

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0179	Period: From 02/01/2020 To 09/30/2020	Worksheet S Parts I-III Date/Time Prepared: 4/29/2021 4:33 pm
--	-----------------------	---	--

PART I - COST REPORT STATUS

Provider use only	1. ☒ X] Electronically prepared cost report	Date: 4/29/2021	Time: 4:33 pm
	2. ☐] Manually prepared cost report		
	3. ☐ 0] If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☒ F] Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☒ 1] 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. ☒ N] Initial Report for this Provider CCN 9. ☒ N] Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ 0] 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 LITTLE COMPANY OF MARY (14-0179) for the cost reporting period beginning 02/01/2020 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	290,186	-99,937	0	0	1.00
2.00	Subprovider - IPF	0	604	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	290,790	-99,937	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: 14-0179		Period: From 02/01/2020 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 4/29/2021 4:33 pm		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 2800 WEST 95TH STREET			PO Box:				1.00		
2.00	City: EVERGREEN PARK			State: IL		Zip Code: 60805		County: COOK		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	XIX
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		LITTLE COMPANY OF MARY	140179	16974	1	07/01/1966	N	P	O
4.00	Subprovider - IPF		LITTLE COMPANY OF MARY PSYCH	14S179	16974	4	07/01/1984	N	P	N
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		LITTLE COMPANY OF MARY H.C.	147404	16974		01/11/1985	N	P	N
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice		LITTLE COMPANY OF MARY HOSPICE	141511	16974		12/30/1986			
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)						02/01/2020	09/30/2020		20.00
21.00	Type of Control (see instructions)						1			21.00
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	N			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	Y			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet S-2
Part I
Date/Time Prepared:
4/29/2021 4:33 pm

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	766	8,241	0	0	0	136	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
				Urban/Rural S	Date of Geogr		
				1.00	2.00		
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
				Beginning:	Ending:		
				1.00	2.00		
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
				Y/N	Y/N		
				1.00	2.00		
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	Y	40.00
				V	XVIII	XIX	
				1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	45.00
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	46.00
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	47.00
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	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	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0179		Period: From 02/01/2020 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 4/29/2021 4:33 pm	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
			1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.		N				60.00
			Y/N	IME	Direct GME	IME	Direct GME
			1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
			1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
							1.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet S-2
Part I
Date/Time Prepared:
4/29/2021 4:33 pm

			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	1.80	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0179	Period: From 02/01/2020 To 09/30/2020	Worksheet S-2 Part I Date/Time Prepared: 4/29/2021 4:33 pm	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0179		Period: From 02/01/2020 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 4/29/2021 4:33 pm	
				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
				1.00	2.00		
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N				112.00	
<u>Miscellaneous Cost Reporting Information</u>							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0115.00	
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.	Y				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	3,919,932		579,451		9,608,024118.01	
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
<u>Transplant Center Information</u>							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0179		Period: From 02/01/2020 To 09/30/2020		Worksheet S-2 Part I Date/Time Prepared: 4/29/2021 4:33 pm	
			1.00	2.00				
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00
133.00	Removed and reserved							133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			Y				140.00
			1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name: OSF HEALTHCARE SYSTEM		Contractor's Name: WPS		Contractor's Number: 00131			141.00
142.00	Street: 800 N.E GLEN OAK AVENUE		PO Box:					142.00
143.00	City: PEORIA		State: IL		Zip Code: 61603			143.00
					1.00			
144.00	Are provider based physicians' costs included in Worksheet A?				Y			144.00
					1.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.			Y				145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N				146.00
					1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N			147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N			148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N			149.00
			Part A	Part B	Title V	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)						9.99	169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0179	Period: From 02/01/2020 To 09/30/2020	Worksheet S-2 Part I Date/Time Prepared: 4/29/2021 4:33 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0179		Period: From 02/01/2020 To 09/30/2020		Worksheet S-2 Part II Date/Time Prepared: 4/29/2021 4:33 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	Y	02/01/2020			1.00	
		Y/N	Date	V/I			
		1.00	2.00	3.00			
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N				2.00	
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y				3.00	
		Y/N	Type	Date			
		1.00	2.00	3.00			
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A			4.00	
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y				5.00	
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N				6.00	
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N				7.00	
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N				8.00	
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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.	N				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.	Y				13.00	
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N				14.00	
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N				15.00	
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N		16.00	
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/14/2020	Y	12/14/2020	17.00	
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N		18.00	
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet S-2
Part II
Date/Time Prepared:
4/29/2021 4:33 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		Y		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		Y		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.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		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.	PATRICIA		RACHELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(314)231-5544		PRACHELL@BKD.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0179	Period: From 02/01/2020 To 09/30/2020	Worksheet S-2 Part II Date/Time Prepared: 4/29/2021 4:33 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.	MANAGING DIRECTOR		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
4/29/2021 4:33 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
					5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	184	44,712	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)		184	44,712	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	26	6,318	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
11.10 NICU	34.10	10	2,430	0.00	0	11.10
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		220	53,460	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	24	5,832		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)		244			0	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)		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: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
4/29/2021 4:33 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)	11,434	376	31,350		1.00
2.00	HMO and other (see instructions)	7,187	8,445			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	0	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	11,434	376	31,350		7.00
8.00	INTENSIVE CARE UNIT	1,092	69	3,349		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
11.10	NICU	0	95	958		11.10
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		22	1,032		13.00
14.00	Total (see instructions)	12,526	562	36,689	2.71	14.00
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF	56	0	248	0.00	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	4,293	0	5,986	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE	0	0	0	0.00	24.00
24.10	HOSPICE (non-distinct part)			0		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	26.25
27.00	Total (sum of lines 14-26)				2.71	27.00
28.00	Observation Bed Days		875	3,638		28.00
29.00	Ambulance Trips	0				29.00
30.00	Employee discount days (see instruction)			0		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	136	246		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: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet S-3
Part I
Date/Time Prepared:
4/29/2021 4:33 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	2,268	117	9,790	1.00
2.00 HMO and other (see instructions)			1,129	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
11.10 NICU						11.10
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,268	117	9,790	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	10	0	59	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: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet S-3
Part II
Date/Time Prepared:
4/29/2021 4:33 pm

	Wkst. A Line Number	Amount Reported	Reclassificat ion of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	58,239,280	-208,294	58,030,986	1,656,594.00	35.03 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		754,925	0	754,925	5,827.00	129.56 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00 7.00
7.01	Contracted interns and residents (in an approved programs)		148,025	0	148,025	5,477.00	27.03 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		563,078	-85,291	477,787	10,724.00	44.55 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,608,023	0	2,608,023	38,354.00	68.00 11.00
12.00	Contract labor: Top level management and other management and administrative services		4,281	0	4,281	38.00	112.66 12.00
13.00	Contract labor: Physician-Part A - Administrative		233,894	0	233,894	1,043.00	224.25 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		13,971,671	0	13,971,671	393,785.00	35.48 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		11,070,401	0	11,070,401		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		83,552	0	83,552		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		55,000	0	55,000		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		4,741,831	0	4,741,831		
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: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet S-3
Part II
Date/Time Prepared:
4/29/2021 4:33 pm

		Wkst. A Line Number	Amount Reported	Reclassificat ion of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	376,798	0	376,798	8,785.00	42.89	26.00
27.00	Administrative & General	5.00	3,652,489	0	3,652,489	120,622.00	30.28	27.00
28.00	Administrative & General under contract (see inst.)		1,220,798	0	1,220,798	8,630.00	141.46	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,783,095	-9,952	1,773,143	58,193.00	30.47	30.00
31.00	Laundry & Linen Service	8.00	64,700	0	64,700	3,467.00	18.66	31.00
32.00	Housekeeping	9.00	1,218,997	-2,981	1,216,016	72,511.00	16.77	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	907,245	-317,302	589,943	29,185.00	20.21	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	317,115	317,115	15,668.00	20.24	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,028,425	-5,343	2,023,082	43,539.00	46.47	38.00
39.00	Central Services and Supply	14.00	462,206	-141	462,065	17,256.00	26.78	39.00
40.00	Pharmacy	15.00	1,921,490	-2,175	1,919,315	34,265.00	56.01	40.00
41.00	Medical Records & Medical Records Library	16.00	245,767	0	245,767	11,286.00	21.78	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: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet S-3
Part III
Date/Time Prepared:
4/29/2021 4:33 pm

	Worksheet A Line Number	Amount Reported	Reclassificat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	58,557,128	-208,294	58,348,834	1,653,920.00	35.28	1.00
2.00	Excluded area salaries (see instructions)	563,078	-85,291	477,787	10,724.00	44.55	2.00
3.00	Subtotal salaries (line 1 minus line 2)	57,994,050	-123,003	57,871,047	1,643,196.00	35.22	3.00
4.00	Subtotal other wages & related costs (see inst.)	16,817,869	0	16,817,869	433,220.00	38.82	4.00
5.00	Subtotal wage-related costs (see inst.)	15,812,232	0	15,812,232	0.00	27.32	5.00
6.00	Total (sum of lines 3 thru 5)	90,624,151	-123,003	90,501,148	2,076,416.00	43.59	6.00
7.00	Total overhead cost (see instructions)	13,882,010	-20,779	13,861,231	423,407.00	32.74	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet S-3
Part IV
Date/Time Prepared:
4/29/2021 4:33 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,694,227	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	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	4,173,362	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	213,504	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	848,379	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	4,189,857	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	28,746	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	60,877	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	11,208,952	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: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet S-3
Part V
Date/Time Prepared:
4/29/2021 4:33 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	2,608,023	11,208,952	1.00
2.00	Hospital	2,608,023	11,208,952	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

HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 14-0179 Component CCN: 14-7404		Period: From 02/01/2020 To 09/30/2020		Worksheet S-4 Date/Time Prepared: 4/29/2021 4:33 pm	
						Home Health Agency I		PPS	
						1.00			
0.00	County					11		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	1,929	0	56	1,985	1.00
2.00	Unduplicated Census Count (see instructions)			0.00	239.00	0.00	376.00	615.00	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		0.07	0.00	0.07	3.00
4.00	Director(s) and Assistant Director(s)					0.04	0.00	0.04	4.00
5.00	Other Administrative Personnel					1.83	0.00	1.83	5.00
6.00	Direct Nursing Service					7.48	0.00	7.48	6.00
7.00	Nursing Supervisor					0.67	0.00	0.67	7.00
8.00	Physical Therapy Service					3.67	0.06	3.73	8.00
9.00	Physical Therapy Supervisor					0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service					0.71	0.01	0.72	10.00
11.00	Occupational Therapy Supervisor					0.00	0.00	0.00	11.00
12.00	Speech Pathology Service					0.00	0.01	0.01	12.00
13.00	Speech Pathology Supervisor					0.00	0.00	0.00	13.00
14.00	Medical Social Service					0.60	0.00	0.60	14.00
15.00	Medical Social Service Supervisor					0.00	0.00	0.00	15.00
16.00	Home Health Aide					0.95	0.00	0.95	16.00
17.00	Home Health Aide Supervisor					0.00	0.00	0.00	17.00
18.00	Other (specify)					0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES									
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.					2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16974					20.00
20.01				20994					20.01
				Full Episodes					
				Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
				1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA									
21.00	Skilled Nursing Visits			1,767	274	81	4	2,126	21.00
22.00	Skilled Nursing Visit Charges			403,488	64,479	17,919	1,180	487,066	22.00
23.00	Physical Therapy Visits			1,258	264	52	21	1,595	23.00
24.00	Physical Therapy Visit Charges			326,488	68,346	12,142	5,810	412,786	24.00
25.00	Occupational Therapy Visits			167	135	6	1	309	25.00
26.00	Occupational Therapy Visit Charges			43,837	34,458	1,398	233	79,926	26.00
27.00	Speech Pathology Visits			4	0	0	0	4	27.00
28.00	Speech Pathology Visit Charges			1,240	0	0	0	1,240	28.00
29.00	Medical Social Service Visits			11	7	0	0	18	29.00
30.00	Medical Social Service Visit Charges			3,637	2,364	0	0	6,001	30.00
31.00	Home Health Aide Visits			191	44	0	6	241	31.00
32.00	Home Health Aide Visit Charges			24,226	4,822	0	392	29,440	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)			3,398	724	139	32	4,293	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)			802,916	174,469	31,459	7,615	1,016,459	35.00
36.00	Total Number of Episodes (standard/non outlier)			388		79	2	469	36.00
37.00	Total Number of Outlier Episodes				36		0	36	37.00
38.00	Total Non-Routine Medical Supply Charges			166,908	20,666	39,680	0	227,254	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA			Provider CCN: 14-0179 Hospice CCN: 14-1511		Period: From 02/01/2020 To 09/30/2020		Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 4/29/2021 4:33 pm	
			Hospice I					
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
1.00	Hospice Continuous Home Care							1.00
2.00	Hospice Routine Home Care							2.00
3.00	Hospice Inpatient Respite Care							3.00
4.00	Hospice General Inpatient Care							4.00
5.00	Total Hospice Days							5.00
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
6.00	Number of patients receiving hospice care							6.00
7.00	Total number of unduplicated Continuous Care hours billable to Medicare							7.00
8.00	Average Length of Stay (line 5 / line 6)							8.00
9.00	Unduplicated census count							9.00
NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.								
			Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)		
			1.00	2.00	3.00	4.00		
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015								
10.00	Hospice Continuous Home Care		0	0	0		0	10.00
11.00	Hospice Routine Home Care		3,929	66	185		4,180	11.00
12.00	Hospice Inpatient Respite Care		0	0	0		0	12.00
13.00	Hospice General Inpatient Care		12	0	5		17	13.00
14.00	Total Hospice Days		3,941	66	190		4,197	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		12	0	5		17	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0179	Period: From 02/01/2020 To 09/30/2020	Worksheet S-10 Date/Time Prepared: 4/29/2021 4:33 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)			0.259243 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	9,888,643		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	126,908,028		6.00
7.00	Medicaid cost (line 1 times line 6)	32,900,018		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)	23,011,375		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)	23,011,375		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)	5,382,840	85,587	5,468,427 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,395,464	85,587	1,481,051 21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0 22.00
23.00	Cost of charity care (line 21 minus line 22)	1,395,464	85,587	1,481,051 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)	1,291,775		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	0		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	0		27.01
28.00	Non-Medicare bad debt expense (see instructions)	1,291,775		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	334,884		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	1,815,935		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	24,827,310		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020

