOGY	4,554,718		4,554,718	0	4,554,718	69.00
69.01	06901	CATH LAB	3,365,857		3,365,857	0	3,365,857	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,217,752		1,217,752	0	1,217,752	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,339,337		6,339,337	0	6,339,337	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,481,780		20,481,780	0	20,481,780	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,351,468		16,351,468	0	16,351,468	73.00
74.00	07400	RENAL DIALYSIS	874,425		874,425	0	874,425	74.00
75.00	07500	ASC (NON-DISTINCT PART)	5,075,803		5,075,803	0	5,075,803	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,451,142		1,451,142	0	1,451,142	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	2,834,246		2,834,246	0	2,834,246	90.01
90.02	09002	DMG PHYSICIAN GROUP	26,418,921		26,418,921	0	26,418,921	90.02
91.00	09100	EMERGENCY	9,954,592		9,954,592	0	9,954,592	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,769,488		5,769,488	0	5,769,488	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	4,195,695		4,195,695		4,195,695	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	1,266,812		1,266,812		1,266,812	116.00
200.00		Subtotal (see instructions)	227,559,784	0	227,559,784	2,128	227,561,912	200.00
201.00		Less Observation Beds	5,769,488		5,769,488		5,769,488	201.00
202.00		Total (see instructions)	221,790,296	0	221,790,296	2,128	221,792,424	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/17/2021 12:45 pm

					Title V		Hospital		5/17/2021 12:45 pm	
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						9.00	10.00			
30.00	03000	ADULTS & PEDIATRICS	23,390,401		23,390,401			30.00		
31.00	03100	INTENSIVE CARE UNIT	10,374,601		10,374,601			31.00		
32.00	03200	CORONARY CARE UNIT	7,073,540		7,073,540			32.00		
40.00	04000	SUBPROVIDER - IPF	3,241,301		3,241,301			40.00		
43.00	04300	NURSERY	1,463,569		1,463,569			43.00		
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	45,153,145	93,867,643	139,020,788	0.155220	0.000000	50.00		
50.01	05001	ORTHO MEDICAL	766,154	697,527	1,463,681	0.139539	0.000000	50.01		
51.00	05100	RECOVERY ROOM	3,569,612	4,430,590	8,000,202	0.167476	0.000000	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,744,221	193,269	2,937,490	0.231546	0.000000	52.00		
53.00	05300	ANESTHESIOLOGY	3,020,866	5,319,388	8,340,254	0.203589	0.000000	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,074,717	161,529,043	211,603,760	0.105627	0.000000	54.00		
55.00	05500	RADIOLOGY-THERAPEUTIC	268,447	20,413,267	20,681,714	0.227085	0.000000	55.00		
60.00	06000	LABORATORY	46,956,608	82,447,330	129,403,938	0.093720	0.000000	60.00		
65.00	06500	RESPIRATORY THERAPY	17,127,280	2,075,002	19,202,282	0.115346	0.000000	65.00		
66.00	06600	PHYSICAL THERAPY	3,826,192	14,209,499	18,035,691	0.318347	0.000000	66.00		
67.00	06700	OCCUPATIONAL THERAPY	2,301,911	3,917,403	6,219,314	0.127812	0.000000	67.00		
68.00	06800	SPEECH PATHOLOGY	1,301,688	1,419,992	2,721,680	0.207124	0.000000	68.00		
69.00	06900	ELECTROCARDIOLOGY	8,931,604	27,371,349	36,302,953	0.125464	0.000000	69.00		
69.01	06901	CATH LAB	8,322,915	15,909,831	24,232,746	0.138897	0.000000	69.01		
70.00	07000	ELECTROENCEPHALOGRAPHY	1,040,396	5,895,689	6,936,085	0.175568	0.000000	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,639,097	5,750,737	9,389,834	0.675128	0.000000	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,268,324	14,098,234	32,366,558	0.632807	0.000000	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	22,469,912	30,622,340	53,092,252	0.307982	0.000000	73.00		
74.00	07400	RENAL DIALYSIS	1,446,494	225,196	1,671,690	0.523078	0.000000	74.00		
75.00	07500	ASC (NON-DISTINCT PART)	2,096,777	16,176,696	18,273,473	0.277769	0.000000	75.00		
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	1,368,310	9,081,252	10,449,562	0.138871	0.000000	90.00		
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	6,535,489	6,535,489	0.433670	0.000000	90.01		
90.02	09002	DMG PHYSICIAN GROUP	0	74,255,821	74,255,821	0.355782	0.000000	90.02		
91.00	09100	EMERGENCY	15,617,189	41,676,890	57,294,079	0.173746	0.000000	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	489,684	4,733,053	5,222,737	1.104687	0.000000	92.00		
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01		
OTHER REIMBURSABLE COST CENTERS										
101.00	10100	HOME HEALTH AGENCY	0	3,436,351	3,436,351			101.00		
SPECIAL PURPOSE COST CENTERS										
116.00	11600	HOSPICE	0	1,394,898	1,394,898			116.00		
200.00		Subtotal (see instructions)	306,344,955	647,683,779	954,028,734			200.00		
201.00		Less Observation Beds						201.00		
202.00		Total (see instructions)	306,344,955	647,683,779	954,028,734			202.00		

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
3/17/2021 12:45 pm

Cost Center Description		PPS Inpatient Ratio	Title V	Hospital	
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	ORTHO MEDICAL	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
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
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	06901	CATH LAB	0.000000		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0.000000		90.01
90.02	09002	DMG PHYSICIAN GROUP	0.000000		90.02
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part I
Date/Time Prepared:
3/17/2021 12:45 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,884,671	0	1,884,671	29,130	64.70	30.00
31.00	INTENSIVE CARE UNIT	501,782		501,782	6,358	78.92	31.00
32.00	CORONARY CARE UNIT	355,249		355,249	3,494	101.67	32.00
40.00	SUBPROVIDER - IPF	316,596	0	316,596	2,437	129.91	40.00
43.00	NURSERY	23,998		23,998	1,316	18.24	43.00
200.00	Total (lines 30 through 199)	3,082,296		3,082,296	42,735		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	12,317	796,910				30.00
31.00	INTENSIVE CARE UNIT	2,306	181,990				31.00
32.00	CORONARY CARE UNIT	2,417	245,736				32.00
40.00	SUBPROVIDER - IPF	1,895	246,179				40.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	18,935	1,470,815				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part II
Date/Time Prepared:
3/17/2021 12:45 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	3,071,652	139,020,788	0.022095	21,571,442	476,621	50.00
50.01	05001	ORTHO MEDICAL	24,315	1,463,681	0.016612	56,802	944	50.01
51.00	05100	RECOVERY ROOM	68,320	8,000,202	0.008540	1,974,543	16,863	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	56,225	2,937,490	0.019140	6,775	130	52.00
53.00	05300	ANESTHESIOLOGY	266,304	8,340,254	0.031930	1,481,503	47,304	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,831,853	211,603,760	0.008657	27,326,990	236,570	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	248,145	20,681,714	0.011998	148,919	1,787	55.00
60.00	06000	LABORATORY	558,135	129,403,938	0.004313	23,380,165	100,839	60.00
65.00	06500	RESPIRATORY THERAPY	73,281	19,202,282	0.003816	9,872,107	37,672	65.00
66.00	06600	PHYSICAL THERAPY	300,099	18,035,691	0.016639	2,206,844	36,720	66.00
67.00	06700	OCCUPATIONAL THERAPY	29,587	6,219,314	0.004757	1,282,042	6,099	67.00
68.00	06800	SPEECH PATHOLOGY	24,567	2,721,680	0.009026	805,133	7,267	68.00
69.00	06900	ELECTROCARDIOLOGY	517,573	36,302,953	0.014257	5,076,741	72,379	69.00
69.01	06901	CATH LAB	565,439	24,232,746	0.023334	4,053,838	94,592	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	118,455	6,936,085	0.017078	543,054	9,274	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	207,499	9,389,834	0.022098	2,588,955	57,211	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	651,749	32,366,558	0.020136	8,576,847	172,703	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	788,339	53,092,252	0.014848	11,849,952	175,948	73.00
74.00	07400	RENAL DIALYSIS	26,807	1,671,690	0.016036	1,103,059	17,689	74.00
75.00	07500	ASC (NON-DISTINCT PART)	380,188	18,273,473	0.020805	57,010	1,186	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	37,163	10,449,562	0.003556	81,572	290	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	66,522	6,535,489	0.010179	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	633,570	74,255,821	0.008532	0	0	90.02
91.00	09100	EMERGENCY	798,556	57,294,079	0.013938	8,977,258	125,125	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	440,143	5,222,737	0.004274	344,276	29,014	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00		Total (lines 50 through 199)	11,784,486	903,654,073		133,365,827	1,724,227	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0135		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part III Date/Time Prepared: 3/17/2021 12:45 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
200.00	Total (lines 30 through 199)		0	0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)		Inpatient Program Days			
			4.00	5.00	6.00	7.00		8.00			
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	29,130	0.00	12,317		30.00		
31.00	03100	INTENSIVE CARE UNIT		0	6,358	0.00	2,306		31.00		
32.00	03200	CORONARY CARE UNIT		0	3,494	0.00	2,417		32.00		
40.00	04000	SUBPROVIDER - IPF	0	0	2,437	0.00	1,895		40.00		
43.00	04300	NURSERY		0	1,316	0.00	0		43.00		
200.00	Total (lines 30 through 199)			0	42,735		18,935		200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)								
			9.00								
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0								30.00
31.00	03100	INTENSIVE CARE UNIT	0								31.00
32.00	03200	CORONARY CARE UNIT	0								32.00
40.00	04000	SUBPROVIDER - IPF	0								40.00
43.00	04300	NURSERY	0								43.00
200.00	Total (lines 30 through 199)		0								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0135

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

Worksheet D
Part IV
Date/Time Prepared:
3/17/2021 12:45 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	ORTHO MEDICAL	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	227,933	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	06901	CATH LAB	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	0	227,933	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
3/17/2021 12:45 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	139,020,788	0.000000	50.00
50.01	05001	ORTHO MEDICAL	0	0	0	1,463,681	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	8,000,202	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,937,490	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	227,933	227,933	8,340,254	0.027329	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	211,603,760	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	20,681,714	0.000000	55.00
60.00	06000	LABORATORY	0	0	0	129,403,938	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	19,202,282	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	18,035,691	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,219,314	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,721,680	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	36,302,953	0.000000	69.00
69.01	06901	CATH LAB	0	0	0	24,232,746	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,936,085	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	9,389,834	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	32,366,558	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	53,092,252	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,671,690	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	18,273,473	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	10,449,562	0.000000	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	6,535,489	0.000000	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	0	0	74,255,821	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	57,294,079	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	5,222,737	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
200.00	Total (lines 50 through 199)		0	227,933	227,933	903,654,073		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
3/17/2021 12:45 pm

Cost Center Description		Title XVIII		Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
		9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.000000	21,571,442	0	31,804,390	0
50.01	05001 ORTHO MEDICAL	0.000000	56,802	0	426,689	0
51.00	05100 RECOVERY ROOM	0.000000	1,974,543	0	1,320,646	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	6,775	0	1,603	0
53.00	05300 ANESTHESIOLOGY	0.027329	1,481,503	40,488	1,786,326	48,819
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	27,326,990	0	56,617,692	0
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	148,919	0	7,566,925	0
60.00	06000 LABORATORY	0.000000	23,380,165	0	13,362,754	0
65.00	06500 RESPIRATORY THERAPY	0.000000	9,872,107	0	377,082	0
66.00	06600 PHYSICAL THERAPY	0.000000	2,206,844	0	181,302	0
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,282,042	0	96,073	0
68.00	06800 SPEECH PATHOLOGY	0.000000	805,133	0	34,188	0
69.00	06900 ELECTROCARDIOLOGY	0.000000	5,076,741	0	12,518,693	0
69.01	06901 CATH LAB	0.000000	4,053,838	0	8,993,393	0
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	543,054	0	1,566,430	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	2,588,955	0	3,079,565	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	8,576,847	0	6,996,984	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	11,849,952	0	15,803,829	0
74.00	07400 RENAL DIALYSIS	0.000000	1,103,059	0	139,982	0
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	57,010	0	7,115,656	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.000000	81,572	0	5,012,409	0
90.01	09001 DMG EXPRESS CARE PHYSICIAN GROUP	0.000000	0	0	1,662,024	0
90.02	09002 DMG PHYSICIAN GROUP	0.000000	0	0	11,523,593	0
91.00	09100 EMERGENCY	0.000000	8,977,258	0	9,307,428	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	344,276	0	2,842,743	0
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0
200.00	Total (lines 50 through 199)		133,365,827	40,488	200,138,399	48,819