Worksheet A

Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ions (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		3,019,296	3,019,296	122,399	3,141,695	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		887,492	887,492	0	887,492	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	376,798	526,213	903,011	12,130,448	13,033,459	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,652,489	47,512,308	51,164,797	-2,687,775	48,477,022	5.00
7.00	00700	OPERATION OF PLANT	1,783,095	4,999,793	6,782,888	-1,025,683	5,757,205	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	64,700	149,052	213,752	-20,426	193,326	8.00
9.00	00900	HOUSEKEEPING	1,218,997	1,224,620	2,443,617	-289,580	2,154,037	9.00
10.00	01000	DIETARY	907,245	747,417	1,654,662	-718,216	936,446	10.00
11.00	01100	CAFETERIA	0	0	0	503,213	503,213	11.00
13.00	01300	NURSING ADMINISTRATION	2,028,425	671,371	2,699,796	-393,132	2,306,664	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	462,206	298,905	761,111	-370,129	390,982	14.00
15.00	01500	PHARMACY	1,921,490	9,663,295	11,584,785	-8,768,772	2,816,013	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	245,767	198,766	444,533	-63,362	381,171	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,177,674	1,177,674	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	148,025	148,025	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,843,178	6,623,551	21,466,729	-4,608,371	16,858,358	30.00
31.00	03100	INTENSIVE CARE UNIT	2,666,419	2,615,866	5,282,285	-1,041,723	4,240,562	31.00
34.10	02060	NICU	775,667	794,792	1,570,459	-189,628	1,380,831	34.10
40.00	04000	SUBPROVIDER - IPF	342,327	69,793	412,120	-151,344	260,776	40.00
43.00	04300	NURSERY	0	0	0	451,354	451,354	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,487,971	6,060,777	9,548,748	-4,384,948	5,163,800	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,436,024	568,563	2,004,587	-451,906	1,552,681	52.00
53.00	05300	ANESTHESIOLOGY	75,123	2,834,322	2,909,445	-549,505	2,359,940	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,960,243	2,201,622	4,161,865	-1,023,799	3,138,066	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	851,360	410,651	1,262,011	-140,193	1,121,818	55.00
56.00	05600	RADIOISOTOPE	172,599	639,576	812,175	-183,505	628,670	56.00
56.10	03630	ULTRASOUND	793,272	480,406	1,273,678	-178,614	1,095,064	56.10
57.00	05700	CT SCAN	562,228	472,424	1,034,652	-90,966	943,686	57.00
58.00	05800	MRI	260,283	215,479	475,762	-74,208	401,554	58.00
59.00	05900	CARDIAC CATHETERIZATION	506,123	1,404,600	1,910,723	-1,039,989	870,734	59.00
60.00	06000	LABORATORY	2,827,608	4,552,532	7,380,140	-864,981	6,515,159	60.00
64.00	06400	INTRAVENOUS THERAPY	687,740	295,700	983,440	-196,765	786,675	64.00
65.00	06500	RESPIRATORY THERAPY	1,637,434	926,650	2,564,084	-625,657	1,938,427	65.00
65.01	03952	SLEEP LAB	91,982	45,734	137,716	-43,958	93,758	65.01
66.00	06600	PHYSICAL THERAPY	996,192	269,244	1,265,436	-160,390	1,105,046	66.00
67.00	06700	OCCUPATIONAL THERAPY	134,624	22,957	157,581	-2,026	155,555	67.00
68.00	06800	SPEECH PATHOLOGY	192,577	28,416	220,993	7,275	228,268	68.00
69.00	06900	ELECTROCARDIOLOGY	1,053,761	349,584	1,403,345	-256,865	1,146,480	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	172,837	47,081	219,918	-40,450	179,468	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,369,701	8,369,701	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,105,270	2,105,270	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	8,668,719	8,668,719	73.00
74.00	07400	RENAL DIALYSIS	637,504	324,272	961,776	-224,748	737,028	74.00
75.10	03340	GI LAB	796,075	579,666	1,375,741	-486,646	889,095	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	0	76.00
76.10	03950	NEUROLOGY	0	0	0	0	0	76.10
76.20	03290	EMG	0	0	0	0	0	76.20
76.30	03953	OS SVCS	0	0	0	0	0	76.30
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	50,299	6,442	56,741	-6,291	50,450	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	8,962	8,962	0	8,962	90.01
90.02	09002	CARE STATIONS	1,262,220	295,300	1,557,520	-280,435	1,277,085	90.02
90.03	09003	OUTPATIENT CARE CENTER	711,789	458,207	1,169,996	-175,027	994,969	90.03
91.00	09100	EMERGENCY	4,269,084	6,446,045	10,715,129	-1,512,781	9,202,348	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	OUTPATIENT REHAB	690,438	170,888	861,326	-129,289	732,037	93.00
93.10	04950	WOUND CARE CENTER	412,336	229,579	641,915	-191,854	450,061	93.10
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	35,357	35,357	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	-35,357	-35,357	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	58,018,529	110,348,209	168,366,738	40,141	168,406,879	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020

Worksheet A

Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	FUND DEVELOPMENT	0	435,537	435,537	0	194.00
194.01	07951	CONVENT & SISTERS	23,240	2,540	25,780	-2,540	194.01
194.02	07952	COMMUNITY HEALTH EDUCATION	197,511	38,448	235,959	-37,601	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	58,239,280	110,824,734	169,064,014	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020

Worksheet A

Date/Time Prepared:
4/29/2021 4:33 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	566,392	3,708,087	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,452,212	3,339,704	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	28,746	13,062,205	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-2,936,028	45,540,994	5.00
7.00	00700	OPERATION OF PLANT	-24,898	5,732,307	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	193,326	8.00
9.00	00900	HOUSEKEEPING	0	2,154,037	9.00
10.00	01000	DIETARY	0	936,446	10.00
11.00	01100	CAFETERIA	-325,621	177,592	11.00
13.00	01300	NURSING ADMINISTRATION	1,286,073	3,592,737	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	390,982	14.00
15.00	01500	PHARMACY	-16,167	2,799,846	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-25	381,146	16.00
17.00	01700	SOCIAL SERVICE	721,328	1,899,002	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	148,025	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-998,897	15,859,461	30.00
31.00	03100	INTENSIVE CARE UNIT	-588,450	3,652,112	31.00
34.10	02060	NICU	-585,838	794,993	34.10
40.00	04000	SUBPROVIDER - IPF	0	260,776	40.00
43.00	04300	NURSERY	0	451,354	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-600,184	4,563,616	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-105	1,552,576	52.00
53.00	05300	ANESTHESIOLOGY	-2,267,910	92,030	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-27,288	3,110,778	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,121,818	55.00
56.00	05600	RADIOISOTOPE	0	628,670	56.00
56.10	03630	ULTRASOUND	-173,333	921,731	56.10
57.00	05700	CT SCAN	0	943,686	57.00
58.00	05800	MRI	0	401,554	58.00
59.00	05900	CARDIAC CATHETERIZATION	-170,564	700,170	59.00
60.00	06000	LABORATORY	-3,885	6,511,274	60.00
64.00	06400	INTRAVENOUS THERAPY	0	786,675	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,938,427	65.00
65.01	03952	SLEEP LAB	0	93,758	65.01
66.00	06600	PHYSICAL THERAPY	0	1,105,046	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	155,555	67.00
68.00	06800	SPEECH PATHOLOGY	0	228,268	68.00
69.00	06900	ELECTROCARDIOLOGY	-8,009	1,138,471	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	179,468	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,369,701	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,105,270	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,668,719	73.00
74.00	07400	RENAL DIALYSIS	-1,788	735,240	74.00
75.10	03340	GI LAB	0	889,095	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	76.00
76.10	03950	NEUROLOGY	0	0	76.10
76.20	03290	EMG	0	0	76.20
76.30	03953	OS SVCS	0	0	76.30
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	50,450	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	8,962	90.01
90.02	09002	CARE STATIONS	-108,766	1,168,319	90.02
90.03	09003	OUTPATIENT CARE CENTER	0	994,969	90.03
91.00	09100	EMERGENCY	-4,355,680	4,846,668	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.00	04951	OUTPATIENT REHAB	-8,938	723,099	93.00
93.10	04950	WOUND CARE CENTER	-2,416	447,645	93.10
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	2,039,264	2,074,621	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	724,547	689,190	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-5,386,228	163,020,651	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020

Worksheet A

Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	FUND DEVELOPMENT	0	435,537	194.00
194.01	07951	CONVENT & SISTERS	0	23,240	194.01
194.02	07952	COMMUNITY HEALTH EDUCATION	0	198,358	194.02
200.00		TOTAL (SUM OF LINES 118 through 199)	-5,386,228	163,677,786	200.00

RECLASSIFICATIONS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020

Worksheet A-6

Date/Time Prepared:
4/29/2021 4:33 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - DRUGS CHGD TO PAT.					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	8,668,719		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
	0		0	8,668,719		
	B - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	317,115	186,098		1.00
	0		317,115	186,098		
	E - REHAB ADMIN					
1.00	OCCUPATIONAL THERAPY	67.00	7,452	463		1.00
2.00	SPEECH PATHOLOGY	68.00	13,835	860		2.00
	TOTALS		21,287	1,323		
	H - POSTAGE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	27,715		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
	TOTALS		0	27,715		
	I - RADIOLOGY ADMIN COSTS					
1.00	RADIOISOTOPE	56.00	10,339	503		1.00
2.00	ULTRASOUND	56.10	24,106	1,172		2.00
3.00	CT SCAN	57.00	140,364	6,825		3.00
4.00	MRI	58.00	14,166	689		4.00
5.00	OUTPATIENT CARE CENTER	90.03	27,883	1,356		5.00
	0		216,858	10,545		
	J - NURSERY COSTS					
1.00	NURSERY	43.00	447,304	4,050		1.00
	0		447,304	4,050		
	K - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,172,309		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

RECLASSIFICATIONS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020

Worksheet A-6

Date/Time Prepared:
4/29/2021 4:33 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
	TOTALS		0	12,172,309		
	M - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,369,701		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
	0		0	8,369,701		
	O - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	122,399		1.00
	0		0	122,399		

RECLASSIFICATIONS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020

Worksheet A-6

Date/Time Prepared:
4/29/2021 4:33 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	P - IMPLANT COSTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,105,270		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
	0		0	2,105,270		
	Q - CLINICAL ENGINEERING					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	737,411		1.00
2.00	LABORATORY	60.00	0	104,939		2.00
	TOTALS		0	842,350		
	R - MINISTRY ALLOCATION					
1.00	OPERATION OF PLANT	7.00	0	287,907		1.00
2.00	PHARMACY	15.00	0	170,273		2.00
3.00	SOCIAL SERVICE	17.00	0	1,177,674		3.00
4.00	PHYSICAL THERAPY	66.00	0	100,551		4.00
5.00	OCCUPATIONAL THERAPY	67.00	0	12,521		5.00
6.00	SPEECH PATHOLOGY	68.00	0	17,560		6.00
	TOTALS		0	1,766,486		
	S - IPF CLOSURE					
1.00	ADULTS & PEDIATRICS	30.00	83,885	1,006		1.00
	TOTALS		83,885	1,006		
	T - RESIDENT EXPENSES					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	148,025		1.00
	COSTS APPRV					
	TOTALS		0	148,025		
	U - SHORT TERM DISABILITY					
1.00	OPERATION OF PLANT	7.00	0	9,952		1.00
2.00	HOUSEKEEPING	9.00	0	2,981		2.00
3.00	DIETARY	10.00	0	187		3.00
4.00	NURSING ADMINISTRATION	13.00	0	5,343		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	141		5.00
6.00	PHARMACY	15.00	0	2,175		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	51,649		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	8,436		8.00
9.00	NICU	34.10	0	2,326		9.00
10.00	SUBPROVIDER - IPF	40.00	0	217		10.00
11.00	OPERATING ROOM	50.00	0	17,625		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	5,374		12.00
13.00	ULTRASOUND	56.10	0	1,278		13.00
14.00	LABORATORY	60.00	0	2,805		14.00
15.00	RESPIRATORY THERAPY	65.00	0	17,411		15.00
16.00	PHYSICAL THERAPY	66.00	0	19,021		16.00
17.00	OCCUPATIONAL THERAPY	67.00	0	6,675		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	1,279		18.00
19.00	GI LAB	75.10	0	4,278		19.00
20.00	CARE STATIONS	90.02	0	10,384		20.00
21.00	EMERGENCY	91.00	0	11,662		21.00
22.00	OUTPATIENT REHAB	93.00	0	4,222		22.00
23.00	WOUND CARE CENTER	93.10	0	21,684		23.00
24.00	COMMUNITY HEALTH EDUCATION	194.02	0	1,189		24.00
	TOTALS		0	208,294		
	V - HH HOSPICE AIDES					
1.00	HOME HEALTH AGENCY	101.00	0	35,357		1.00
	TOTALS		0	35,357		
500.00	Grand Total: Increases		1,086,449	34,669,647		500.00

RECLASSIFICATIONS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet A-6
Date/Time Prepared:
4/29/2021 4:33 pm

	Decreases				Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00			
	A - DRUGS CHGD TO PAT.						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,701	0	1.00	
2.00	PHARMACY	15.00	0	8,464,843	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	14,556	0	3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	506	0	4.00	
5.00	OPERATING ROOM	50.00	0	390	0	5.00	
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	88	0	6.00	
7.00	ANESTHESIOLOGY	53.00	0	13,671	0	7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,269	0	8.00	
9.00	RADIOISOTOPE	56.00	0	149,753	0	9.00	
10.00	ULTRASOUND	56.10	0	232	0	10.00	
11.00	CT SCAN	57.00	0	136	0	11.00	
12.00	MRI	58.00	0	16	0	12.00	
13.00	LABORATORY	60.00	0	4,887	0	13.00	
14.00	INTRAVENOUS THERAPY	64.00	0	4,452	0	14.00	
15.00	RESPIRATORY THERAPY	65.00	0	568	0	15.00	
16.00	ELECTROCARDIOLOGY	69.00	0	45	0	16.00	
17.00	RENAL DIALYSIS	74.00	0	5,283	0	17.00	
18.00	GI LAB	75.10	0	374	0	18.00	
19.00	CARE STATIONS	90.02	0	3	0	19.00	
20.00	OU PATIENT CARE CENTER	90.03	0	28	0	20.00	
21.00	EMERGENCY	91.00	0	910	0	21.00	
22.00	WOUND CARE CENTER	93.10	0	8	0	22.00	
	0		0	8,668,719			
	B - CAFETERIA COSTS						
1.00	DIETARY	10.00	317,115	186,098	0	1.00	
	0		317,115	186,098			
	E - REHAB ADMIN						
1.00	PHYSICAL THERAPY	66.00	21,287	1,323	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		21,287	1,323			
	H - POSTAGE						
1.00	OPERATION OF PLANT	7.00	0	37	0	1.00	
2.00	DIETARY	10.00	0	27	0	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	1,325	0	3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	20,000	0	4.00	
5.00	PHARMACY	15.00	0	8	0	5.00	
6.00	OPERATING ROOM	50.00	0	20	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,479	0	7.00	
8.00	RADIOLOGY-THERAPEUTIC	55.00	0	2	0	8.00	
9.00	RADIOISOTOPE	56.00	0	1	0	9.00	
10.00	LABORATORY	60.00	0	120	0	10.00	
11.00	INTRAVENOUS THERAPY	64.00	0	40	0	11.00	
12.00	RESPIRATORY THERAPY	65.00	0	940	0	12.00	
13.00	PHYSICAL THERAPY	66.00	0	37	0	13.00	
14.00	SPEECH PATHOLOGY	68.00	0	1	0	14.00	
15.00	ELECTROCARDIOLOGY	69.00	0	118	0	15.00	
16.00	ELECTROENCEPHALOGRAPHY	70.00	0	15	0	16.00	
17.00	CARE STATIONS	90.02	0	41	0	17.00	
18.00	OU PATIENT CARE CENTER	90.03	0	21	0	18.00	
19.00	EMERGENCY	91.00	0	265	0	19.00	
20.00	COMMUNITY HEALTH EDUCATION	194.02	0	1,218	0	20.00	
	TOTALS		0	27,715			
	I - RADIOLOGY ADMIN COSTS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	216,858	10,545	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
	0		216,858	10,545			
	J - NURSERY COSTS						
1.00	ADULTS & PEDIATRICS	30.00	447,304	4,050	0	1.00	
	0		447,304	4,050			
	K - BENEFITS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	868,466	0	1.00	
2.00	OPERATION OF PLANT	7.00	0	471,203	0	2.00	
3.00	LAUNDRY & LINEN SERVICE	8.00	0	20,426	0	3.00	
4.00	HOUSEKEEPING	9.00	0	289,580	0	4.00	
5.00	DIETARY	10.00	0	214,976	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	391,807	0	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	123,270	0	7.00	
8.00	PHARMACY	15.00	0	388,923	0	8.00	
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	63,228	0	9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	3,072,296	0	10.00	