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part V
Date/Time Prepared:
3/17/2021 12:45 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	0.155220	31,804,390	0	0	4,936,677	50.00
50.01	05001	ORTHO MEDICAL	0.139539	426,689	0	0	59,540	50.01
51.00	05100	RECOVERY ROOM	0.167476	1,320,646	0	0	221,177	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.231546	1,603	0	0	371	52.00
53.00	05300	ANESTHESIOLOGY	0.203589	1,786,326	0	0	363,676	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.105627	56,617,692	0	0	5,980,357	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.227085	7,566,925	0	0	1,718,335	55.00
60.00	06000	LABORATORY	0.093720	13,362,754	0	0	1,252,357	60.00
65.00	06500	RESPIRATORY THERAPY	0.115346	377,082	0	0	43,495	65.00
66.00	06600	PHYSICAL THERAPY	0.318347	181,302	0	0	57,717	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.127812	96,073	0	0	12,279	67.00
68.00	06800	SPEECH PATHOLOGY	0.207124	34,188	0	0	7,081	68.00
69.00	06900	ELECTROCARDIOLOGY	0.125464	12,518,693	0	0	1,570,645	69.00
69.01	06901	CATH LAB	0.138897	8,993,393	0	0	1,249,155	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.175568	1,566,430	0	0	275,015	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.675128	3,079,565	0	0	2,079,101	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.632807	6,996,984	0	0	4,427,740	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.307982	15,803,829	574	466,071	4,867,295	73.00
74.00	07400	RENAL DIALYSIS	0.523078	139,982	0	0	73,222	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.277769	7,115,656	0	0	1,976,509	75.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.138871	5,012,409	0	0	696,078	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0.433670	1,662,024	0	0	720,770	90.01
90.02	09002	DMG PHYSICIAN GROUP	0.355782	11,523,593	0	0	4,099,887	90.02
91.00	09100	EMERGENCY	0.173746	9,307,428	0	0	1,617,128	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.104687	2,842,743	0	0	3,140,341	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
200.00		Subtotal (see instructions)		200,138,399	574	466,071	41,445,948	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		200,138,399	574	466,071	41,445,948	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet D
Part V
Date/Time Prepared:
3/17/2021 12:45 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	ORTHO MEDICAL	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	06901	CATH LAB	0	0		69.01
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	177	143,541		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0		90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0		90.01
90.02	09002	DMG PHYSICIAN GROUP	0	0		90.02
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
200.00		Subtotal (see instructions)	177	143,541		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	177	143,541		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS					Provider CCN: 14-0135	Period: From 10/01/2019 To 09/30/2020	Worksheet D Part II Date/Time Prepared: 3/17/2021 12:45 pm	
					Component CCN: 14-S135			
					Title XVIII	Subprovider - IPF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,071,652	139,020,788	0.022095	4,352	96	50.00
50.01	05001	ORTHO MEDICAL	24,315	1,463,681	0.016612	877	15	50.01
51.00	05100	RECOVERY ROOM	68,320	8,000,202	0.008540	1,569	13	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	56,225	2,937,490	0.019140	0	0	52.00
53.00	05300	ANESTHESIOLOGY	266,304	8,340,254	0.031930	2,130	68	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,831,853	211,603,760	0.008657	243,025	2,104	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	248,145	20,681,714	0.011998	0	0	55.00
60.00	06000	LABORATORY	558,135	129,403,938	0.004313	349,385	1,507	60.00
65.00	06500	RESPIRATORY THERAPY	73,281	19,202,282	0.003816	30,011	115	65.00
66.00	06600	PHYSICAL THERAPY	300,099	18,035,691	0.016639	44,676	743	66.00
67.00	06700	OCCUPATIONAL THERAPY	29,587	6,219,314	0.004757	21,648	103	67.00
68.00	06800	SPEECH PATHOLOGY	24,567	2,721,680	0.009026	34,584	312	68.00
69.00	06900	ELECTROCARDIOLOGY	517,573	36,302,953	0.014257	15,504	221	69.00
69.01	06901	CATH LAB	565,439	24,232,746	0.023334	5,833	136	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	118,455	6,936,085	0.017078	5,856	100	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	207,499	9,389,834	0.022098	8,921	197	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	651,749	32,366,558	0.020136	314	6	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	788,339	53,092,252	0.014848	240,748	3,575	73.00
74.00	07400	RENAL DIALYSIS	26,807	1,671,690	0.016036	313	5	74.00
75.00	07500	ASC (NON-DISTINCT PART)	380,188	18,273,473	0.020805	239	5	75.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	37,163	10,449,562	0.003556	442	2	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	66,522	6,535,489	0.010179	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	633,570	74,255,821	0.008532	0	0	90.02
91.00	09100	EMERGENCY	798,556	57,294,079	0.013938	44,371	618	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,222,737	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00		Total (lines 50 through 199)	11,344,343	903,654,073		1,054,798	9,941	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0135 Component CCN: 14-S135		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 3/17/2021 12:45 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
50.01	05001	ORTHO MEDICAL		0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	227,933	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
60.00	06000	LABORATORY		0	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
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.01	06901	CATH LAB		0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP		0	0	0	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP		0	0	0	0	0	90.02
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		0	0	0	0	227,933	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0135 Component CCN: 14-S135		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 3/17/2021 12:45 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	139,020,788	0.000000	50.00
50.01	05001	ORTHO MEDICAL	0	0	0	1,463,681	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	8,000,202	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,937,490	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	227,933	227,933	8,340,254	0.027329	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	211,603,760	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	20,681,714	0.000000	55.00
60.00	06000	LABORATORY	0	0	0	129,403,938	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	19,202,282	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	18,035,691	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,219,314	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,721,680	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	36,302,953	0.000000	69.00
69.01	06901	CATH LAB	0	0	0	24,232,746	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,936,085	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	9,389,834	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	32,366,558	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	53,092,252	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,671,690	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	18,273,473	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	10,449,562	0.000000	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0	0	0	6,535,489	0.000000	90.01
90.02	09002	DMG PHYSICIAN GROUP	0	0	0	74,255,821	0.000000	90.02
91.00	09100	EMERGENCY	0	0	0	57,294,079	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	5,222,737	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
200.00		Total (lines 50 through 199)	0	227,933	227,933	903,654,073		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0135 Component CCN: 14-S135		Period: From 10/01/2019 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 3/17/2021 12:45 pm	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	4,352	0	0	0	50.00
50.01	05001	ORTHO MEDICAL		0.000000	877	0	0	0	50.01
51.00	05100	RECOVERY ROOM		0.000000	1,569	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.027329	2,130	58	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	243,025	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
60.00	06000	LABORATORY		0.000000	349,385	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY		0.000000	30,011	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	44,676	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	21,648	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	34,584	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	15,504	0	0	0	69.00
69.01	06901	CATH LAB		0.000000	5,833	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	5,856	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	8,921	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	314	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	240,748	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	313	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	239	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	442	0	0	0	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP		0.000000	0	0	0	0	90.01
90.02	09002	DMG PHYSICIAN GROUP		0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY		0.000000	44,371	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0.000000	0	0	0	0	92.01
200.00		Total (lines 50 through 199)			1,054,798	58	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0135	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 3/17/2021 12:45 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)		29,130	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		29,130	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)		22,327	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)		12,317	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)		24,704,667	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)		24,704,667	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)		24,704,667	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)		848.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,445,801	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)		10,445,801	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0135

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

Worksheet D-1

Date/Time Prepared:
3/17/2021 12:45 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	8,828,339	6,358	1,388.54	2,306	3,201,973
44.00	CORONARY CARE UNIT	6,097,897	3,494	1,745.25	2,417	4,218,269
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	DETOXIFICATION INTENSIVE CARE UNIT					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					25,937,991
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					43,804,034
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,224,636
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,764,715
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,989,351
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					40,814,683
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					6,803
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					848.08
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,769,488