RECLASSIFICATIONS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet A-6
Date/Time Prepared:
4/29/2021 4:33 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
11.00	INTENSIVE CARE UNIT	31.00	0	459,539	0		11.00
12.00	NICU	34.10	0	159,526	0		12.00
13.00	SUBPROVIDER - IPF	40.00	0	66,184	0		13.00
14.00	OPERATING ROOM	50.00	0	761,379	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	307,858	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	30,635	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	430,783	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	127,275	0		18.00
19.00	RADIOISOTOPE	56.00	0	40,817	0		19.00
20.00	ULTRASOUND	56.10	0	143,592	0		20.00
21.00	CT SCAN	57.00	0	105,035	0		21.00
22.00	MRI	58.00	0	52,889	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	95,071	0		23.00
24.00	LABORATORY	60.00	0	600,482	0		24.00
25.00	INTRAVENOUS THERAPY	64.00	0	146,289	0		25.00
26.00	RESPIRATORY THERAPY	65.00	0	357,793	0		26.00
27.00	SLEEP LAB	65.01	0	21,916	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	236,139	0		28.00
29.00	OCCUPATIONAL THERAPY	67.00	0	22,455	0		29.00
30.00	SPEECH PATHOLOGY	68.00	0	24,067	0		30.00
31.00	ELECTROCARDIOLOGY	69.00	0	217,692	0		31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	29,163	0		32.00
33.00	RENAL DIALYSIS	74.00	0	135,963	0		33.00
34.00	GI LAB	75.10	0	175,722	0		34.00
35.00	CLINIC	90.00	0	5,607	0		35.00
36.00	CARE STATIONS	90.02	0	260,045	0		36.00
37.00	OUPATIENT CARE CENTER	90.03	0	161,688	0		37.00
38.00	EMERGENCY	91.00	0	846,753	0		38.00
39.00	OUTPATIENT REHAB	93.00	0	128,767	0		39.00
40.00	WOUND CARE CENTER	93.10	0	78,087	0		40.00
41.00	CONVENT & SISTERS	194.01	0	2,540	0		41.00
42.00	COMMUNITY HEALTH EDUCATION	194.02	0	36,383	0		42.00
	TOTALS		0	12,172,309			
	M - MEDICAL SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	220,158	0		1.00
2.00	PHARMACY	15.00	0	85,271	0		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	134	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	1,155,056	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	581,678	0		5.00
6.00	NICU	34.10	0	30,102	0		6.00
7.00	SUBPROVIDER - IPF	40.00	0	269	0		7.00
8.00	OPERATING ROOM	50.00	0	1,923,546	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	143,544	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	505,199	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,013,251	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	12,916	0		12.00
13.00	RADIOISOTOPE	56.00	0	3,776	0		13.00
14.00	ULTRASOUND	56.10	0	60,068	0		14.00
15.00	CT SCAN	57.00	0	132,984	0		15.00
16.00	MRI	58.00	0	36,158	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	565,655	0		17.00
18.00	LABORATORY	60.00	0	364,431	0		18.00
19.00	INTRAVENOUS THERAPY	64.00	0	45,984	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	266,356	0		20.00
21.00	SLEEP LAB	65.01	0	22,042	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	2,155	0		22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	7	0		23.00
24.00	SPEECH PATHOLOGY	68.00	0	912	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	38,410	0		25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	11,272	0		26.00
27.00	RENAL DIALYSIS	74.00	0	83,502	0		27.00
28.00	GI LAB	75.10	0	282,698	0		28.00
29.00	CLINIC	90.00	0	684	0		29.00
30.00	CARE STATIONS	90.02	0	20,021	0		30.00
31.00	OUPATIENT CARE CENTER	90.03	0	42,529	0		31.00
32.00	EMERGENCY	91.00	0	662,991	0		32.00
33.00	OUTPATIENT REHAB	93.00	0	522	0		33.00
34.00	WOUND CARE CENTER	93.10	0	55,420	0		34.00
	0		0	8,369,701			
	O - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	122,399	12		1.00
	0		0	122,399			

RECLASSIFICATIONS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020

Worksheet A-6

Date/Time Prepared:
4/29/2021 4:33 pm

	Decreases						4/29/2021 4:33 pm
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	P - IMPLANT COSTS						
1.00	OPERATING ROOM	50.00	0	1,551,588	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	0	416	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	85,025	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	379,263	0		4.00
5.00	ELECTROCARDIOLOGY	69.00	0	600	0		5.00
6.00	GI LAB	75.10	0	27,852	0		6.00
7.00	CARE STATIONS	90.02	0	325	0		7.00
8.00	EMERGENCY	91.00	0	1,862	0		8.00
9.00	WOUND CARE CENTER	93.10	0	58,339	0		9.00
			0	2,105,270			
	Q - CLINICAL ENGINEERING						
1.00	OPERATION OF PLANT	7.00	0	842,350	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	842,350			
	R - MINISTRY ALLOCATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,724,625	0		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41,861	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
	TOTALS		0	1,766,486			
	S - IPF CLOSURE						
1.00	SUBPROVIDER - IPF	40.00	83,885	1,006	0		1.00
	TOTALS		83,885	1,006			
	T - RESIDENT EXPENSES						
1.00	OPERATING ROOM	50.00	0	148,025	0		1.00
	TOTALS		0	148,025			
	U - SHORT TERM DISABILITY						
1.00	OPERATION OF PLANT	7.00	9,952	0	0		1.00
2.00	HOUSEKEEPING	9.00	2,981	0	0		2.00
3.00	DIETARY	10.00	187	0	0		3.00
4.00	NURSING ADMINISTRATION	13.00	5,343	0	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	141	0	0		5.00
6.00	PHARMACY	15.00	2,175	0	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	51,649	0	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	8,436	0	0		8.00
9.00	NICU	34.10	2,326	0	0		9.00
10.00	SUBPROVIDER - IPF	40.00	217	0	0		10.00
11.00	OPERATING ROOM	50.00	17,625	0	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	5,374	0	0		12.00
13.00	ULTRASOUND	56.10	1,278	0	0		13.00
14.00	LABORATORY	60.00	2,805	0	0		14.00
15.00	RESPIRATORY THERAPY	65.00	17,411	0	0		15.00
16.00	PHYSICAL THERAPY	66.00	19,021	0	0		16.00
17.00	OCCUPATIONAL THERAPY	67.00	6,675	0	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	1,279	0	0		18.00
19.00	GI LAB	75.10	4,278	0	0		19.00
20.00	CARE STATIONS	90.02	10,384	0	0		20.00
21.00	EMERGENCY	91.00	11,662	0	0		21.00
22.00	OUTPATIENT REHAB	93.00	4,222	0	0		22.00
23.00	WOUND CARE CENTER	93.10	21,684	0	0		23.00
24.00	COMMUNITY HEALTH EDUCATION	194.02	1,189	0	0		24.00
	TOTALS		208,294	0			
	V - HH HOSPICE AIDES						
1.00	HOSPICE	116.00	0	35,357	0		1.00
	TOTALS		0	35,357			
500.00	Grand Total: Decreases		1,294,743	34,461,353			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet A-7
Part I
Date/Time Prepared:
4/29/2021 4:33 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	9,018,035	18,421,965	0	18,421,965	0	1.00
2.00	Land Improvements	11,108,738	0	0	0	2,900,201	2.00
3.00	Buildings and Fixtures	321,622,777	0	0	0	104,623,376	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	111,310,248	0	0	0	16,647,626	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	453,059,798	18,421,965	0	18,421,965	124,171,203	8.00
9.00	Reconciling Items	0	13,355,920	0	13,355,920	0	9.00
10.00	Total (line 8 minus line 9)	453,059,798	5,066,045	0	5,066,045	124,171,203	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	27,440,000	0				1.00
2.00	Land Improvements	8,208,537	0				2.00
3.00	Buildings and Fixtures	216,999,401	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	94,662,622	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	347,310,560	0				8.00
9.00	Reconciling Items	13,355,920	0				9.00
10.00	Total (line 8 minus line 9)	333,954,640	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet A-7
Part II
Date/Time Prepared:
4/29/2021 4:33 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	3,019,296	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	887,492	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,906,788	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Relat ed Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	3,019,296				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	887,492				2.00
3.00	Total (sum of lines 1-2)	0	3,906,788				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet A-7
Part III
Date/Time Prepared:
4/29/2021 4:33 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	252,647,938	0	252,647,938	0.727441	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	94,662,622	0	94,662,622	0.272559	0	2.00
3.00	Total (sum of lines 1-2)	347,310,560	0	347,310,560	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Relat ed Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	3,585,688	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,339,704	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,925,392	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Relat ed Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	122,399	0	0	3,708,087	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,339,704	2.00
3.00	Total (sum of lines 1-2)	0	122,399	0	0	7,047,791	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020

Worksheet A-8

Date/Time Prepared:
4/29/2021 4:33 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 #		
				3.00	4.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0	0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	B		0CAP REL COSTS-BLDG & FIXT	1.00	9	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0ADMINISTRATIVE & 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	-11,553,347			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	12,587,742			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-293,678	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	0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-323	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-25	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00	Vending machines	B	-31,943	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	1,354,360	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	637,878	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN 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		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020

Worksheet A-8

Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	ANSWERING SVCE INCOME	B	-97,416	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	MISCELLANEOUS REVENUE	B	-4,189	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.03	REAL ESTATE TAXES	A	-165,613	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	MOTHER BABY REVENUE	B	-105	DELIVERY ROOM & LABOR ROOM	52.00	0	33.04
33.05	MEDICAID TAX	A	-7,712,916	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.09	PHYSICIAN MATCH DEPR EXPENSE	A	-1,525	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.09
33.15	OTHER REVENUE	B	-108,766	CARE STATIONS	90.02	0	33.15
33.16	UNEMPLOYMENT TRUST CLAIMS	A	28,746	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.16
33.25	MISCELLANEOUS REVENUE	B	-9,264	OPERATION OF PLANT	7.00	0	33.25
33.27	340 B OFFSET	B	-15,844	PHARMACY	15.00	0	33.27
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-5,386,228				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: 14-0179

Period:
From 02/01/2020
To 09/30/2020

Worksheet A-8-1

Date/Time Prepared:
4/29/2021 4:33 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 BLDG HO BLDG CAPITA	469,132	1,257,100	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CAPITAL MME HO MME CAPITAL	1,815,859	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	HO POOLED - ADMIN & GENERAL	17,711,594	13,658,255	3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY ALLOCATION	-41,861	-41,861	3.01
3.02	7.00	OPERATION OF PLANT	MINISTRY ALLOCATION	323,083	323,083	3.02
3.03	66.00	PHYSICAL THERAPY	MINISTRY ALLOCATION	100,551	100,551	3.03
3.04	67.00	OCCUPATIONAL THERAPY	MINISTRY ALLOCATION	12,521	12,521	3.04
3.05	68.00	SPEECH PATHOLOGY	MINISTRY ALLOCATION	17,560	17,560	3.05
3.06	15.00	PHARMACY	MINISTRY ALLOCATION	757,015	757,015	3.06
3.07	54.00	RADIOLOGY-DIAGNOSTIC	MINISTRY ALLOCATION	61,400	61,400	3.07
3.08	60.00	LABORATORY	MINISTRY ALLOCATION	8,741	8,741	3.08
3.09	13.00	NURSING ADMINISTRATION	HO FUNCTIONAL - NURSING ADMI	1,286,073	0	3.09
3.10	17.00	SOCIAL SERVICE	HO FUNCTIONAL - SOCIAL SERVI	1,899,002	1,177,674	3.10
3.11	5.00	ADMINISTRATIVE & GENERAL	HO FUNCTIONAL - ADMIN & GEN	9,229,613	6,447,506	3.11
3.12	7.00	OPERATION OF PLANT	SFI PURCH SVS-HTS	371,650	387,284	3.12
3.13	54.00	RADIOLOGY-DIAGNOSTIC	SFI PURCH SVS-HTS	648,719	676,007	3.13
4.00	60.00	LABORATORY	SFI PURCH SVS-HTS	92,356	96,241	4.00
4.01	101.00	HOME HEALTH AGENCY	OSF METRO HOME HEALTH	2,039,264	0	4.01
4.02	116.00	HOSPICE	OSF METRO HOSPICE	724,547	0	4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			37,526,819	24,939,077	5.00

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

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

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

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

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

6.00	B	0.00	OSF HEALTHCARE	100.00	6.00
7.00		0.00		0.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020

Worksheet A-8-1

Date/Time Prepared:
4/29/2021 4:33 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	-787,968	9		1.00
2.00	1,815,859	9		2.00
3.00	4,053,339	9		3.00
3.01	0	0		3.01
3.02	0	0		3.02
3.03	0	0		3.03
3.04	0	0		3.04
3.05	0	0		3.05
3.06	0	0		3.06
3.07	0	0		3.07
3.08	0	0		3.08
3.09	1,286,073	0		3.09
3.10	721,328	0		3.10
3.11	2,782,107	0		3.11
3.12	-15,634	0		3.12
3.13	-27,288	0		3.13
4.00	-3,885	0		4.00
4.01	2,039,264	0		4.01
4.02	724,547	0		4.02
5.00	12,587,742			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	HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020

Worksheet A-8-2

Date/Time Prepared:
4/29/2021 4:33 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	1,791,340	1,791,340	0	211,500	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	998,897	998,897	0	211,500	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	588,450	588,450	0	211,500	0	3.00
4.00	34.10	NICU	585,838	585,838	0	211,500	0	4.00
5.00	50.00	OPERATING ROOM	605,989	555,239	50,750	246,400	49	5.00
6.00	53.00	ANESTHESIOLOGY	2,267,910	2,267,910	0	239,400	0	6.00
7.00	56.10	ULTRASOUND	173,333	173,333	0	271,900	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	209,000	114,500	94,500	211,500	378	8.00
9.00	69.00	ELECTROCARDIOLOGY	13,500	0	13,500	211,500	54	9.00
10.00	74.00	RENAL DIALYSIS	5,550	0	5,550	211,500	37	10.00
11.00	91.00	EMERGENCY	4,355,680	4,355,680	0	211,500	0	11.00
12.00	93.00	OUTPATIENT REHAB	33,344	0	33,344	181,300	280	12.00
13.00	93.10	WOUND CARE CENTER	7,500	0	7,500	211,500	50	13.00
200.00			11,636,331	11,431,187	205,144		848	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	34.10	NICU	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	5,805	290	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	56.10	ULTRASOUND	0	0	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	38,436	1,922	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	5,491	275	0	0	0	9.00
10.00	74.00	RENAL DIALYSIS	3,762	188	0	0	0	10.00
11.00	91.00	EMERGENCY	0	0	0	0	0	11.00
12.00	93.00	OUTPATIENT REHAB	24,406	1,220	0	0	0	12.00
13.00	93.10	WOUND CARE CENTER	5,084	254	0	0	0	13.00
200.00			82,984	4,149	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	1,791,340		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	998,897		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	588,450		3.00
4.00	34.10	NICU	0	0	0	585,838		4.00
5.00	50.00	OPERATING ROOM	0	5,805	44,945	600,184		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	2,267,910		6.00
7.00	56.10	ULTRASOUND	0	0	0	173,333		7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	38,436	56,064	170,564		8.00
9.00	69.00	ELECTROCARDIOLOGY	0	5,491	8,009	8,009		9.00
10.00	74.00	RENAL DIALYSIS	0	3,762	1,788	1,788		10.00
11.00	91.00	EMERGENCY	0	0	0	4,355,680		11.00
12.00	93.00	OUTPATIENT REHAB	0	24,406	8,938	8,938		12.00
13.00	93.10	WOUND CARE CENTER	0	5,084	2,416	2,416		13.00
200.00			0	82,984	122,160	11,553,347		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,708,087	3,708,087				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	3,339,704		3,339,704			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,062,205	2,669	5,033	13,069,907		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	45,540,994	301,900	575,841	828,003	47,246,738	5.00
7.00	00700	OPERATION OF PLANT	5,732,307	394,824	146,849	401,963	6,675,943	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	193,326	63,771	776	14,667	272,540	8.00
9.00	00900	HOUSEKEEPING	2,154,037	25,979	20,873	275,665	2,476,554	9.00
10.00	01000	DIETARY	936,446	80,275	7,353	133,737	1,157,811	10.00
11.00	01100	CAFETERIA	177,592	55,624	0	71,888	305,104	11.00
13.00	01300	NURSING ADMINISTRATION	3,592,737	7,641	403,445	458,623	4,462,446	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	390,982	0	0	104,748	495,730	14.00
15.00	01500	PHARMACY	2,799,846	31,022	148,776	435,099	3,414,743	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	381,146	59,346	2,220	55,714	498,426	16.00
17.00	01700	SOCIAL SERVICE	1,899,002	4,481	0	0	1,903,483	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	148,025	12,150	0	0	160,175	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,859,461	838,864	146,729	3,232,736	20,077,790	30.00
31.00	03100	INTENSIVE CARE UNIT	3,652,112	87,790	60,912	602,551	4,403,365	31.00
34.10	02060	NICU	794,993	121,502	19,670	175,313	1,111,478	34.10
40.00	04000	SUBPROVIDER - IPF	260,776	96,850	26,609	96,571	480,806	40.00
43.00	04300	NURSERY	451,354	9,425	0	101,402	562,181	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,563,616	238,649	338,246	786,710	5,927,221	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,552,576	112,863	42,182	324,321	2,031,942	52.00
53.00	05300	ANESTHESIOLOGY	92,030	3,196	38,483	17,030	150,739	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,110,778	258,131	507,053	395,217	4,271,179	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,121,818	244,548	213,135	192,999	1,772,500	55.00
56.00	05600	RADIOISOTOPE	628,670	23,570	850	41,471	694,561	56.00
56.10	03630	ULTRASOUND	921,731	16,434	34,739	185,006	1,157,910	56.10
57.00	05700	CT SCAN	943,686	11,048	0	159,274	1,114,008	57.00
58.00	05800	MRI	401,554	11,771	10,975	62,216	486,516	58.00
59.00	05900	CARDIAC CATHETERIZATION	700,170	59,416	110,412	114,736	984,734	59.00
60.00	06000	LABORATORY	6,511,274	86,947	61,445	640,369	7,300,035	60.00
64.00	06400	INTRAVENOUS THERAPY	786,675	0	0	155,907	942,582	64.00
65.00	06500	RESPIRATORY THERAPY	1,938,427	16,996	87,398	367,251	2,410,072	65.00
65.01	03952	SLEEP LAB	93,758	18,682	3,163	20,852	136,455	65.01
66.00	06600	PHYSICAL THERAPY	1,105,046	48,671	6,805	216,694	1,377,216	66.00
67.00	06700	OCCUPATIONAL THERAPY	155,555	0	0	30,695	186,250	67.00
68.00	06800	SPEECH PATHOLOGY	228,268	1,580	643	46,793	277,284	68.00
69.00	06900	ELECTROCARDIOLOGY	1,138,471	11,371	20,335	238,592	1,408,769	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	179,468	10,956	5,831	39,181	235,436	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,369,701	26,492	17,496	0	8,413,689	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,105,270	0	0	0	2,105,270	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,668,719	0	0	0	8,668,719	73.00
74.00	07400	RENAL DIALYSIS	735,240	11,518	8,172	144,519	899,449	74.00
75.10	03340	GI LAB	889,095	54,149	66,660	179,496	1,189,400	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	0	76.00
76.10	03950	NEUROLOGY	0	0	0	0	0	76.10
76.20	03290	EMG	0	0	0	0	0	76.20
76.30	03953	OS SVCS	0	0	0	0	0	76.30
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	50,450	14,819	6,673	11,403	83,345	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	8,962	0	2,485	0	11,447	90.01
90.02	09002	CARE STATIONS	1,168,319	0	24,841	283,785	1,476,945	90.02
90.03	09003	OUTPATIENT CARE CENTER	994,969	0	86,380	167,680	1,249,029	90.03
91.00	09100	EMERGENCY	4,846,668	104,014	53,464	965,136	5,969,282	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04951	OUTPATIENT REHAB	723,099	76,623	3,553	155,562	958,837	93.00
93.10	04950	WOUND CARE CENTER	447,645	11,729	15,918	88,559	563,851	93.10
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,074,621	0	4,532	0	2,079,153	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	689,190	0	2,749	0	691,939	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	163,020,651	3,668,286	3,339,704	13,020,134	162,931,077	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	7,445	0	0	7,445	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	13,274	0	0	13,274	193.00
194.00	07950	FUND DEVELOPMENT	435,537	19,082	0	0	454,619	194.00
194.01	07951	CONVENT & SISTERS	23,240	0	0	5,268	28,508	194.01
194.02	07952	COMMUNITY HEALTH EDUCATION	198,358	0	0	44,505	242,863	194.02
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	163,677,786	3,708,087	3,339,704	13,069,907	163,677,786	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/29/2021 4:33 pm

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	47,246,738					5.00
7.00	00700	OPERATION OF PLANT	2,709,044	9,384,987				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	110,595	198,919	582,054			8.00
9.00	00900	HOUSEKEEPING	1,004,966	81,036	177	3,562,733		9.00
10.00	01000	DIETARY	469,830	250,402	0	97,980	1,976,023	10.00
11.00	01100	CAFETERIA	123,809	173,507	0	67,892	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,810,825	23,835	0	9,327	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	201,163	0	0	0	0	14.00
15.00	01500	PHARMACY	1,385,675	96,765	0	37,863	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	202,257	185,118	0	72,435	0	16.00
17.00	01700	SOCIAL SERVICE	772,418	13,977	0	5,469	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	64,998	37,900	0	14,830	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,147,358	2,616,668	218,854	1,023,883	1,774,053	30.00
31.00	03100	INTENSIVE CARE UNIT	1,786,850	273,843	22,740	107,153	188,048	31.00
34.10	02060	NICU	451,029	378,998	2,705	148,299	0	34.10
40.00	04000	SUBPROVIDER - IPF	195,107	302,103	718	118,211	13,922	40.00
43.00	04300	NURSERY	228,129	29,400	0	11,504	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,405,219	744,414	58,030	291,284	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	824,546	352,052	43,288	137,756	0	52.00
53.00	05300	ANESTHESIOLOGY	61,169	9,968	0	3,900	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,733,210	805,185	14,880	315,063	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	719,266	762,817	8,974	298,485	0	55.00
56.00	05600	RADIOISOTOPE	281,847	73,521	4,600	28,768	0	56.00
56.10	03630	ULTRASOUND	469,871	51,263	13,166	20,059	0	56.10
57.00	05700	CT SCAN	452,056	34,460	18,610	13,484	0	57.00
58.00	05800	MRI	197,424	36,717	2,636	14,367	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	399,597	185,337	3,197	72,521	0	59.00
60.00	06000	LABORATORY	2,962,296	271,214	335	106,124	0	60.00
64.00	06400	INTRAVENOUS THERAPY	382,492	0	1,846	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	977,988	53,016	0	20,745	0	65.00
65.01	03952	SLEEP LAB	55,372	58,274	500	22,802	0	65.01
66.00	06600	PHYSICAL THERAPY	558,863	151,818	9,708	59,405	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	75,579	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	112,520	4,929	0	1,929	0	68.00
69.00	06900	ELECTROCARDIOLOGY	571,667	35,468	5,042	13,878	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	95,538	34,176	828	13,373	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,414,208	82,635	0	32,334	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	854,302	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,517,697	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	364,989	35,928	3,342	14,058	0	74.00
75.10	03340	GI LAB	482,649	168,906	6,747	66,092	0	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	0	76.00
76.10	03950	NEUROLOGY	0	0	0	0	0	76.10
76.20	03290	EMG	0	0	0	0	0	76.20
76.30	03953	OS SVCS	0	0	0	0	0	76.30
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	33,821	46,225	6	18,087	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	4,645	0	10	0	0	90.01
90.02	09002	CARE STATIONS	599,332	0	2,538	0	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	506,846	0	6,773	0	0	90.03
91.00	09100	EMERGENCY	2,422,287	324,449	126,642	126,955	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	OUTPATIENT REHAB	389,088	239,010	0	93,523	0	93.00
93.10	04950	WOUND CARE CENTER	228,806	36,585	5,115	14,316	0	93.10
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	843,704	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	280,783	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	46,943,730	9,260,838	582,007	3,514,154	1,976,023	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEN	3,021	23,222	0	9,087	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	5,386	41,405	0	16,201	0	193.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
194.00	07950	FUND DEVELOPMENT	184,481	59,522	0	23,291	0	194.00
194.01	07951	CONVENT & SISTERS	11,568	0	0	0	0	194.01
194.02	07952	COMMUNITY HEALTH EDUCATION	98,552	0	47	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	47,246,738	9,384,987	582,054	3,562,733	1,976,023	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATIO N	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	670,312					11.00
13.00	01300	NURSING ADMINISTRATION	21,650	6,328,083				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,580	0	705,473			14.00
15.00	01500	PHARMACY	17,036	0	0	4,952,082		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,587	0	0	0	963,823	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	219,280	2,822,381	0	0	112,621	30.00
31.00	03100	INTENSIVE CARE UNIT	32,911	423,634	0	0	31,426	31.00
34.10	02060	NICU	8,593	110,661	0	0	3,653	34.10
40.00	04000	SUBPROVIDER - IPF	3,143	40,450	0	0	976	40.00
43.00	04300	NURSERY	5,674	72,982	0	0	3,274	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	46,767	601,926	0	0	56,460	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,492	250,858	0	0	22,091	52.00
53.00	05300	ANESTHESIOLOGY	1,372	17,729	0	0	18,259	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,119	0	0	0	39,656	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,410	82,461	0	0	10,687	55.00
56.00	05600	RADIOISOTOPE	2,108	0	0	0	6,144	56.00
56.10	03630	ULTRASOUND	9,540	122,770	0	0	18,528	56.10
57.00	05700	CT SCAN	8,468	0	0	0	77,575	57.00
58.00	05800	MRI	4,253	0	0	0	8,300	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,689	60,393	0	0	16,786	59.00
60.00	06000	LABORATORY	45,632	0	0	0	141,907	60.00
64.00	06400	INTRAVENOUS THERAPY	3,242	41,743	0	0	3,295	64.00
65.00	06500	RESPIRATORY THERAPY	21,388	275,243	0	0	32,636	65.00
65.01	03952	SLEEP LAB	1,509	19,444	0	0	835	65.01
66.00	06600	PHYSICAL THERAPY	10,364	0	0	0	7,544	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,309	0	0	0	927	67.00
68.00	06800	SPEECH PATHOLOGY	1,921	0	0	0	1,725	68.00
69.00	06900	ELECTROCARDIOLOGY	14,641	0	0	0	21,988	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,970	25,435	0	0	1,195	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	563,687	0	24,544	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	141,786	0	22,443	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,952,082	146,382	73.00
74.00	07400	RENAL DIALYSIS	7,009	90,218	0	0	6,195	74.00
75.10	03340	GI LAB	9,491	122,117	0	0	14,696	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	0	76.00
76.10	03950	NEUROLOGY	0	0	0	0	0	76.10
76.20	03290	EMG	0	0	0	0	0	76.20
76.30	03953	OS SVCS	0	0	0	0	0	76.30
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	574	7,373	0	0	770	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	0	33	90.01
90.02	09002	CARE STATIONS	13,257	170,561	0	0	2,463	90.02
90.03	09003	OUTPATIENT CARE CENTER	10,825	0	0	0	26,685	90.03
91.00	09100	EMERGENCY	61,246	788,372	0	0	74,864	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	OUTPATIENT REHAB	9,428	121,432	0	0	1,801	93.00
93.10	04950	WOUND CARE CENTER	4,652	59,900	0	0	4,459	93.10
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	668,130	6,328,083	705,473	4,952,082	963,823	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FUND DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951	CONVENT & SISTERS	823	0	0	0	0	194.01
194.02	07952	COMMUNITY HEALTH EDUCATION	1,359	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	670,312	6,328,083	705,473	4,952,082	963,823	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/29/2021 4:33 pm

		4/29/2021 4:33 pm						
Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
			17.00	19.00	20.00	21.00	22.00	
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
17.00	01700	SOCIAL SERVICE	2,695,347					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		0				19.00
20.00	02000	NURSING SCHOOL		0	0			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		0		0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			277,903	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,290,353	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	242,765	0	0	0	0	31.00
34.10	02060	NICU	69,444	0	0	0	0	34.10
40.00	04000	SUBPROVIDER - IPF	17,977	0	0	0	0	40.00
43.00	04300	NURSERY	74,808	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	277,903	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.10	03630	ULTRASOUND	0	0	0	0	0	56.10
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03952	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.10	03340	GI LAB	0	0	0	0	0	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	0	76.00
76.10	03950	NEUROLOGY	0	0	0	0	0	76.10
76.20	03290	EMG	0	0	0	0	0	76.20
76.30	03953	OS SVCS	0	0	0	0	0	76.30
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	0	0	90.01
90.02	09002	CARE STATIONS	0	0	0	0	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	0	0	0	0	0	90.03
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
93.00	04951	OUTPATIENT REHAB	0	0	0	0	0	93.00
93.10	04950	WOUND CARE CENTER	0	0	0	0	0	93.10
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0		0			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,695,347	0	0	0	277,903	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALA RY & FRINGES APPRV	SERVICES-0THE R PRGM COSTS APPRV	
						17.00	19.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FUND DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951	CONVENT & SISTERS	0	0	0	0	0	194.01
194.02	07952	COMMUNITY HEALTH EDUCATION	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments		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)	2,695,347	0	0	0	277,903	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Description			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	39,303,241	0	39,303,241	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,512,735	0	7,512,735	31.00
34.10	02060	NICU	0	2,284,860	0	2,284,860	34.10
40.00	04000	SUBPROVIDER - IPF	0	1,173,413	0	1,173,413	40.00
43.00	04300	NURSERY	0	987,952	0	987,952	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	10,409,224	-277,903	10,131,321	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,682,025	0	3,682,025	52.00
53.00	05300	ANESTHESIOLOGY	0	263,136	0	263,136	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,203,292	0	7,203,292	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,661,600	0	3,661,600	55.00
56.00	05600	RADIOISOTOPE	0	1,091,549	0	1,091,549	56.00
56.10	03630	ULTRASOUND	0	1,863,107	0	1,863,107	56.10
57.00	05700	CT SCAN	0	1,718,661	0	1,718,661	57.00
58.00	05800	MRI	0	750,213	0	750,213	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,727,254	0	1,727,254	59.00
60.00	06000	LABORATORY	0	10,827,543	0	10,827,543	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,375,200	0	1,375,200	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,791,088	0	3,791,088	65.00
65.01	03952	SLEEP LAB	0	295,191	0	295,191	65.01
66.00	06600	PHYSICAL THERAPY	0	2,174,918	0	2,174,918	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	264,065	0	264,065	67.00
68.00	06800	SPEECH PATHOLOGY	0	400,308	0	400,308	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,071,453	0	2,071,453	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	407,951	0	407,951	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	12,531,097	0	12,531,097	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,123,801	0	3,123,801	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,284,880	0	17,284,880	73.00
74.00	07400	RENAL DIALYSIS	0	1,421,188	0	1,421,188	74.00
75.10	03340	GI LAB	0	2,060,098	0	2,060,098	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	76.00
76.10	03950	NEUROLOGY	0	0	0	0	76.10
76.20	03290	EMG	0	0	0	0	76.20
76.30	03953	OS SVCS	0	0	0	0	76.30
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	190,201	0	190,201	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	16,135	0	16,135	90.01
90.02	09002	CARE STATIONS	0	2,265,096	0	2,265,096	90.02
90.03	09003	OUTPATIENT CARE CENTER	0	1,800,158	0	1,800,158	90.03
91.00	09100	EMERGENCY	0	9,894,097	0	9,894,097	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		92.00
93.00	04951	OUTPATIENT REHAB	0	1,813,119	0	1,813,119	93.00
93.10	04950	WOUND CARE CENTER	0	917,684	0	917,684	93.10
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	2,922,857	0	2,922,857	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	972,722	0	972,722	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	162,453,112	-277,903	162,175,209	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet B
Part I
Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Description			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	42,775	0	42,775		190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	76,266	0	76,266		193.00
194.00	07950	FUND DEVELOPMENT	0	721,913	0	721,913		194.00
194.01	07951	CONVENT & SISTERS	0	40,899	0	40,899		194.01
194.02	07952	COMMUNITY HEALTH EDUCATION	0	342,821	0	342,821		194.02
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	163,677,786	-277,903	163,399,883		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
4/29/2021 4:33 pm