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0135

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

Worksheet D-1

Date/Time Prepared:
3/17/2021 12:45 pm

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	1,884,671	24,704,667	0.076288	5,769,488	440,143	90.00
91.00 Nursing School cost	0	24,704,667	0.000000	5,769,488	0	91.00
92.00 Allied health cost	0	24,704,667	0.000000	5,769,488	0	92.00
93.00 All other Medical Education	0	24,704,667	0.000000	5,769,488	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0135 Component CCN: 14-S135	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 3/17/2021 12:45 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,437	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,437	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)		2,437	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,895	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,680,957	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,680,957	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,680,957	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,510.45	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,862,303	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,862,303	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0135	Period: From 10/01/2019 To 09/30/2020	Worksheet D-1	
				Component CCN: 14-S135		Date/Time Prepared: 3/17/2021 12:45 pm	
				Title XVIII	Subprovider - IPF	PPS	
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	DETOXIFICATION INTENSIVE CARE UNIT						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					179,674	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,041,977	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					246,179	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					9,999	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					256,178	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,785,799	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0135 Component CCN: 14-S135		Period: From 10/01/2019 To 09/30/2020		Worksheet D-1 Date/Time Prepared: 3/17/2021 12:45 pm
			Title XVIII		Subprovider - IPF		PPS
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	316,596	3,680,957	0.086009	0	0	90.00
91.00	Nursing School cost	0	3,680,957	0.000000	0	0	91.00
92.00	Allied health cost	0	3,680,957	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,680,957	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0135	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 3/17/2021 12:45 pm	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		7,804,147	30.00
31.00	03100	INTENSIVE CARE UNIT		4,836,099	31.00
32.00	03200	CORONARY CARE UNIT		2,914,974	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.155220	21,571,442	50.00
50.01	05001	ORTHO MEDICAL	0.139539	56,802	50.01
51.00	05100	RECOVERY ROOM	0.167476	1,974,543	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.231546	6,775	52.00
53.00	05300	ANESTHESIOLOGY	0.203589	1,481,503	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.105627	27,326,990	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.227085	148,919	55.00
60.00	06000	LABORATORY	0.093720	23,380,165	60.00
65.00	06500	RESPIRATORY THERAPY	0.115346	9,872,107	65.00
66.00	06600	PHYSICAL THERAPY	0.318347	2,206,844	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.127812	1,282,042	67.00
68.00	06800	SPEECH PATHOLOGY	0.207124	805,133	68.00
69.00	06900	ELECTROCARDIOLOGY	0.125464	5,076,741	69.00
69.01	06901	CATH LAB	0.138897	4,053,838	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.175568	543,054	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.675128	2,588,955	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.632807	8,576,847	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.307982	11,849,952	73.00
74.00	07400	RENAL DIALYSIS	0.523078	1,103,059	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.277769	57,010	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.138871	81,572	90.00
90.01	09001	DMG EXPRESS CARE PHYSICIAN GROUP	0.433670	0	90.01
90.02	09002	DMG PHYSICIAN GROUP	0.355782	0	90.02
91.00	09100	EMERGENCY	0.173746	8,977,258	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.104687	344,276	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		133,365,827	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)		133,365,827	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0135 Component CCN: 14-S135	Period: From 10/01/2019 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 3/17/2021 12:45 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		2,525,403		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.155220	4,352	676	50.00
50.01	05001 ORTHO MEDICAL	0.139539	877	122	50.01
51.00	05100 RECOVERY ROOM	0.167476	1,569	263	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.231546	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.203589	2,130	434	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.105627	243,025	25,670	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.227085	0	0	55.00
60.00	06000 LABORATORY	0.093720	349,385	32,744	60.00
65.00	06500 RESPIRATORY THERAPY	0.115346	30,011	3,462	65.00
66.00	06600 PHYSICAL THERAPY	0.318347	44,676	14,222	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.127812	21,648	2,767	67.00
68.00	06800 SPEECH PATHOLOGY	0.207124	34,584	7,163	68.00
69.00	06900 ELECTROCARDIOLOGY	0.125464	15,504	1,945	69.00
69.01	06901 CATH LAB	0.138897	5,833	810	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.175568	5,856	1,028	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.675128	8,921	6,023	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.632807	314	199	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.307982	240,748	74,146	73.00
74.00	07400 RENAL DIALYSIS	0.523078	313	164	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.277769	239	66	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.138871	442	61	90.00
90.01	09001 DMG EXPRESS CARE PHYSICIAN GROUP	0.433670	0	0	90.01
90.02	09002 DMG PHYSICIAN GROUP	0.355782	0	0	90.02
91.00	09100 EMERGENCY	0.173746	44,371	7,709	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.104687	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,054,798	179,674	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		1,054,798		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0135	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 3/17/2021 12:45 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)			0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			32,971,783	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)			0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			768,814	2.04
3.00	Managed Care Simulated Payments			7,309,484	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			154.24	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)			5.81	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)			5.81	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			15.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			5.81	12.00
13.00	Total allowable FTE count for the prior year.			5.81	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.			5.81	14.00
15.00	Sum of lines 12 through 14 divided by 3.			5.81	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			5.81	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.037669	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.031223	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.031223	21.00
22.00	IME payment adjustment (see instructions)			557,751	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			123,647	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) .			7.20	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			9.19	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)			7.20	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.046680	26.00
27.00	IME payments adjustment factor. (see instructions)			0.012308	27.00
28.00	IME add-on adjustment amount (see instructions)			405,817	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			89,965	28.01
29.00	Total IME payment (sum of lines 22 and 28)			963,568	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			213,612	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			5.69	30.00
31.00	Percentage of Medicaid patient days (see instructions)			17.88	31.00
32.00	Sum of lines 30 and 31			23.57	32.00
33.00	Allowable disproportionate share percentage (see instructions)			8.84	33.00
34.00	Disproportionate share adjustment (see instructions)			728,677	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0135	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 3/17/2021 12:45 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)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000162042		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	1,353,147	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	1,353,147	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,353,147		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 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)	36,785,989			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)			36,999,601	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,897,986	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).			435,180	52.00
53.00	Nursing and Allied Health Managed Care payment			5,862	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			40,488	58.00
59.00	Total (sum of amounts on lines 49 through 58)			40,379,117	59.00
60.00	Primary payer payments			27,472	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			40,351,645	61.00
62.00	Deductibles billed to program beneficiaries			3,420,604	62.00
63.00	Coinsurance billed to program beneficiaries			178,090	63.00
64.00	Allowable bad debts (see instructions)			1,045,500	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			679,575	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			753,898	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			37,432,526	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)				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)			-6,594	70.93
70.94	HRR adjustment amount (see instructions)			-51,346	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0135	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 3/17/2021 12:45 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0 70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0 70.97
70.98	Low Volume Payment-3			0 70.98
70.99	HAC adjustment amount (see instructions)		392,148	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		36,982,438	71.00
71.01	Sequestration adjustment (see instructions)		428,996	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			71.03
72.00	Interim payments		36,332,040	72.00
72.01	Interim payments-PARHM			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		221,402	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0 90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0 95.00
96.00	Time value of money for capital related expenses (see instructions)			0 96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)			0 100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0 102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0 104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0135	Period: From 10/01/2019 To 09/30/2020	Worksheet E Part B Date/Time Prepared: 3/17/2021 12:45 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		143,718	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		41,397,129	2.00
3.00	OPPS payments		36,746,662	3.00
4.00	Outlier payment (see instructions)		77,993	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		48,819	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		143,718	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		466,645	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)		466,645	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)		466,645	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		322,927	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)		143,718	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)		36,873,474	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		7,178,275	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)		29,838,917	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		386,260	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)		30,225,177	30.00
31.00	Primary payer payments		34,130	31.00
32.00	Subtotal (line 30 minus line 31)		30,191,047	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)		1,205,254	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		783,415	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		771,195	36.00
37.00	Subtotal (see instructions)		30,974,462	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-229	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)		30,974,691	40.00
40.01	Sequestration adjustment (see instructions)		359,306	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		30,822,902	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)		-207,517	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: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet E-1
Part I
Date/Time Prepared:
3/17/2021 12:45 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		36,332,040		30,822,902	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		36,332,040		30,822,902	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		221,402		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		207,517	6.02	
7.00	Total Medicare program liability (see instructions)		36,553,442		30,615,385	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0135 Component CCN: 14-S135		Period: From 10/01/2019 To 09/30/2020		Worksheet E-1 Part I Date/Time Prepared: 3/17/2021 12:45 pm	
		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider					0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,520,653			0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0			0	3.01
3.02			0			0	3.02
3.03			0			0	3.03
3.04			0			0	3.04
3.05			0			0	3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0			0	3.50
3.51			0			0	3.51
3.52			0			0	3.52
3.53			0			0	3.53
3.54			0			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0			0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,520,653			0	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		151,808			0	6.01
6.02	SETTLEMENT TO PROGRAM		0			0	6.02
7.00	Total Medicare program liability (see instructions)		1,672,461			0	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: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet E-1
Part II
Date/Time Prepared:
3/17/2021 12:45 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0135 Component CCN: 14-S135	Period: From 10/01/2019 To 09/30/2020	Worksheet E-3 Part II Date/Time Prepared: 3/17/2021 12:45 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,642,229 1.00
2.00	Net IPF PPS Outlier Payments			14,467 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			6.658470 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,656,696 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,656,696 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,656,696 18.00
19.00	Deductibles			102,432 19.00
20.00	Subtotal (line 18 minus line 19)			1,554,264 20.00
21.00	Coinurance			5,951 21.00
22.00	Subtotal (line 20 minus line 21)			1,548,313 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			221,104 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			143,718 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			213,148 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,692,031 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			58 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,692,089 31.00
31.01	Sequestration adjustment (see instructions)			19,628 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,520,653 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			151,808 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			14,467 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0135		Period: From 10/01/2019 To 09/30/2020		Worksheet E-4 Date/Time Prepared: 3/17/2021 12:45 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.					7.19	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					7.19	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					15.00	6.00
7.00	Enter the lesser of line 5 or line 6					7.19	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.	15.00		0.00		15.00	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.	7.19		0.00		7.19	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	7.19		0.00			11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	7.19		0.00			12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	7.19		0.00			13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	7.19		0.00			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	7.19		0.00			17.00
18.00	Per resident amount	87,984.22		87,984.22			18.00
19.00	Approved amount for resident costs	632,607		0		632,607	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)					5.82	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)					7.81	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					5.82	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)					103,490.93	23.00
24.00	Multiply line 22 time line 23					602,317	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)					1,234,924	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)	18,935		1,125		3,373	26.00
27.00	Total Inpatient Days (see instructions)	34,755		34,755		34,755	27.00
28.00	Ratio of inpatient days to total inpatient days	0.544814		0.032369		0.097051	28.00
29.00	Program direct GME amount	672,804		39,973		119,851	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			2,798		8,390	30.00
31.00	Net Program direct GME amount					821,440	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0135	Period: From 10/01/2019 To 09/30/2020	Worksheet E-4 Date/Time Prepared: 3/17/2021 12:45 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)			1,671,690	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)			46,846,011	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)			27,472	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			46,818,539	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			41,589,666	42.00
43.00	Primary payer payments (see instructions)			34,130	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			41,555,536	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			88,374,075	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.529777	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.470223	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			821,440	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			435,180	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			386,260	50.00