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	6,496	2,669	5,033	14,198	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,279,288	301,900	575,841	3,157,029	899 5.00
7.00	00700	OPERATION OF PLANT	59	394,824	146,849	541,732	436 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	63,771	776	64,547	16 8.00
9.00	00900	HOUSEKEEPING	403	25,979	20,873	47,255	299 9.00
10.00	01000	DIETARY	176	80,275	7,353	87,804	145 10.00
11.00	01100	CAFETERIA	0	55,624	0	55,624	78 11.00
13.00	01300	NURSING ADMINISTRATION	328	7,641	403,445	411,414	498 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	114 14.00
15.00	01500	PHARMACY	27,709	31,022	148,776	207,507	472 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	59,346	2,220	61,566	60 16.00
17.00	01700	SOCIAL SERVICE	0	4,481	0	4,481	0 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	12,150	0	12,150	0 22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,319	838,864	146,729	988,912	3,521 30.00
31.00	03100	INTENSIVE CARE UNIT	10,363	87,790	60,912	159,065	654 31.00
34.10	02060	NICU	0	121,502	19,670	141,172	190 34.10
40.00	04000	SUBPROVIDER - IPF	18	96,850	26,609	123,477	105 40.00
43.00	04300	NURSERY	0	9,425	0	9,425	110 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,434	238,649	338,246	585,329	854 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	126	112,863	42,182	155,171	352 52.00
53.00	05300	ANESTHESIOLOGY	0	3,196	38,483	41,679	18 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	156	258,131	507,053	765,340	429 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	18	244,548	213,135	457,701	209 55.00
56.00	05600	RADIOISOTOPE	258,171	23,570	850	282,591	45 56.00
56.10	03630	ULTRASOUND	18	16,434	34,739	51,191	201 56.10
57.00	05700	CT SCAN	36	11,048	0	11,084	173 57.00
58.00	05800	MRI	0	11,771	10,975	22,746	68 58.00
59.00	05900	CARDIAC CATHETERIZATION	534	59,416	110,412	170,362	125 59.00
60.00	06000	LABORATORY	208	86,947	61,445	148,600	695 60.00
64.00	06400	INTRAVENOUS THERAPY	72	0	0	72	169 64.00
65.00	06500	RESPIRATORY THERAPY	33,160	16,996	87,398	137,554	399 65.00
65.01	03952	SLEEP LAB	324	18,682	3,163	22,169	23 65.01
66.00	06600	PHYSICAL THERAPY	452	48,671	6,805	55,928	235 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	33 67.00
68.00	06800	SPEECH PATHOLOGY	72	1,580	643	2,295	51 68.00
69.00	06900	ELECTROCARDIOLOGY	189	11,371	20,335	31,895	259 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,956	5,831	16,787	43 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	26,492	17,496	43,988	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	26,831	11,518	8,172	46,521	157 74.00
75.10	03340	GI LAB	52	54,149	66,660	120,861	195 75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	0 76.00
76.10	03950	NEUROLOGY	0	0	0	0	0 76.10
76.20	03290	EMG	0	0	0	0	0 76.20
76.30	03953	OS SVCS	0	0	0	0	0 76.30
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	28	14,819	6,673	21,520	12 90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	32	0	2,485	2,517	0 90.01
90.02	09002	CARE STATIONS	102	0	24,841	24,943	308 90.02
90.03	09003	OUTPATIENT CARE CENTER	106	0	86,380	86,486	182 90.03
91.00	09100	EMERGENCY	150	104,014	53,464	157,628	1,047 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
93.00	04951	OUTPATIENT REHAB	54	76,623	3,553	80,230	169 93.00
93.10	04950	WOUND CARE CENTER	46	11,729	15,918	27,693	96 93.10
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	4,532	4,532	0 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	2,749	2,749	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,657,530	3,668,286	3,339,704	9,665,520	14,144 118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	7,445	0	7,445	0 190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0 192.00
193.00	19300	NONPAID WORKERS	0	13,274	0	13,274	0 193.00
194.00	07950	FUND DEVELOPMENT	0	19,082	0	19,082	0 194.00
194.01	07951	CONVENT & SISTERS	0	0	0	0	6 194.01
194.02	07952	COMMUNITY HEALTH EDUCATION	14	0	0	14	48 194.02
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	2,657,544	3,708,087	3,339,704	9,705,335	14,198 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
4/29/2021 4:33 pm

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	3,157,928					5.00
7.00	00700	OPERATION OF PLANT	181,072	723,240				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,392	15,329	87,284			8.00
9.00	00900	HOUSEKEEPING	67,172	6,245	27	120,998		9.00
10.00	01000	DIETARY	31,403	19,297	0	3,328	141,977	10.00
11.00	01100	CAFETERIA	8,275	13,371	0	2,306	0	11.00
13.00	01300	NURSING ADMINISTRATION	121,035	1,837	0	317	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,446	0	0	0	0	14.00
15.00	01500	PHARMACY	92,618	7,457	0	1,286	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,519	14,266	0	2,460	0	16.00
17.00	01700	SOCIAL SERVICE	51,628	1,077	0	186	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,344	2,921	0	504	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	544,539	201,647	32,818	34,772	127,466	30.00
31.00	03100	INTENSIVE CARE UNIT	119,432	21,103	3,410	3,639	13,511	31.00
34.10	02060	NICU	30,147	29,207	406	5,037	0	34.10
40.00	04000	SUBPROVIDER - IPF	13,041	23,281	108	4,015	1,000	40.00
43.00	04300	NURSERY	15,248	2,266	0	391	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	160,764	57,367	8,702	9,893	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	55,112	27,130	6,491	4,678	0	52.00
53.00	05300	ANESTHESIOLOGY	4,088	768	0	132	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	115,847	62,050	2,231	10,700	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	48,076	58,785	1,346	10,137	0	55.00
56.00	05600	RADIOISOTOPE	18,839	5,666	690	977	0	56.00
56.10	03630	ULTRASOUND	31,406	3,951	1,974	681	0	56.10
57.00	05700	CT SCAN	30,215	2,656	2,791	458	0	57.00
58.00	05800	MRI	13,196	2,830	395	488	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	26,709	14,283	479	2,463	0	59.00
60.00	06000	LABORATORY	197,999	20,901	50	3,604	0	60.00
64.00	06400	INTRAVENOUS THERAPY	25,566	0	277	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	65,368	4,086	0	705	0	65.00
65.01	03952	SLEEP LAB	3,701	4,491	75	774	0	65.01
66.00	06600	PHYSICAL THERAPY	37,354	11,700	1,456	2,018	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,052	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,521	380	0	66	0	68.00
69.00	06900	ELECTROCARDIOLOGY	38,210	2,733	756	471	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,386	2,634	124	454	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	228,204	6,368	0	1,098	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	57,101	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	235,122	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	24,396	2,769	501	477	0	74.00
75.10	03340	GI LAB	32,260	13,017	1,012	2,245	0	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	0	76.00
76.10	03950	NEUROLOGY	0	0	0	0	0	76.10
76.20	03290	EMG	0	0	0	0	0	76.20
76.30	03953	OS SVCS	0	0	0	0	0	76.30
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,261	3,562	1	614	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	310	0	2	0	0	90.01
90.02	09002	CARE STATIONS	40,059	0	381	0	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	33,877	0	1,016	0	0	90.03
91.00	09100	EMERGENCY	161,905	25,003	18,991	4,312	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	OUTPATIENT REHAB	26,007	18,419	0	3,176	0	93.00
93.10	04950	WOUND CARE CENTER	15,293	2,819	767	486	0	93.10
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	56,393	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	18,767	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,137,675	713,672	87,277	119,348	141,977	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEN	202	1,790	0	309	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	360	3,191	0	550	0	193.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0179

 Period:
 From 02/01/2020
 To 09/30/2020

 Worksheet B
 Part II
 Date/Time Prepared:
 4/29/2021 4:33 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
194.00	07950	FUND DEVELOPMENT	12,331	4,587	0	791	0	194.00
194.01	07951	CONVENT & SISTERS	773	0	0	0	0	194.01
194.02	07952	COMMUNITY HEALTH EDUCATION	6,587	0	7	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,157,928	723,240	87,284	120,998	141,977	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATIO N	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	79,654					11.00
13.00	01300	NURSING ADMINISTRATION	2,573	537,674				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,020	0	14,580			14.00
15.00	01500	PHARMACY	2,024	0	0	311,364		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	664	0	0	0	92,535	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,059	239,809	0	0	10,816	30.00
31.00	03100	INTENSIVE CARE UNIT	3,911	35,995	0	0	3,018	31.00
34.10	02060	NICU	1,021	9,402	0	0	351	34.10
40.00	04000	SUBPROVIDER - IPF	373	3,437	0	0	94	40.00
43.00	04300	NURSERY	674	6,201	0	0	314	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,557	51,143	0	0	5,422	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,316	21,315	0	0	2,122	52.00
53.00	05300	ANESTHESIOLOGY	163	1,506	0	0	1,754	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,866	0	0	0	3,809	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	762	7,006	0	0	1,026	55.00
56.00	05600	RADIOISOTOPE	250	0	0	0	590	56.00
56.10	03630	ULTRASOUND	1,134	10,431	0	0	1,779	56.10
57.00	05700	CT SCAN	1,006	0	0	0	7,450	57.00
58.00	05800	MRI	505	0	0	0	797	58.00
59.00	05900	CARDIAC CATHETERIZATION	557	5,131	0	0	1,612	59.00
60.00	06000	LABORATORY	5,422	0	0	0	13,629	60.00
64.00	06400	INTRAVENOUS THERAPY	385	3,547	0	0	316	64.00
65.00	06500	RESPIRATORY THERAPY	2,542	23,386	0	0	3,134	65.00
65.01	03952	SLEEP LAB	179	1,652	0	0	80	65.01
66.00	06600	PHYSICAL THERAPY	1,232	0	0	0	725	66.00
67.00	06700	OCCUPATIONAL THERAPY	156	0	0	0	89	67.00
68.00	06800	SPEECH PATHOLOGY	228	0	0	0	166	68.00
69.00	06900	ELECTROCARDIOLOGY	1,740	0	0	0	2,112	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	234	2,161	0	0	115	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	11,649	0	2,357	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,931	0	2,155	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	311,364	14,029	73.00
74.00	07400	RENAL DIALYSIS	833	7,666	0	0	595	74.00
75.10	03340	GI LAB	1,128	10,376	0	0	1,411	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	0	76.00
76.10	03950	NEUROLOGY	0	0	0	0	0	76.10
76.20	03290	EMG	0	0	0	0	0	76.20
76.30	03953	OS SVCS	0	0	0	0	0	76.30
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	68	626	0	0	74	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	0	3	90.01
90.02	09002	CARE STATIONS	1,575	14,492	0	0	237	90.02
90.03	09003	OUTPATIENT CARE CENTER	1,286	0	0	0	2,563	90.03
91.00	09100	EMERGENCY	7,278	66,985	0	0	7,190	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	OUTPATIENT REHAB	1,120	10,318	0	0	173	93.00
93.10	04950	WOUND CARE CENTER	553	5,089	0	0	428	93.10
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	79,394	537,674	14,580	311,364	92,535	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0179