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

Provider CCN: 14-0135

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

Worksheet G

Date/Time Prepared:
3/17/2021 12:45 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	17,996,839	0	0	0	1.00
2.00	Temporary investments	42,093,526	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	31,332,184	0	0	0	4.00
5.00	Other receivable	2,127,037	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,122,500	0	0	0	7.00
8.00	Prepaid expenses	1,913,470	0	0	0	8.00
9.00	Other current assets	0	45,870,000	0	0	9.00
10.00	Due from other funds	93,444	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	98,679,000	45,870,000	0	0	11.00
FIXED ASSETS						
12.00	Land	47,384,200	0	0	0	12.00
13.00	Land improvements	34,585	0	0	0	13.00
14.00	Accumulated depreciation	-1,987,175	0	0	0	14.00
15.00	Buildings	12,698,579	0	0	0	15.00
16.00	Accumulated depreciation	-1,294,573	0	0	0	16.00
17.00	Leasehold improvements	190,800	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	52,100	0	0	0	21.00
22.00	Accumulated depreciation	-14,919	0	0	0	22.00
23.00	Major movable equipment	20,464,920	0	0	0	23.00
24.00	Accumulated depreciation	-4,292,945	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	73,235,572	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	50,350,349	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	63,329,079	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	113,679,428	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	285,594,000	45,870,000	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	15,994,934	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,047,735	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	93,556	0	0	0	42.00
43.00	Due to other funds	334,891	0	0	0	43.00
44.00	Other current liabilities	37,498,884	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	63,970,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	45,483,717	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	46,776,283	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	92,260,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	156,230,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	129,364,000				52.00
53.00	Specific purpose fund		45,870,000			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)	129,364,000	45,870,000	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	285,594,000	45,870,000	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0135

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

Worksheet G-1

Date/Time Prepared:
3/17/2021 12:45 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		0		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-2,006,142				2.00
3.00	Total (sum of line 1 and line 2)		-2,006,142		0		3.00
4.00	CONTRIBUTIONS OF NET ASSETS	108,941,000		0		0	4.00
5.00	TRANSFER FROM RELATED ORG	23,451,000		0		0	5.00
6.00	CONTRIBUTION OF RESTRICTED ASSETS	0		43,855,000		0	6.00
7.00	NET INVESTMENT GAIN	0		1,654,000		0	7.00
8.00	CHANGE IN NET ASSETS FOUNDATION	0		453,000		0	8.00
9.00	OTHER	59,142		178,000		0	9.00
10.00	Total additions (sum of line 4-9)		132,451,142		46,140,000		10.00
11.00	Subtotal (line 3 plus line 10)		130,445,000		46,140,000		11.00
12.00	PENSION LIABILITY ADJ	950,000		0		0	12.00
13.00	NET ASSETS RELEASED	0		270,000		0	13.00
14.00	OTHER	131,000		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)		1,081,000		270,000		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		129,364,000		45,870,000		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	CONTRIBUTIONS OF NET ASSETS		0				4.00
5.00	TRANSFER FROM RELATED ORG		0				5.00
6.00	CONTRIBUTION OF RESTRICTED ASSETS		0				6.00
7.00	NET INVESTMENT GAIN		0				7.00
8.00	CHANGE IN NET ASSETS FOUNDATION		0				8.00
9.00	OTHER		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	PENSION LIABILITY ADJ		0				12.00
13.00	NET ASSETS RELEASED		0				13.00
14.00	OTHER		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: 14-0135

Period:
From 10/01/2019
To 09/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
3/17/2021 12:45 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	29,135,606		29,135,606	1.00
2.00	SUBPROVIDER - IPF	3,241,301		3,241,301	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	32,376,907		32,376,907	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	10,650,804		10,650,804	11.00
12.00	CORONARY CARE UNIT	8,211,868		8,211,868	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	DETOXIFICATION INTENSIVE CARE UNIT				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	18,862,672		18,862,672	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	51,239,579		51,239,579	17.00
18.00	Ancillary services	244,077,320	513,921,873	757,999,193	18.00
19.00	Outpatient services	17,123,917	172,720,672	189,844,589	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		3,436,351	3,436,351	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	1,394,898	1,394,898	26.00
27.00	NON-REIMBURSABLE REVENUES	9,342,526	34,231,684	43,574,210	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	321,783,342	725,705,478	1,047,488,820	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		306,772,006		29.00
30.00	RECONCILING ENTRY	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	PURCHASE DISCOUNTS	745			37.00
38.00	PURCHASE REBATES	454,276			38.00
39.00	RECONCILING ENTRY	14,985			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		470,006		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		306,302,000		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0135

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

Worksheet G-3

Date/Time Prepared:
3/17/2021 12:45 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,047,488,820	1.00
2.00	Less contractual allowances and discounts on patients' accounts	789,935,295	2.00
3.00	Net patient revenues (line 1 minus line 2)	257,553,525	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	306,302,000	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-48,748,475	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	3,379,000	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	19,629,509	24.00
24.01	CHANGE IN INTEREST IN FOUNDATION	3,210,000	24.01
24.02	PROVISION FOR INCOME TAXES	79,000	24.02
24.03	NET PERIODIC BENEFIT COST	194,000	24.03
24.04	OTHER NON-OPERATING REVENUE	753,000	24.04
24.50	COVID-19 PHE Funding	19,497,824	24.50
25.00	Total other income (sum of lines 6-24)	46,742,333	25.00
26.00	Total (line 5 plus line 25)	-2,006,142	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-2,006,142	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0135

Period:

Worksheet H

HHA CCN: 14-7206

From 10/01/2019

Date/Time Prepared:

To 09/30/2020

3/17/2021 12:45 pm

Home Health
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00 Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00 Capital Related - Movable Equipment			0		0	0	2.00
3.00 Plant Operation & Maintenance	0	0	0	9,021	39,938	48,959	3.00
4.00 Transportation	0	0	132,847	0	0	132,847	4.00
5.00 Administrative and General	374,204	174,509	0	113,673	49,060	711,446	5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	1,126,194	0	0	0	0	1,126,194	6.00
7.00 Physical Therapy	524,513	0	0	0	0	524,513	7.00
8.00 Occupational Therapy	99,838	0	0	0	0	99,838	8.00
9.00 Speech Pathology	36,337	0	0	0	0	36,337	9.00
10.00 Medical Social Services	140,693	0	0	0	0	140,693	10.00
11.00 Home Health Aide	24,104	0	0	0	0	24,104	11.00
12.00 Supplies (see instructions)	0	0	0	0	53,888	53,888	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)	2,325,883	174,509	132,847	122,694	142,886	2,898,819	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	48,959	0	48,959			3.00
4.00 Transportation	0	132,847	0	132,847			4.00
5.00 Administrative and General	0	711,446	0	711,446			5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	0	1,126,194	0	1,126,194			6.00
7.00 Physical Therapy	0	524,513	0	524,513			7.00
8.00 Occupational Therapy	0	99,838	0	99,838			8.00
9.00 Speech Pathology	0	36,337	0	36,337			9.00
10.00 Medical Social Services	0	140,693	0	140,693			10.00
11.00 Home Health Aide	0	24,104	0	24,104			11.00
12.00 Supplies (see instructions)	-53,888	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)	-53,888	2,844,931	0	2,844,931			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: 14-0135

Period:

Worksheet H-1

HHA CCN: 14-7206

From 10/01/2019
To 09/30/2020Part I
Date/Time Prepared:
3/17/2021 12:45 pmHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
			Bldgs & Fixtures	Movable Equipment					
			0	1.00					2.00
	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	48,959	0	0	48,959		0	3.00	
4.00	Transportation	132,847	0	0	48,959	181,806		4.00	
5.00	Administrative and General	711,446	0	0	0	181,806	893,252	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,126,194	0	0	0	0	1,126,194	6.00	
7.00	Physical Therapy	524,513	0	0	0	0	524,513	7.00	
8.00	Occupational Therapy	99,838	0	0	0	0	99,838	8.00	
9.00	Speech Pathology	36,337	0	0	0	0	36,337	9.00	
10.00	Medical Social Services	140,693	0	0	0	0	140,693	10.00	
11.00	Home Health Aide	24,104	0	0	0	0	24,104	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)	2,844,931	0	0	48,959	181,806	2,844,931	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	893,252						5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	515,441	1,641,635					6.00	
7.00	Physical Therapy	240,061	764,574					7.00	
8.00	Occupational Therapy	45,694	145,532					8.00	
9.00	Speech Pathology	16,631	52,968					9.00	
10.00	Medical Social Services	64,393	205,086					10.00	
11.00	Home Health Aide	11,032	35,136					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)		2,844,931					24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0135

Period:

Worksheet H-1

HHA CCN: 14-7206

From 10/01/2019
To 09/30/2020Part II
Date/Time Prepared:
3/17/2021 12:45 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	48,959	0		3.00
4.00	Transportation (see instructions)	0	0	48,959	132,847		4.00
5.00	Administrative and General	0	0	0	132,847	-893,252	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	1,126,194	6.00
7.00	Physical Therapy	0	0	0	0	524,513	7.00
8.00	Occupational Therapy	0	0	0	0	99,838	8.00
9.00	Speech Pathology	0	0	0	0	36,337	9.00
10.00	Medical Social Services	0	0	0	0	140,693	10.00
11.00	Home Health Aide	0	0	0	0	24,104	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	48,959	132,847	-893,252	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	48,959	181,806	893,252	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	1.000000	1.368537	0.457684	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0135

Period:

Worksheet H-2

HHA CCN: 14-7206

From 10/01/2019
To 09/30/2020Part I
Date/Time Prepared:
3/17/2021 12:45 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
			1.00	2.00	4.00	4A	5.00	
1.00	Administrative and General	0	51,586	0	435,124	486,710	79,021	1.00
2.00	Skilled Nursing Care	1,641,635	0	0	0	1,641,635	266,530	2.00
3.00	Physical Therapy	764,574	0	0	0	764,574	124,134	3.00
4.00	Occupational Therapy	145,532	0	0	0	145,532	23,628	4.00
5.00	Speech Pathology	52,968	0	0	0	52,968	8,600	5.00
6.00	Medical Social Services	205,086	0	0	0	205,086	33,297	6.00
7.00	Home Health Aide	35,136	0	0	0	35,136	5,705	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)	2,844,931	51,586	0	435,124	3,331,641	540,915	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	144,948	0	74,077	0	87,399	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)	144,948	0	74,077	0	87,399	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: 14-0135

Period:

Worksheet H-2

HHA CCN: 14-7206

From 10/01/2019
To 09/30/2020Part I
Date/Time Prepared:
3/17/2021 12:45 pmHome Health
Agency I

PPS

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
		14.00	15.00	16.00	19.00	21.00	22.00	
1.00	Administrative and General	1,392	0	15,323	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)	1,392	0	15,323	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		PARAMED ED PRGM-CRNA	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.00	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	888,870	0	888,870			1.00
2.00	Skilled Nursing Care	0	1,908,165	0	1,908,165	512,912	2,421,077	2.00
3.00	Physical Therapy	0	888,708	0	888,708	238,884	1,127,592	3.00
4.00	Occupational Therapy	0	169,160	0	169,160	45,470	214,630	4.00
5.00	Speech Pathology	0	61,568	0	61,568	16,549	78,117	5.00
6.00	Medical Social Services	0	238,383	0	238,383	64,077	302,460	6.00
7.00	Home Health Aide	0	40,841	0	40,841	10,978	51,819	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	4,195,695	0	4,195,695	888,870	4,195,695	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.					0.268799		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: 14-0135
 HHA CCN: 14-7206

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

 Worksheet H-2
 Part II
 Date/Time Prepared:
 3/17/2021 12:45 pm

						Home Health Agency I	PPS	
Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00				4.00	
1.00	Administrative and General	4,094	0	2,325,882	0	486,710	4,094	1.00
2.00	Skilled Nursing Care	0	0	0	0	1,641,635	0	2.00
3.00	Physical Therapy	0	0	0	0	764,574	0	3.00
4.00	Occupational Therapy	0	0	0	0	145,532	0	4.00
5.00	Speech Pathology	0	0	0	0	52,968	0	5.00
6.00	Medical Social Services	0	0	0	0	205,086	0	6.00
7.00	Home Health Aide	0	0	0	0	35,136	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)	4,094	0	2,325,882		3,331,641	4,094	20.00
21.00	Total cost to be allocated	51,586	0	435,124		540,915	144,948	21.00
22.00	Unit cost multiplier	12.600391	0.000000	0.187079		0.162357	35.404983	22.00
Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	NURSING ADMINISTRATION (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	4,094	0	3,205	0	10,687	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	4,094	0	3,205	0	10,687	20.00
21.00	Total cost to be allocated	0	74,077	0	87,399	0	1,392	21.00
22.00	Unit cost multiplier	0.000000	18.094040	0.000000	27.269579	0.000000	0.130252	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0135