 Period:
 From 02/01/2020
 To 09/30/2020

 Worksheet B
 Part II
 Date/Time Prepared:
 4/29/2021 4:33 pm

Cost Center Description			CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FUND DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951	CONVENT & SISTERS	98	0	0	0	0	194.01
194.02	07952	COMMUNITY HEALTH EDUCATION	162	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	79,654	537,674	14,580	311,364	92,535	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Description		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
					SERVICES-SALA RY & FRINGES APPRV	SERVICES-OTHE R PRGM COSTS APPRV	
					17.00	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					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	57,372				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
20.00	02000	NURSING SCHOOL	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0			0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0			19,919	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	48,752				30.00
31.00	03100	INTENSIVE CARE UNIT	5,167				31.00
34.10	02060	NICU	1,478				34.10
40.00	04000	SUBPROVIDER - IPF	383				40.00
43.00	04300	NURSERY	1,592				43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0				50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0				52.00
53.00	05300	ANESTHESIOLOGY	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0				54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0				55.00
56.00	05600	RADIOISOTOPE	0				56.00
56.10	03630	ULTRASOUND	0				56.10
57.00	05700	CT SCAN	0				57.00
58.00	05800	MRI	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	0				59.00
60.00	06000	LABORATORY	0				60.00
64.00	06400	INTRAVENOUS THERAPY	0				64.00
65.00	06500	RESPIRATORY THERAPY	0				65.00
65.01	03952	SLEEP LAB	0				65.01
66.00	06600	PHYSICAL THERAPY	0				66.00
67.00	06700	OCCUPATIONAL THERAPY	0				67.00
68.00	06800	SPEECH PATHOLOGY	0				68.00
69.00	06900	ELECTROCARDIOLOGY	0				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0				73.00
74.00	07400	RENAL DIALYSIS	0				74.00
75.10	03340	GI LAB	0				75.10
76.00	03951	ENTEROSTOMAL THERAPY	0				76.00
76.10	03950	NEUROLOGY	0				76.10
76.20	03290	EMG	0				76.20
76.30	03953	OS SVCS	0				76.30
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0				90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0				90.01
90.02	09002	CARE STATIONS	0				90.02
90.03	09003	OUTPATIENT CARE CENTER	0				90.03
91.00	09100	EMERGENCY	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0				92.00
93.00	04951	OUTPATIENT REHAB	0				93.00
93.10	04950	WOUND CARE CENTER	0				93.10
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0				101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0				113.00
116.00	11600	HOSPICE	0				116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	57,372	0	0	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
						SERVICES-SALA RY & FRINGES APPRV	SERVICES-0THE R PRGM COSTS APPRV	
						17.00	19.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0					190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0					192.00
193.00	19300	NONPAID WORKERS	0					193.00
194.00	07950	FUND DEVELOPMENT	0					194.00
194.01	07951	CONVENT & SISTERS	0					194.01
194.02	07952	COMMUNITY HEALTH EDUCATION	0					194.02
200.00		Cross Foot Adjustments		0	0	0	19,919	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	57,372	0	0	0	19,919	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Description			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		2,259,111	0	2,259,111	30.00
31.00	03100	INTENSIVE CARE UNIT		368,905	0	368,905	31.00
34.10	02060	NICU		218,411	0	218,411	34.10
40.00	04000	SUBPROVIDER - IPF		169,314	0	169,314	40.00
43.00	04300	NURSERY		36,221	0	36,221	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		885,031	0	885,031	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		274,687	0	274,687	52.00
53.00	05300	ANESTHESIOLOGY		50,108	0	50,108	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		963,272	0	963,272	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		585,048	0	585,048	55.00
56.00	05600	RADIOISOTOPE		309,648	0	309,648	56.00
56.10	03630	ULTRASOUND		102,748	0	102,748	56.10
57.00	05700	CT SCAN		55,833	0	55,833	57.00
58.00	05800	MRI		41,025	0	41,025	58.00
59.00	05900	CARDIAC CATHETERIZATION		221,721	0	221,721	59.00
60.00	06000	LABORATORY		390,900	0	390,900	60.00
64.00	06400	INTRAVENOUS THERAPY		30,332	0	30,332	64.00
65.00	06500	RESPIRATORY THERAPY		237,174	0	237,174	65.00
65.01	03952	SLEEP LAB		33,144	0	33,144	65.01
66.00	06600	PHYSICAL THERAPY		110,648	0	110,648	66.00
67.00	06700	OCCUPATIONAL THERAPY		5,330	0	5,330	67.00
68.00	06800	SPEECH PATHOLOGY		10,707	0	10,707	68.00
69.00	06900	ELECTROCARDIOLOGY		78,176	0	78,176	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		28,938	0	28,938	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		293,664	0	293,664	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		62,187	0	62,187	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		560,515	0	560,515	73.00
74.00	07400	RENAL DIALYSIS		83,915	0	83,915	74.00
75.10	03340	GI LAB		182,505	0	182,505	75.10
76.00	03951	ENTEROSTOMAL THERAPY		0	0	0	76.00
76.10	03950	NEUROLOGY		0	0	0	76.10
76.20	03290	EMG		0	0	0	76.20
76.30	03953	OS SVCS		0	0	0	76.30
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		28,738	0	28,738	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER		2,832	0	2,832	90.01
90.02	09002	CARE STATIONS		81,995	0	81,995	90.02
90.03	09003	OUTPATIENT CARE CENTER		125,410	0	125,410	90.03
91.00	09100	EMERGENCY		450,339	0	450,339	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
93.00	04951	OUTPATIENT REHAB		139,612	0	139,612	93.00
93.10	04950	WOUND CARE CENTER		53,224	0	53,224	93.10
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY		60,925	0	60,925	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE		21,516	0	21,516	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	9,613,809	0	9,613,809	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet B
Part II
Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Description			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN		9,746	0	9,746		190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES		0	0	0		192.00
193.00	19300	NONPAID WORKERS		17,375	0	17,375		193.00
194.00	07950	FUND DEVELOPMENT		36,791	0	36,791		194.00
194.01	07951	CONVENT & SISTERS		877	0	877		194.01
194.02	07952	COMMUNITY HEALTH EDUCATION		6,818	0	6,818		194.02
200.00		Cross Foot Adjustments	0	19,919	0	19,919		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	9,705,335	0	9,705,335		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTES SALARIES))	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET))	MOVABLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	527,976					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		27,120,873				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	380	40,870	57,654,199			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	42,986	4,676,196	3,652,500	-47,246,738	116,431,048	5.00
7.00	00700	OPERATION OF PLANT	56,217	1,192,529	1,773,143	0	6,675,943	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,080	6,298	64,700	0	272,540	8.00
9.00	00900	HOUSEKEEPING	3,699	169,506	1,216,016	0	2,476,554	9.00
10.00	01000	DIETARY	11,430	59,710	589,943	0	1,157,811	10.00
11.00	01100	CAFETERIA	7,920	0	317,115	0	305,104	11.00
13.00	01300	NURSING ADMINISTRATION	1,088	3,276,285	2,023,082	0	4,462,446	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	462,065	0	495,730	14.00
15.00	01500	PHARMACY	4,417	1,208,173	1,919,315	0	3,414,743	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,450	18,027	245,767	0	498,426	16.00
17.00	01700	SOCIAL SERVICE	638	0	0	0	1,903,483	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,730	0	0	0	160,175	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	119,442	1,191,556	14,260,340	0	20,077,790	30.00
31.00	03100	INTENSIVE CARE UNIT	12,500	494,652	2,657,983	0	4,403,365	31.00
34.10	02060	NICU	17,300	159,735	773,341	0	1,111,478	34.10
40.00	04000	SUBPROVIDER - IPF	13,790	216,087	425,995	0	480,806	40.00
43.00	04300	NURSERY	1,342	0	447,304	0	562,181	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	33,980	2,746,816	3,470,346	0	5,927,221	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,070	342,549	1,430,650	0	2,031,942	52.00
53.00	05300	ANESTHESIOLOGY	455	312,513	75,123	0	150,739	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,754	4,117,665	1,743,385	0	4,271,179	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	34,820	1,730,824	851,360	0	1,772,500	55.00
56.00	05600	RADIOISOTOPE	3,356	6,900	182,938	0	694,561	56.00
56.10	03630	ULTRASOUND	2,340	282,105	816,100	0	1,157,910	56.10
57.00	05700	CT SCAN	1,573	0	702,592	0	1,114,008	57.00
58.00	05800	MRI	1,676	89,123	274,449	0	486,516	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,460	896,629	506,123	0	984,734	59.00
60.00	06000	LABORATORY	12,380	498,979	2,824,803	0	7,300,035	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	687,740	0	942,582	64.00
65.00	06500	RESPIRATORY THERAPY	2,420	709,736	1,620,023	0	2,410,072	65.00
65.01	03952	SLEEP LAB	2,660	25,689	91,982	0	136,455	65.01
66.00	06600	PHYSICAL THERAPY	6,930	55,260	955,884	0	1,377,216	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	135,401	0	186,250	67.00
68.00	06800	SPEECH PATHOLOGY	225	5,221	206,412	0	277,284	68.00
69.00	06900	ELECTROCARDIOLOGY	1,619	165,135	1,052,482	0	1,408,769	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,560	47,350	172,837	0	235,436	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,772	142,077	0	0	8,413,689	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,105,270	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	8,668,719	73.00
74.00	07400	RENAL DIALYSIS	1,640	66,359	637,504	0	899,449	74.00
75.10	03340	GI LAB	7,710	541,333	791,797	0	1,189,400	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	0	76.00
76.10	03950	NEUROLOGY	0	0	0	0	0	76.10
76.20	03290	EMG	0	0	0	0	0	76.20
76.30	03953	OS SVCS	0	0	0	0	0	76.30
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,110	54,186	50,299	0	83,345	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	20,179	0	0	11,447	90.01
90.02	09002	CARE STATIONS	0	201,732	1,251,836	0	1,476,945	90.02
90.03	09003	OUTPATIENT CARE CENTER	0	701,475	739,672	0	1,249,029	90.03
91.00	09100	EMERGENCY	14,810	434,172	4,257,422	0	5,969,282	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	OUTPATIENT REHAB	10,910	28,854	686,216	0	958,837	93.00
93.10	04950	WOUND CARE CENTER	1,670	129,265	390,652	0	563,851	93.10
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	36,800	0	0	2,079,153	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	22,323	0	0	691,939	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (FTES SALARIES))	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET))	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	522,309	27,120,873	57,434,637	-47,246,738	115,684,339	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,060	0	0	0	7,445	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	1,890	0	0	0	13,274	193.00
194.00	07950	FUND DEVELOPMENT	2,717	0	0	0	454,619	194.00
194.01	07951	CONVENT & SISTERS	0	0	23,240	0	28,508	194.01
194.02	07952	COMMUNITY HEALTH EDUCATION	0	0	196,322	0	242,863	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,708,087	3,339,704	13,069,907		47,246,738	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	7.023211	0.123141	0.226695		0.405792	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			14,198		3,157,928	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000246		0.027123	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: 14-0179

Period:
From 02/01/2020
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEE T))	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY))	HOUSEKEEPING (SQUARE FEE T))	DIETARY (MEALS SERV ED))	CAFETERIA (MEALS SERV ED))	
			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	428,393					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,080	567,794				8.00
9.00	00900	HOUSEKEEPING	3,699	173	415,614			9.00
10.00	01000	DIETARY	11,430	0	11,430	122,913		10.00
11.00	01100	CAFETERIA	7,920	0	7,920	0	53,749	11.00
13.00	01300	NURSING ADMINISTRATION	1,088	0	1,088	0	1,736	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	688	14.00
15.00	01500	PHARMACY	4,417	0	4,417	0	1,366	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,450	0	8,450	0	448	16.00
17.00	01700	SOCIAL SERVICE	638	0	638	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,730	0	1,730	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	119,442	213,493	119,442	110,350	17,583	30.00
31.00	03100	INTENSIVE CARE UNIT	12,500	22,183	12,500	11,697	2,639	31.00
34.10	02060	NICU	17,300	2,639	17,300	0	689	34.10
40.00	04000	SUBPROVIDER - IPF	13,790	700	13,790	866	252	40.00
43.00	04300	NURSERY	1,342	0	1,342	0	455	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	33,980	56,608	33,980	0	3,750	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,070	42,227	16,070	0	1,563	52.00
53.00	05300	ANESTHESIOLOGY	455	0	455	0	110	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,754	14,515	36,754	0	1,934	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	34,820	8,754	34,820	0	514	55.00
56.00	05600	RADIOISOTOPE	3,356	4,487	3,356	0	169	56.00
56.10	03630	ULTRASOUND	2,340	12,843	2,340	0	765	56.10
57.00	05700	CT SCAN	1,573	18,154	1,573	0	679	57.00
58.00	05800	MRI	1,676	2,571	1,676	0	341	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,460	3,119	8,460	0	376	59.00
60.00	06000	LABORATORY	12,380	327	12,380	0	3,659	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,801	0	0	260	64.00
65.00	06500	RESPIRATORY THERAPY	2,420	0	2,420	0	1,715	65.00
65.01	03952	SLEEP LAB	2,660	488	2,660	0	121	65.01
66.00	06600	PHYSICAL THERAPY	6,930	9,470	6,930	0	831	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	105	67.00
68.00	06800	SPEECH PATHOLOGY	225	0	225	0	154	68.00
69.00	06900	ELECTROCARDIOLOGY	1,619	4,918	1,619	0	1,174	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,560	808	1,560	0	158	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,772	0	3,772	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,640	3,260	1,640	0	562	74.00
75.10	03340	GI LAB	7,710	6,582	7,710	0	761	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	0	76.00
76.10	03950	NEUROLOGY	0	0	0	0	0	76.10
76.20	03290	EMG	0	0	0	0	0	76.20
76.30	03953	OS SVCS	0	0	0	0	0	76.30
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,110	6	2,110	0	46	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	10	0	0	0	90.01
90.02	09002	CARE STATIONS	0	2,476	0	0	1,063	90.02
90.03	09003	OUTPATIENT CARE CENTER	0	6,607	0	0	868	90.03
91.00	09100	EMERGENCY	14,810	123,539	14,810	0	4,911	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	OUTPATIENT REHAB	10,910	0	10,910	0	756	93.00
93.10	04950	WOUND CARE CENTER	1,670	4,990	1,670	0	373	93.10
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	422,726	567,748	409,947	122,913	53,574	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEN	1,060	0	1,060	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEE T))	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY))	HOUSEKEEPING (SQUARE FEE T))	DIETARY (MEALS SERV ED))	CAFETERIA (MEALS SERV ED))	
			7.00	8.00	9.00	10.00	11.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	1,890	0	1,890	0	0	193.00
194.00	07950	FUND DEVELOPMENT	2,717	0	2,717	0	0	194.00
194.01	07951	CONVENT & SISTERS	0	0	0	0	66	194.01
194.02	07952	COMMUNITY HEALTH EDUCATION	0	46	0	0	109	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,384,987	582,054	3,562,733	1,976,023	670,312	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	21.907424	1.025115	8.572216	16.076599	12.471153	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	723,240	87,284	120,998	141,977	79,654	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.688263	0.153725	0.291131	1.155102	1.481962	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: 14-0179

Period:
From 02/01/2020
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Description			NURSING ADMINISTRATIO N (DIRECT NRS G HRS))	CENTRAL SERVICES & SUPPLY (COSTED REQ UIS))	PHARMACY (COSTED REQ UIS))	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	988,722					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,474,971				14.00
15.00	01500	PHARMACY	0	0	8,668,719			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	625,571,989		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	37,183	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	440,979	0	0	73,083,232	31,596	30.00
31.00	03100	INTENSIVE CARE UNIT	66,190	0	0	20,393,165	3,349	31.00
34.10	02060	NICU	17,290	0	0	2,370,474	958	34.10
40.00	04000	SUBPROVIDER - IPF	6,320	0	0	633,488	248	40.00
43.00	04300	NURSERY	11,403	0	0	2,124,716	1,032	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	94,047	0	0	36,638,253	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	39,195	0	0	14,335,647	0	52.00
53.00	05300	ANESTHESIOLOGY	2,770	0	0	11,848,932	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	25,733,715	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,884	0	0	6,935,414	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	3,986,870	0	56.00
56.10	03630	ULTRASOUND	19,182	0	0	12,023,088	0	56.10
57.00	05700	CT SCAN	0	0	0	50,340,985	0	57.00
58.00	05800	MRI	0	0	0	5,386,355	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,436	0	0	10,893,052	0	59.00
60.00	06000	LABORATORY	0	0	0	92,087,310	0	60.00
64.00	06400	INTRAVENOUS THERAPY	6,522	0	0	2,138,089	0	64.00
65.00	06500	RESPIRATORY THERAPY	43,005	0	0	21,178,524	0	65.00
65.01	03952	SLEEP LAB	3,038	0	0	541,533	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	4,895,733	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	601,601	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,119,485	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	14,268,573	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,974	0	0	775,391	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,369,701	0	15,927,355	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,105,270	0	14,564,113	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	8,668,719	95,110,488	0	73.00
74.00	07400	RENAL DIALYSIS	14,096	0	0	4,020,428	0	74.00
75.10	03340	GI LAB	19,080	0	0	9,536,468	0	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	0	76.00
76.10	03950	NEUROLOGY	0	0	0	0	0	76.10
76.20	03290	EMG	0	0	0	0	0	76.20
76.30	03953	OS SVCS	0	0	0	0	0	76.30
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,152	0	0	499,432	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	21,537	0	90.01
90.02	09002	CARE STATIONS	26,649	0	0	1,598,014	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	0	0	0	17,316,654	0	90.03
91.00	09100	EMERGENCY	123,178	0	0	48,581,734	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	OUTPATIENT REHAB	18,973	0	0	1,168,845	0	93.00
93.10	04950	WOUND CARE CENTER	9,359	0	0	2,893,296	0	93.10
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	988,722	10,474,971	8,668,719	625,571,989	37,183	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRS G HRS))	CENTRAL SERVICES & SUPPLY (COSTED REQ UIS))	PHARMACY (COSTED REQ UIS))	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FUND DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951	CONVENT & SISTERS	0	0	0	0	0	194.01
194.02	07952	COMMUNITY HEALTH EDUCATION	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,328,083	705,473	4,952,082	963,823	2,695,347	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.400265	0.067348	0.571259	0.001541	72.488691	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	537,674	14,580	311,364	92,535	57,372	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.543807	0.001392	0.035918	0.000148	1.542963	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: 14-0179

Period:
From 02/01/2020
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)	
					SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			19.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	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
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0					19.00
20.00	02000	NURSING SCHOOL		0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				4,192		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
34.10	02060	NICU	0	0	0	0	0	34.10
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	4,192	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.10	03630	ULTRASOUND	0	0	0	0	0	56.10
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03952	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.10	03340	GI LAB	0	0	0	0	0	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	0	76.00
76.10	03950	NEUROLOGY	0	0	0	0	0	76.10
76.20	03290	EMG	0	0	0	0	0	76.20
76.30	03953	OS SVCS	0	0	0	0	0	76.30
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	0	0	90.01
90.02	09002	CARE STATIONS	0	0	0	0	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04951	OUTPATIENT REHAB	0	0	0	0	0	93.00
93.10	04950	WOUND CARE CENTER	0	0	0	0	0	93.10
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0				113.00
116.00	11600	HOSPICE					0	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020

Worksheet B-1

Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Description			NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME))	NURSING SCHOOL (ASSIGNED TIME))	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME))	
					SERVICES-SALA RY & FRINGES APPRV (ASSIGNED TIME))	SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED TIME))		
					19.00	20.00		
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		0	0	0	4,192	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FUND DEVELOPMENT	0	0	0	0	0	194.00
194.01	07951	CONVENT & SISTERS	0	0	0	0	0	194.01
194.02	07952	COMMUNITY HEALTH EDUCATION	0	0	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	277,903	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	66.293655	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	19,919	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	4.751670	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000			0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
4/29/2021 4:33 pm

			Title XVIII	Hospital	PPS			
Cost Center Description			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	39,303,241		39,303,241	0	39,303,241	30.00
31.00	03100	INTENSIVE CARE UNIT	7,512,735		7,512,735	0	7,512,735	31.00
34.10	02060	NICU	2,284,860		2,284,860	0	2,284,860	34.10
40.00	04000	SUBPROVIDER - IPF	1,173,413		1,173,413	0	1,173,413	40.00
43.00	04300	NURSERY	987,952		987,952	0	987,952	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,131,321		10,131,321	44,945	10,176,266	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,682,025		3,682,025	0	3,682,025	52.00
53.00	05300	ANESTHESIOLOGY	263,136		263,136	0	263,136	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,203,292		7,203,292	0	7,203,292	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,661,600		3,661,600	0	3,661,600	55.00
56.00	05600	RADIOISOTOPE	1,091,549		1,091,549	0	1,091,549	56.00
56.10	03630	ULTRASOUND	1,863,107		1,863,107	0	1,863,107	56.10
57.00	05700	CT SCAN	1,718,661		1,718,661	0	1,718,661	57.00
58.00	05800	MRI	750,213		750,213	0	750,213	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,727,254		1,727,254	56,064	1,783,318	59.00
60.00	06000	LABORATORY	10,827,543		10,827,543	0	10,827,543	60.00
64.00	06400	INTRAVENOUS THERAPY	1,375,200		1,375,200	0	1,375,200	64.00
65.00	06500	RESPIRATORY THERAPY	3,791,088	0	3,791,088	0	3,791,088	65.00
65.01	03952	SLEEP LAB	295,191	0	295,191	0	295,191	65.01
66.00	06600	PHYSICAL THERAPY	2,174,918	0	2,174,918	0	2,174,918	66.00
67.00	06700	OCCUPATIONAL THERAPY	264,065	0	264,065	0	264,065	67.00
68.00	06800	SPEECH PATHOLOGY	400,308	0	400,308	0	400,308	68.00
69.00	06900	ELECTROCARDIOLOGY	2,071,453		2,071,453	8,009	2,079,462	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	407,951		407,951	0	407,951	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,531,097		12,531,097	0	12,531,097	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,123,801		3,123,801	0	3,123,801	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,284,880		17,284,880	0	17,284,880	73.00
74.00	07400	RENAL DIALYSIS	1,421,188		1,421,188	1,788	1,422,976	74.00
75.10	03340	GI LAB	2,060,098		2,060,098	0	2,060,098	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0		0	0	0	76.00
76.10	03950	NEUROLOGY	0		0	0	0	76.10
76.20	03290	EMG	0		0	0	0	76.20
76.30	03953	OS SVCS	0		0	0	0	76.30
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	190,201		190,201	0	190,201	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	16,135		16,135	0	16,135	90.01
90.02	09002	CARE STATIONS	2,265,096		2,265,096	0	2,265,096	90.02
90.03	09003	OUTPATIENT CARE CENTER	1,800,158		1,800,158	0	1,800,158	90.03
91.00	09100	EMERGENCY	9,894,097		9,894,097	0	9,894,097	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,086,675		4,086,675		4,086,675	92.00
93.00	04951	OUTPATIENT REHAB	1,813,119		1,813,119	8,938	1,822,057	93.00
93.10	04950	WOUND CARE CENTER	917,684		917,684	2,416	920,100	93.10
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,922,857		2,922,857		2,922,857	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	972,722		972,722		972,722	116.00
200.00		Subtotal (see instructions)	166,261,884	0	166,261,884	122,160	166,384,044	200.00
201.00		Less Observation Beds	4,086,675		4,086,675		4,086,675	201.00
202.00		Total (see instructions)	162,175,209	0	162,175,209	122,160	162,297,369	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
4/29/2021 4:33 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	67,489,856		67,489,856		30.00
31.00	03100	INTENSIVE CARE UNIT	18,832,388		18,832,388		31.00
34.10	02060	NICU	2,189,051		2,189,051		34.10
40.00	04000	SUBPROVIDER - IPF	585,004		585,004		40.00
43.00	04300	NURSERY	1,962,102		1,962,102		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,946,443	20,691,810	36,638,253	0.276523	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,543,028	792,619	14,335,647	0.256844	0.000000
53.00	05300	ANESTHESIOLOGY	5,747,991	6,100,941	11,848,932	0.022208	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,613,601	15,120,114	25,733,715	0.279917	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	200,341	6,735,073	6,935,414	0.527957	0.000000
56.00	05600	RADIOISOTOPE	1,739,327	2,247,543	3,986,870	0.273786	0.000000
56.10	03630	ULTRASOUND	3,989,847	8,033,241	12,023,088	0.154961	0.000000
57.00	05700	CT SCAN	22,319,164	28,021,821	50,340,985	0.034140	0.000000
58.00	05800	MRI	3,067,467	2,318,888	5,386,355	0.139280	0.000000
59.00	05900	CARDIAC CATHETERIZATION	7,886,812	3,006,240	10,893,052	0.158565	0.000000
60.00	06000	LABORATORY	52,676,388	39,410,922	92,087,310	0.117579	0.000000
64.00	06400	INTRAVENOUS THERAPY	11,840	2,126,249	2,138,089	0.643191	0.000000
65.00	06500	RESPIRATORY THERAPY	19,651,829	1,526,695	21,178,524	0.179006	0.000000
65.01	03952	SLEEP LAB	24,365	517,168	541,533	0.545103	0.000000
66.00	06600	PHYSICAL THERAPY	1,894,992	3,000,741	4,895,733	0.444248	0.000000
67.00	06700	OCCUPATIONAL THERAPY	303,603	297,998	601,601	0.438937	0.000000
68.00	06800	SPEECH PATHOLOGY	1,043,564	75,921	1,119,485	0.357582	0.000000
69.00	06900	ELECTROCARDIOLOGY	7,923,693	6,344,880	14,268,573	0.145176	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	434,175	341,216	775,391	0.526123	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,501,142	5,426,213	15,927,355	0.786766	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,079,541	6,484,572	14,564,113	0.214486	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	45,509,267	49,601,221	95,110,488	0.181735	0.000000
74.00	07400	RENAL DIALYSIS	3,645,864	374,564	4,020,428	0.353492	0.000000
75.10	03340	GI LAB	2,911,007	6,625,461	9,536,468	0.216023	0.000000
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0.000000	0.000000
76.10	03950	NEUROLOGY	0	0	0	0.000000	0.000000
76.20	03290	EMG	0	0	0	0.000000	0.000000
76.30	03953	OS SVCS	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,740	496,692	499,432	0.380835	0.000000
90.01	09001	PALOS DIAGNOSTIC CENTER	0	21,537	21,537	0.749176	0.000000
90.02	09002	CARE STATIONS	2,641	1,595,373	1,598,014	1.417444	0.000000
90.03	09003	OUTPATIENT CARE CENTER	54,519	17,262,135	17,316,654	0.103955	0.000000
91.00	09100	EMERGENCY	16,891,588	31,690,146	48,581,734	0.203659	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,611,138	4,935,535	7,546,673	0.541520	0.000000
93.00	04951	OUTPATIENT REHAB	873	1,167,972	1,168,845	1.551206	0.000000
93.10	04950	WOUND CARE CENTER	13,758	2,879,538	2,893,296	0.317176	0.000000
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	350,300,949	275,271,039	625,571,988		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	350,300,949	275,271,039	625,571,988		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
4/29/2021 4:33 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
34.10	02060	NICU				34.10
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.277750			50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.256844			52.00
53.00	05300	ANESTHESIOLOGY	0.022208			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.279917			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.527957			55.00
56.00	05600	RADIOISOTOPE	0.273786			56.00
56.10	03630	ULTRASOUND	0.154961			56.10
57.00	05700	CT SCAN	0.034140			57.00
58.00	05800	MRI	0.139280			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.163712			59.00
60.00	06000	LABORATORY	0.117579			60.00
64.00	06400	INTRAVENOUS THERAPY	0.643191			64.00
65.00	06500	RESPIRATORY THERAPY	0.179006			65.00
65.01	03952	SLEEP LAB	0.545103			65.01
66.00	06600	PHYSICAL THERAPY	0.444248			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.438937			67.00
68.00	06800	SPEECH PATHOLOGY	0.357582			68.00
69.00	06900	ELECTROCARDIOLOGY	0.145737			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.526123			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.786766			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.214486			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.181735			73.00
74.00	07400	RENAL DIALYSIS	0.353936			74.00
75.10	03340	GI LAB	0.216023			75.10
76.00	03951	ENTEROSTOMAL THERAPY	0.000000			76.00
76.10	03950	NEUROLOGY	0.000000			76.10
76.20	03290	EMG	0.000000			76.20
76.30	03953	OS SVCS	0.000000			76.30
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.380835			90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0.749176			90.01
90.02	09002	CARE STATIONS	1.417444			90.02
90.03	09003	OUTPATIENT CARE CENTER	0.103955			90.03
91.00	09100	EMERGENCY	0.203659			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.541520			92.00
93.00	04951	OUTPATIENT REHAB	1.558853			93.00
93.10	04950	WOUND CARE CENTER	0.318011			93.10
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
4/29/2021 4:33 pm

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	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	39,303,241		39,303,241	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,512,735		7,512,735	0	0	31.00
34.10	02060	NICU	2,284,860		2,284,860	0	0	34.10
40.00	04000	SUBPROVIDER - IPF	1,173,413		1,173,413	0	0	40.00
43.00	04300	NURSERY	987,952		987,952	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,409,224		10,409,224	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,682,025		3,682,025	0	0	52.00
53.00	05300	ANESTHESIOLOGY	263,136		263,136	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,203,292		7,203,292	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,661,600		3,661,600	0	0	55.00
56.00	05600	RADIOISOTOPE	1,091,549		1,091,549	0	0	56.00
56.10	03630	ULTRASOUND	1,863,107		1,863,107	0	0	56.10
57.00	05700	CT SCAN	1,718,661		1,718,661	0	0	57.00
58.00	05800	MRI	750,213		750,213	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,727,254		1,727,254	0	0	59.00
60.00	06000	LABORATORY	10,827,543		10,827,543	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	1,375,200		1,375,200	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,791,088	0	3,791,088	0	0	65.00
65.01	03952	SLEEP LAB	295,191	0	295,191	0	0	65.01
66.00	06600	PHYSICAL THERAPY	2,174,918	0	2,174,918	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	264,065	0	264,065	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	400,308	0	400,308	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,071,453		2,071,453	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	407,951		407,951	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,531,097		12,531,097	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,123,801		3,123,801	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,284,880		17,284,880	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,421,188		1,421,188	0	0	74.00
75.10	03340	GI LAB	2,060,098		2,060,098	0	0	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0		0	0	0	76.00
76.10	03950	NEUROLOGY	0		0	0	0	76.10
76.20	03290	EMG	0		0	0	0	76.20
76.30	03953	OS SVCS	0		0	0	0	76.30
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	190,201		190,201	0	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	16,135		16,135	0	0	90.01
90.02	09002	CARE STATIONS	2,265,096		2,265,096	0	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	1,800,158		1,800,158	0	0	90.03
91.00	09100	EMERGENCY	9,894,097		9,894,097	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	0	92.00
93.00	04951	OUTPATIENT REHAB	1,813,119		1,813,119	0	0	93.00
93.10	04950	WOUND CARE CENTER	917,684		917,684	0	0	93.10
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	2,922,857		2,922,857			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	972,722		972,722			116.00
200.00		Subtotal (see instructions)	162,453,112	0	162,453,112	0	0	200.00
201.00		Less Observation Beds	0		0			201.00
202.00		Total (see instructions)	162,453,112	0	162,453,112	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
4/29/2021 4:33 pm

			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				9.00
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00	
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00	
34.10	02060	NICU	0		0			34.10	
40.00	04000	SUBPROVIDER - IPF	0		0			40.00	
43.00	04300	NURSERY	0		0			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00	
56.10	03630	ULTRASOUND	0	0	0	0.000000	0.000000	56.10	
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00	
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00	
65.01	03952	SLEEP LAB	0	0	0	0.000000	0.000000	65.01	
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00	
75.10	03340	GI LAB	0	0	0	0.000000	0.000000	75.10	
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0.000000	0.000000	76.00	
76.10	03950	NEUROLOGY	0	0	0	0.000000	0.000000	76.10	
76.20	03290	EMG	0	0	0	0.000000	0.000000	76.20	
76.30	03953	OS SVCS	0	0	0	0.000000	0.000000	76.30	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	0.000000	0.000000	90.01	
90.02	09002	CARE STATIONS	0	0	0	0.000000	0.000000	90.02	
90.03	09003	OUTPATIENT CARE CENTER	0	0	0	0.000000	0.000000	90.03	
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00	
93.00	04951	OUTPATIENT REHAB	0	0	0	0.000000	0.000000	93.00	
93.10	04950	WOUND CARE CENTER	0	0	0	0.000000	0.000000	93.10	
	OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
116.00	11600	HOSPICE	0	0	0			116.00	
200.00		Subtotal (see instructions)	0	0	0			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	0	0	0			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet C
Part I
Date/Time Prepared:
4/29/2021 4:33 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
34.10	02060	NICU				34.10
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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.10	03630	ULTRASOUND	0.000000			56.10
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
65.01	03952	SLEEP LAB	0.000000			65.01
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
75.10	03340	GI LAB	0.000000			75.10
76.00	03951	ENTEROSTOMAL THERAPY	0.000000			76.00
76.10	03950	NEUROLOGY	0.000000			76.10
76.20	03290	EMG	0.000000			76.20
76.30	03953	OS SVCS	0.000000			76.30
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0.000000			90.01
90.02	09002	CARE STATIONS	0.000000			90.02
90.03	09003	OUTPATIENT CARE CENTER	0.000000			90.03
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
93.00	04951	OUTPATIENT REHAB	0.000000			93.00
93.10	04950	WOUND CARE CENTER	0.000000			93.10
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet D
Part I
Date/Time Prepared:
4/29/2021 4:33 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	2,259,111	0	2,259,111	34,988	64.57	30.00	
31.00	INTENSIVE CARE UNIT	368,905		368,905	3,349	110.15	31.00	
34.10	NICU	218,411		218,411	958	227.99	34.10	
40.00	SUBPROVIDER - IPF	169,314	0	169,314	248	682.72	40.00	
43.00	NURSERY	36,221		36,221	1,032	35.10	43.00	
200.00	Total (lines 30 through 199)	3,051,962		3,051,962	40,575		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	11,434	738,293					30.00
31.00	INTENSIVE CARE UNIT	1,092	120,284					31.00
34.10	NICU	0	0					34.10
40.00	SUBPROVIDER - IPF	56	38,232					40.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	12,582	896,809					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS					Provider CCN: 14-0179	Period: From 02/01/2020 To 09/30/2020	Worksheet D Part II Date/Time Prepared: 4/29/2021 4:33 pm	
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	PPS 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	885,031	36,638,253	0.024156	5,224,860	126,212	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	274,687	14,335,647	0.019161	20,318	389	52.00
53.00	05300	ANESTHESIOLOGY	50,108	11,848,932	0.004229	1,670,864	7,066	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	963,272	25,733,715	0.037432	4,126,366	154,458	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	585,048	6,935,414	0.084357	75,125	6,337	55.00
56.00	05600	RADIOISOTOPE	309,648	3,986,870	0.077667	633,041	49,166	56.00
56.10	03630	ULTRASOUND	102,748	12,023,088	0.008546	1,370,145	11,709	56.10
57.00	05700	CT SCAN	55,833	50,340,985	0.001109	7,949,702	8,816	57.00
58.00	05800	MRI	41,025	5,386,355	0.007616	1,170,835	8,917	58.00
59.00	05900	CARDIAC CATHETERIZATION	221,721	10,893,052	0.020354	2,603,232	52,986	59.00
60.00	06000	LABORATORY	390,900	92,087,310	0.004245	17,183,324	72,943	60.00
64.00	06400	INTRAVENOUS THERAPY	30,332	2,138,089	0.014187	2,476	35	64.00
65.00	06500	RESPIRATORY THERAPY	237,174	21,178,524	0.011199	6,434,605	72,061	65.00
65.01	03952	SLEEP LAB	33,144	541,533	0.061204	0	0	65.01
66.00	06600	PHYSICAL THERAPY	110,648	4,895,733	0.022601	848,084	19,168	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,330	601,601	0.008860	99,364	880	67.00
68.00	06800	SPEECH PATHOLOGY	10,707	1,119,485	0.009564	439,644	4,205	68.00
69.00	06900	ELECTROCARDIOLOGY	78,176	14,268,573	0.005479	3,026,925	16,585	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	28,938	775,391	0.037321	165,512	6,177	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	293,664	15,927,355	0.018438	2,935,412	54,123	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	62,187	14,564,113	0.004270	3,824,174	16,329	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	560,515	95,110,488	0.005893	13,781,888	81,217	73.00
74.00	07400	RENAL DIALYSIS	83,915	4,020,428	0.020872	1,842,899	38,465	74.00
75.10	03340	GI LAB	182,505	9,536,468	0.019138	1,089,329	20,848	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0.000000	0	0	76.00
76.10	03950	NEUROLOGY	0	0	0.000000	0	0	76.10
76.20	03290	EMG	0	0	0.000000	0	0	76.20
76.30	03953	OS SVCS	0	0	0.000000	0	0	76.30
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	28,738	499,432	0.057541	1,060	61	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	2,832	21,537	0.131495	0	0	90.01
90.02	09002	CARE STATIONS	81,995	1,598,014	0.051311	2,361	121	90.02
90.03	09003	OUTPATIENT CARE CENTER	125,410	17,316,654	0.007242	8,075	58	90.03
91.00	09100	EMERGENCY	450,339	48,581,734	0.009270	6,208,418	57,552	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	234,898	7,546,673	0.031126	885,595	27,565	92.00
93.00	04951	OUTPATIENT REHAB	139,612	1,168,845	0.119444	0	0	93.00
93.10	04950	WOUND CARE CENTER	53,224	2,893,296	0.018396	752	14	93.10
200.00		Total (lines 50 through 199)	6,714,304	534,513,587		83,624,385	914,463	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0179		Period: From 02/01/2020 To 09/30/2020		Worksheet D Part III Date/Time Prepared: 4/29/2021 4:33 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	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00		
34.10	02060	NICU	0	0	0	0	0	34.10		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00		Total (lines 30 through 199)	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	34,988	0.00	11,434	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	3,349	0.00	1,092	31.00		
34.10	02060	NICU		0	958	0.00	0	34.10		
40.00	04000	SUBPROVIDER - IPF	0	0	248	0.00	56	40.00		
43.00	04300	NURSERY		0	1,032	0.00	0	43.00		
200.00		Total (lines 30 through 199)		0	40,575		12,582	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	
34.10	02060	NICU	0						34.10	
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: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
4/29/2021 4:33 pm