Period:

Worksheet H-2

HHA CCN: 14-7206

From 10/01/2019
To 09/30/2020Part II
Date/Time Prepared:
3/17/2021 12:45 pmHome Health
Agency I

PPS

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM-CRNA (ASSIGNED TIME)	
					SERVICES-SALAR Y & FRINGES APPRV (TIME SPENT)	SERVICES-OTHER PRGM COSTS APPRV (TIME SPENT)		
					21.00	22.00		
1.00	Administrative and General	0	3,436,351	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	3,436,351	0	0	0	0	20.00
21.00	Total cost to be allocated	0	15,323	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.004459	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0135

Period:

Worksheet H-3

HHA CCN: 14-7206

From 10/01/2019
To 09/30/2020Part I
Date/Time Prepared:
3/17/2021 12:45 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	2,421,077		2,421,077	7,359	329.00	1.00
2.00	Physical Therapy	3.00	1,127,592	431,721	1,559,313	7,031	221.78	2.00
3.00	Occupational Therapy	4.00	214,630	47,206	261,836	1,892	138.39	3.00
4.00	Speech Pathology	5.00	78,117	8,995	87,112	223	390.64	4.00
5.00	Medical Social Services	6.00	302,460		302,460	487	621.07	5.00
6.00	Home Health Aide	7.00	51,819		51,819	710	72.98	6.00
7.00	Total (sum of lines 1-6)		4,195,695	487,922	4,683,617	17,702		7.00
				Program Visits				
				Part B				
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care		19500	0	5,500			8.00
9.00	Physical Therapy		19500	0	4,088			9.00
10.00	Occupational Therapy		19500	0	419			10.00
11.00	Speech Pathology		19500	0	172			11.00
12.00	Medical Social Services		19500	0	18			12.00
13.00	Home Health Aide		19500	0	400			13.00
14.00	Total (sum of lines 8-13)			0	10,597			14.00
		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
		Program Visits			Cost of Services			
		Part B						
		Not Subject to Deductibles & Coinsurance			Part A		Part B	
					Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	5,500		0	1,809,500		1.00
2.00	Physical Therapy	0	4,088		0	906,637		2.00
3.00	Occupational Therapy	0	419		0	57,985		3.00
4.00	Speech Pathology	0	172		0	67,190		4.00
5.00	Medical Social Services	0	18		0	11,179		5.00
6.00	Home Health Aide	0	400		0	29,192		6.00
7.00	Total (sum of lines 1-6)	0	10,597		0	2,881,683		7.00
		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0135

Period:

Worksheet H-3

HHA CCN: 14-7206

From 10/01/2019
To 09/30/2020Part I
Date/Time Prepared:
3/17/2021 12:45 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	10.00	11.00	
	Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	102,422	102,422	0	0	0	0	15.00		
16.00	Cost of Drugs		0	0		0	0	16.00		
Cost Center Description		Total Program Cost (sum of cols. 9-10)								
		12.00								
		PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation										
1.00	Skilled Nursing Care	1,809,500							1.00	
2.00	Physical Therapy	906,637							2.00	
3.00	Occupational Therapy	57,985							3.00	
4.00	Speech Pathology	67,190							4.00	
5.00	Medical Social Services	11,179							5.00	
6.00	Home Health Aide	29,192							6.00	
7.00	Total (sum of lines 1-6)	2,881,683							7.00	
Cost Center Description										
		12.00								
Limitation Cost Computation										
8.00	Skilled Nursing Care								8.00	
9.00	Physical Therapy								9.00	
10.00	Occupational Therapy								10.00	
11.00	Speech Pathology								11.00	
12.00	Medical Social Services								12.00	
13.00	Home Health Aide								13.00	
14.00	Total (sum of lines 8-13)								14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0135

Period:

Worksheet H-3

HHA CCN: 14-7206

From 10/01/2019
To 09/30/2020Part II
Date/Time Prepared:
3/17/2021 12:45 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.318347	1,356,132	431,721	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.127812	369,336	47,206	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.207124	43,429	8,995	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.675128	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.307982	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0135 HHA CCN: 14-7206	Period: From 10/01/2019 To 09/30/2020	Worksheet H-4 Part I-II Date/Time Prepared: 3/17/2021 12:45 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	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	1,671,523	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	112,433	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	37,178	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	25,966	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	41,556	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	765	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	1,889,421	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	1,889,421	24.00
25.00	Coinsurance billed to program patients (from your records)		0	0	25.00
26.00	Net cost (line 24 minus line 25)		0	1,889,421	26.00
27.00	Reimbursable bad debts (from your records)				27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)				28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	1,889,421	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	0	30.99
31.00	Subtotal (see instructions)		0	1,889,421	31.00
31.01	Sequestration adjustment (see instructions)		0	24,537	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
32.00	Interim payments (see instructions)		0	1,864,884	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAS FOR SERVICES RENDERED
TO PROGRAM BENEFICIARIESProvider CCN: 14-0135
HHA CCN: 14-7206Period:
From 10/01/2019
To 09/30/2020

Worksheet H-5

Date/Time Prepared:
3/17/2021 12:45 pm

				Home Health Agency I		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,864,884	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		1,864,884	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		1,864,884	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: 14-0135

Period:

Worksheet 0

Hospice CCN: 14-1517

From 10/01/2019
To 09/30/2020Date/Time Prepared:
3/17/2021 12:45 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*		0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	44,503	44,503	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	225,180	245,333	470,513	0	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	109	109	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	79	79	-79	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	32,465	32,465	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	13.00
14.00	PHARMACY*	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	30,207	30,207	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	365,223	0	365,223	0	28.00
29.00	LPN/LVN**	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	0	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 & HOMEMAKER SERVICES**	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	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	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	71.00
100.00	TOTAL	590,403	352,696	943,099	-79	943,020

* 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: 14-0135

Period:

Worksheet 0

Hospice CCN: 14-1517

From 10/01/2019

To 09/30/2020

Date/Time Prepared:
3/17/2021 12:45 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	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	44,503	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	470,513	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	109	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	32,465	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	30,207	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	365,223	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	0	943,020	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: 14-0135

Period:

Worksheet 0-2

Hospice CCN: 14-1517

From 10/01/2019
To 09/30/2020Date/Time Prepared:
3/17/2021 12:45 pm

				Hospice I		07/17/2022 12:45 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	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	365,223	0	365,223	0	365,223	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	365,223	0	365,223	0	365,223	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	365,223	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	365,223	100.00

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

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

Provider CCN: 14-0135

Period:

Worksheet 0-5

Hospice CCN: 14-1517

From 10/01/2019
To 09/30/2020Date/Time Prepared:
3/17/2021 12:45 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	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	44,503	110,452	154,955	3.00
4.00	ADMINISTRATIVE & GENERAL	470,513	193,673	664,186	4.00
5.00	PLANT OPERATION & MAINTENANCE	109	0	109	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	3,022	3,022	10.00
11.00	MEDICAL RECORDS	0	6,220	6,220	11.00
12.00	STAFF TRANSPORTATION	32,465	0	32,465	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	0	10,425	10,425	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	30,207	0	30,207	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	365,223	0	365,223	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	943,020	323,792	1,266,812	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:

Worksheet 0-6

Hospice CCN: 14-1517

From 10/01/2019
To 09/30/2020Part I
Date/Time Prepared:
3/17/2021 12:45 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	0		0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0			0			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	154,955		0	0	154,955		3.00
4.00	ADMINISTRATIVE & GENERAL	664,186		0	0	154,955	819,141	4.00
5.00	PLANT OPERATION & MAINTENANCE	109		0	0	0	109	5.00
6.00	LAUNDRY & LINEN SERVICE	0		0	0	0	0	6.00
7.00	HOUSEKEEPING	0		0	0	0	0	7.00
8.00	DIETARY	0		0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0		0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	3,022		0	0	0	3,022	10.00
11.00	MEDICAL RECORDS	6,220		0	0	0	6,220	11.00
12.00	STAFF TRANSPORTATION	32,465		0	0	0	32,465	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0	0	0	0	13.00
14.00	PHARMACY	10,425		0	0	0	10,425	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	30,207		0	0	0	30,207	15.00
16.00	OTHER GENERAL SERVICE	0		0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0	0	0	0	17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0				0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	365,223				0	365,223	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0		0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0		0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0		0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0		0	0	0	0	61.00
62.00	FUNDRAISING	0		0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0		0	0	0	0	66.00
67.00	ADVERTISING	0		0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0	0	0	0	68.00
69.00	THRIFT STORE	0		0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0		0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0		0	0	0	0	99.00
100.00	TOTAL	1,266,812		0	0	154,955	1,266,812	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:

Worksheet 0-6

Hospice CCN: 14-1517

From 10/01/2019
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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	819,141						4.00
5.00	PLANT OPERATION & MAINTENANCE	199	308					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	0	0			0		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	0	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	5,530	0			0		10.00
11.00	MEDICAL RECORDS	11,381	0			0		11.00
12.00	STAFF TRANSPORTATION	59,404	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0			0		13.00
14.00	PHARMACY	19,075	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	55,272	0			0		15.00
16.00	OTHER GENERAL SERVICE	0	308			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	668,280						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0		0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0		0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	0	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0		0	0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	819,141	308		0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:

Worksheet 0-6

Hospice CCN: 14-1517

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Descriptions		Hospice I				
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION
		9.00	10.00	11.00	12.00	13.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION	0				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	8,552			10.00
11.00	MEDICAL RECORDS	0		17,601		11.00
12.00	STAFF TRANSPORTATION	0			91,869	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	13.00
14.00	PHARMACY	0			0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	15.00
16.00	OTHER GENERAL SERVICE	0			0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	8,552	17,601	91,869	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	53.00
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					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	0	8,552	17,601	91,869	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0135

Period:

Worksheet 0-6

Hospice CCN: 14-1517

From 10/01/2019
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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	29,500					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	85,479				15.00
16.00	OTHER GENERAL SERVICE	0		308			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	29,500	85,479	308		1,266,812	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0		0		0	99.00
100.00	TOTAL	29,500	85,479	308	0	1,266,812	100.00

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

Provider CCN: 14-0135

Period:

Worksheet 0-6

Hospice CCN: 14-1517

From 10/01/2019
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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	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	590,402			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	590,402	-819,141	447,671	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	109	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	3,022	10.00
11.00	MEDICAL RECORDS	0	0	0	0	6,220	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	32,465	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	10,425	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	30,207	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			0		365,223	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	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						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	154,955		819,141	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.262457		1.829783	101.00

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

Provider CCN: 14-0135
Hospice CCN: 14-1517

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

Worksheet 0-6
Part II
Date/Time Prepared:
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Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	1,071					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	1,071		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	308	0	0	0	0	100.00
101.00	UNIT COST MULTIPLIER	0.287582	0.000000	0.000000	0.000000	0.000000	101.00

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

Provider CCN: 14-0135

Period:

Worksheet 0-6

Hospice CCN: 14-1517

From 10/01/2019
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Date/Time Prepared:
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Cost Center Descriptions		Hospice I				
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)
		10.00	11.00	12.00	13.00	14.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES	10,150				10.00
11.00	MEDICAL RECORDS		10,150			11.00
12.00	STAFF TRANSPORTATION			319,038		12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	0	13.00
14.00	PHARMACY			0	0	311,982 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0 15.00
16.00	OTHER GENERAL SERVICE			0	0	0 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					0 17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	10,150	10,150	319,038	0	311,982 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0 53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0 60.00
61.00	VOLUNTEER PROGRAM			0	0	0 61.00
62.00	FUNDRAISING			0	0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0 63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0 64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0 65.00
66.00	RESIDENTIAL CARE			0	0	0 66.00
67.00	ADVERTISING			0	0	0 67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0 68.00
69.00	THRIFT STORE			0	0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0 70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0 71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	8,552	17,601	91,869	0	29,500 100.00
101.00	UNIT COST MULTIPLIER	0.842562	1.734089	0.287956	0.000000	0.094557 101.00

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

Provider CCN: 14-0135
Hospice CCN: 14-1517

Period:
From 10/01/2019
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Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice 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	10,150				15.00
16.00	OTHER GENERAL SERVICE		1,071			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	10,150	1,071			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		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)	85,479	308	0		100.00
101.00	UNIT COST MULTIPLIER	8.421576	0.287582	0.000000		101.00

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

Provider CCN: 14-0135

Period:

Worksheet 0-7

Hospice CCN: 14-1517

From 10/01/2019
To 09/30/2020Date/Time Prepared:
3/17/2021 12:45 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	
				2.00	3.00	4.00	
		0	1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.318347	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.127812	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.207124	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.307982	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.093720	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.675128	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.227085	0	0	0	9.00
10.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00					10.00
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
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 SERVICE COST CENTERS						10.00
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0135

Period:

Worksheet 0-8

Hospice CCN: 14-1517

From 10/01/2019
To 09/30/2020Date/Time Prepared:
3/17/2021 12:45 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)			1,266,812 6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			10,150 7.00
8.00	Total average cost per diem (line 6 divided by line 7)			124.81 8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	213	9,183	9.00
10.00	Program cost (line 8 times line 9)	26,585	1,146,130	10.00
HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			0 11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			0 12.00
13.00	Total average cost per diem (line 11 divided by line 12)			0.00 13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	0	0	14.00
15.00	Program cost (line 13 times line 14)	0	0	15.00
HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			0 16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			0 17.00
18.00	Total average cost per diem (line 16 divided by line 17)			0.00 18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	0	0	19.00
20.00	Program cost (line 18 times line 19)	0	0	20.00
TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			1,266,812 21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			10,150 22.00
23.00	Average cost per diem (line 21 divided by line 22)			124.81 23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0135	Period: From 10/01/2019 To 09/30/2020	Worksheet L Parts I-III Date/Time Prepared: 3/17/2021 12:45 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,599,915	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		61,739	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)		89.43	3.00
4.00	Number of interns & residents (see instructions)		13.01	4.00
5.00	Indirect medical education percentage (see instructions)		4.20	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)		109,196	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.69	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.88	8.00
9.00	Sum of lines 7 and 8		23.57	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.89	10.00
11.00	Disproportionate share adjustment (see instructions)		127,136	11.00
12.00	Total prospective capital payments (see instructions)		2,897,986	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