			Title XVIII		Hospital		PPS
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health
			1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.10	03630	ULTRASOUND	0	0	0	0	0 56.10
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MRI	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
65.01	03952	SLEEP LAB	0	0	0	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.10	03340	GI LAB	0	0	0	0	0 75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	0 76.00
76.10	03950	NEUROLOGY	0	0	0	0	0 76.10
76.20	03290	EMG	0	0	0	0	0 76.20
76.30	03953	OS SVCS	0	0	0	0	0 76.30
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	0	0 90.01
90.02	09002	CARE STATIONS	0	0	0	0	0 90.02
90.03	09003	OUTPATIENT CARE CENTER	0	0	0	0	0 90.03
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
93.00	04951	OUTPATIENT REHAB	0	0	0	0	0 93.00
93.10	04950	WOUND CARE CENTER	0	0	0	0	0 93.10
200.00		Total (lines 50 through 199)	0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0179		Period: From 02/01/2020 To 09/30/2020	Worksheet D Part IV Date/Time Prepared: 4/29/2021 4:33 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	0	36,638,253	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	14,335,647	0.000000
53.00	05300	ANESTHESIOLOGY	0	0	0	0	11,848,932	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	25,733,715	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	6,935,414	0.000000
56.00	05600	RADIOISOTOPE	0	0	0	0	3,986,870	0.000000
56.10	03630	ULTRASOUND	0	0	0	0	12,023,088	0.000000
57.00	05700	CT SCAN	0	0	0	0	50,340,985	0.000000
58.00	05800	MRI	0	0	0	0	5,386,355	0.000000
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	10,893,052	0.000000
60.00	06000	LABORATORY	0	0	0	0	92,087,310	0.000000
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	2,138,089	0.000000
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	21,178,524	0.000000
65.01	03952	SLEEP LAB	0	0	0	0	541,533	0.000000
66.00	06600	PHYSICAL THERAPY	0	0	0	0	4,895,733	0.000000
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	601,601	0.000000
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	1,119,485	0.000000
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	14,268,573	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	775,391	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	15,927,355	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	14,564,113	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	95,110,488	0.000000
74.00	07400	RENAL DIALYSIS	0	0	0	0	4,020,428	0.000000
75.10	03340	GI LAB	0	0	0	0	9,536,468	0.000000
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	0	0.000000
76.10	03950	NEUROLOGY	0	0	0	0	0	0.000000
76.20	03290	EMG	0	0	0	0	0	0.000000
76.30	03953	OS SVCS	0	0	0	0	0	0.000000
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	499,432	0.000000
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	0	21,537	0.000000
90.02	09002	CARE STATIONS	0	0	0	0	1,598,014	0.000000
90.03	09003	OUTPATIENT CARE CENTER	0	0	0	0	17,316,654	0.000000
91.00	09100	EMERGENCY	0	0	0	0	48,581,734	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	7,546,673	0.000000
93.00	04951	OUTPATIENT REHAB	0	0	0	0	1,168,845	0.000000
93.10	04950	WOUND CARE CENTER	0	0	0	0	2,893,296	0.000000
200.00		Total (lines 50 through 199)	0	0	0	0	534,513,587	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0179		Period: From 02/01/2020 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/29/2021 4:33 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		5,224,860	0	4,908,661	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		20,318	0	948	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		1,670,864	0	1,385,021	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		4,126,366	0	3,705,307	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		75,125	0	2,835,012	0	55.00
56.00	05600	RADIOISOTOPE	0.000000		633,041	0	578,716	0	56.00
56.10	03630	ULTRASOUND	0.000000		1,370,145	0	905,541	0	56.10
57.00	05700	CT SCAN	0.000000		7,949,702	0	5,378,293	0	57.00
58.00	05800	MRI	0.000000		1,170,835	0	399,855	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		2,603,232	0	1,149,549	0	59.00
60.00	06000	LABORATORY	0.000000		17,183,324	0	3,051,183	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		2,476	0	723,195	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		6,434,605	0	234,686	0	65.00
65.01	03952	SLEEP LAB	0.000000		0	0	111,050	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000		848,084	0	11,001	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		99,364	0	318	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		439,644	0	7,113	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		3,026,925	0	1,255,346	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		165,512	0	54,780	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		2,935,412	0	1,436,275	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		3,824,174	0	1,979,089	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		13,781,888	0	17,953,336	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000		1,842,899	0	65,702	0	74.00
75.10	03340	GI LAB	0.000000		1,089,329	0	1,686,955	0	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0.000000		0	0	0	0	76.00
76.10	03950	NEUROLOGY	0.000000		0	0	0	0	76.10
76.20	03290	EMG	0.000000		0	0	0	0	76.20
76.30	03953	OS SVCS	0.000000		0	0	0	0	76.30
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000		1,060	0	171,567	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0.000000		0	0	0	0	90.01
90.02	09002	CARE STATIONS	0.000000		2,361	0	172,532	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	0.000000		8,075	0	3,758,202	0	90.03
91.00	09100	EMERGENCY	0.000000		6,208,418	0	3,497,262	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		885,595	0	352,514	0	92.00
93.00	04951	OUTPATIENT REHAB	0.000000		0	0	14,040	0	93.00
93.10	04950	WOUND CARE CENTER	0.000000		752	0	1,638,716	0	93.10
200.00		Total (lines 50 through 199)			83,624,385	0	59,421,765	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet D
Part V
Date/Time Prepared:
4/29/2021 4:33 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	0.276523	4,908,661	0	0	1,357,358	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.256844	948	0	0	243	52.00
53.00	05300 ANESTHESIOLOGY	0.022208	1,385,021	0	0	30,759	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.279917	3,705,307	0	0	1,037,178	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.527957	2,835,012	0	0	1,496,764	55.00
56.00	05600 RADIOISOTOPE	0.273786	578,716	0	0	158,444	56.00
56.10	03630 ULTRASOUND	0.154961	905,541	0	0	140,324	56.10
57.00	05700 CT SCAN	0.034140	5,378,293	0	0	183,615	57.00
58.00	05800 MRI	0.139280	399,855	0	0	55,692	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.158565	1,149,549	0	0	182,278	59.00
60.00	06000 LABORATORY	0.117579	3,051,183	0	0	358,755	60.00
64.00	06400 INTRAVENOUS THERAPY	0.643191	723,195	0	0	465,153	64.00
65.00	06500 RESPIRATORY THERAPY	0.179006	234,686	0	0	42,010	65.00
65.01	03952 SLEEP LAB	0.545103	111,050	0	0	60,534	65.01
66.00	06600 PHYSICAL THERAPY	0.444248	11,001	0	0	4,887	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.438937	318	0	0	140	67.00
68.00	06800 SPEECH PATHOLOGY	0.357582	7,113	0	0	2,543	68.00
69.00	06900 ELECTROCARDIOLOGY	0.145176	1,255,346	0	0	182,246	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.526123	54,780	0	0	28,821	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.786766	1,436,275	0	0	1,130,012	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.214486	1,979,089	0	0	424,487	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.181735	17,953,336	0	81,236	3,262,750	73.00
74.00	07400 RENAL DIALYSIS	0.353492	65,702	0	0	23,225	74.00
75.10	03340 GI LAB	0.216023	1,686,955	0	0	364,421	75.10
76.00	03951 ENTEROSTOMAL THERAPY	0.000000	0	0	0	0	76.00
76.10	03950 NEUROLOGY	0.000000	0	0	0	0	76.10
76.20	03290 EMG	0.000000	0	0	0	0	76.20
76.30	03953 OS SVCS	0.000000	0	0	0	0	76.30
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.380835	171,567	0	0	65,339	90.00
90.01	09001 PALOS DIAGNOSTIC CENTER	0.749176	0	0	0	0	90.01
90.02	09002 CARE STATIONS	1.417444	172,532	0	0	244,554	90.02
90.03	09003 OUPATIENT CARE CENTER	0.103955	3,758,202	0	0	390,684	90.03
91.00	09100 EMERGENCY	0.203659	3,497,262	0	0	712,249	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.541520	352,514	0	0	190,893	92.00
93.00	04951 OUTPATIENT REHAB	1.551206	14,040	0	0	21,779	93.00
93.10	04950 WOUND CARE CENTER	0.317176	1,638,716	0	0	519,761	93.10
200.00	Subtotal (see instructions)		59,421,765	0	81,236	13,137,898	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		59,421,765	0	81,236	13,137,898	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet D
Part V
Date/Time Prepared:
4/29/2021 4:33 pm

			Title XVIII		Hospital	PPS
	Cost Center Description		Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.10	03630	ULTRASOUND	0	0		56.10
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	03952	SLEEP LAB	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,763		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.10	03340	GI LAB	0	0		75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0		76.00
76.10	03950	NEUROLOGY	0	0		76.10
76.20	03290	EMG	0	0		76.20
76.30	03953	OS SVCS	0	0		76.30
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0		90.01
90.02	09002	CARE STATIONS	0	0		90.02
90.03	09003	OUTPATIENT CARE CENTER	0	0		90.03
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
93.00	04951	OUTPATIENT REHAB	0	0		93.00
93.10	04950	WOUND CARE CENTER	0	0		93.10
200.00		Subtotal (see instructions)	0	14,763		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	14,763		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN:14-0179

Period:

Worksheet D

Component CCN:14-S179

From 02/01/2020

Part II

To 09/30/2020

Date/Time Prepared:
4/29/2021 4:33 pm

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	885,031	36,638,253	0.024156	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	274,687	14,335,647	0.019161	0	0	52.00
53.00	05300 ANESTHESIOLOGY	50,108	11,848,932	0.004229	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	963,272	25,733,715	0.037432	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	585,048	6,935,414	0.084357	0	0	55.00
56.00	05600 RADIOISOTOPE	309,648	3,986,870	0.077667	0	0	56.00
56.10	03630 ULTRASOUND	102,748	12,023,088	0.008546	0	0	56.10
57.00	05700 CT SCAN	55,833	50,340,985	0.001109	2,369	0	57.00
58.00	05800 MRI	41,025	5,386,355	0.007616	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	221,721	10,893,052	0.020354	0	0	59.00
60.00	06000 LABORATORY	390,900	92,087,310	0.004245	39,920	169	60.00
64.00	06400 INTRAVENOUS THERAPY	30,332	2,138,089	0.014187	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	237,174	21,178,524	0.011199	0	0	65.00
65.01	03952 SLEEP LAB	33,144	541,533	0.061204	0	0	65.01
66.00	06600 PHYSICAL THERAPY	110,648	4,895,733	0.022601	316	7	66.00
67.00	06700 OCCUPATIONAL THERAPY	5,330	601,601	0.008860	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	10,707	1,119,485	0.009564	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	78,176	14,268,573	0.005479	3,454	19	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	28,938	775,391	0.037321	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	293,664	15,927,355	0.018438	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	62,187	14,564,113	0.004270	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	560,515	95,110,488	0.005893	8,543	50	73.00
74.00	07400 RENAL DIALYSIS	83,915	4,020,428	0.020872	0	0	74.00
75.10	03340 GI LAB	182,505	9,536,468	0.019138	0	0	75.10
76.00	03951 ENTEROSTOMAL THERAPY	0	0	0.000000	0	0	76.00
76.10	03950 NEUROLOGY	0	0	0.000000	0	0	76.10
76.20	03290 EMG	0	0	0.000000	0	0	76.20
76.30	03953 OS SVCS	0	0	0.000000	0	0	76.30
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	28,738	499,432	0.057541	0	0	90.00
90.01	09001 PALOS DIAGNOSTIC CENTER	2,832	21,537	0.131495	0	0	90.01
90.02	09002 CARE STATIONS	81,995	1,598,014	0.051311	0	0	90.02
90.03	09003 OUPATIENT CARE CENTER	125,410	17,316,654	0.007242	0	0	90.03
91.00	09100 EMERGENCY	450,339	48,581,734	0.009270	21,062	195	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	7,546,673	0.000000	0	0	92.00
93.00	04951 OUTPATIENT REHAB	139,612	1,168,845	0.119444	0	0	93.00
93.10	04950 WOUND CARE CENTER	53,224	2,893,296	0.018396	0	0	93.10
200.00	Total (lines 50 through 199)	6,479,406	534,513,587		75,664	443	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0179 Component CCN: 14-S179		Period: From 02/01/2020 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/29/2021 4:33 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	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
56.10	03630	ULTRASOUND	0	0	0	0	0	0	56.10
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01	03952	SLEEP LAB	0	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.10	03340	GI LAB	0	0	0	0	0	0	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0	0	0	0	76.00
76.10	03950	NEUROLOGY	0	0	0	0	0	0	76.10
76.20	03290	EMG	0	0	0	0	0	0	76.20
76.30	03953	OS SVCS	0	0	0	0	0	0	76.30
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0	0	0	0	0	0	90.01
90.02	09002	CARE STATIONS	0	0	0	0	0	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	0	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
93.00	04951	OUTPATIENT REHAB	0	0	0	0	0	0	93.00
93.10	04950	WOUND CARE CENTER	0	0	0	0	0	0	93.10
200.00		Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0179 Component CCN:14-S179		Period: From 02/01/2020 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/29/2021 4:33 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	36,638,253	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	14,335,647	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	11,848,932	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	25,733,715	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	6,935,414	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	3,986,870	0.000000	56.00
56.10	03630	ULTRASOUND		0	0	0	12,023,088	0.000000	56.10
57.00	05700	CT SCAN		0	0	0	50,340,985	0.000000	57.00
58.00	05800	MRI		0	0	0	5,386,355	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	10,893,052	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	92,087,310	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	2,138,089	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	21,178,524	0.000000	65.00
65.01	03952	SLEEP LAB		0	0	0	541,533	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	4,895,733	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	601,601	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	1,119,485	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	14,268,573	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	775,391	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	15,927,355	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	14,564,113	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	95,110,488	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	4,020,428	0.000000	74.00
75.10	03340	GI LAB		0	0	0	9,536,468	0.000000	75.10
76.00	03951	ENTEROSTOMAL THERAPY		0	0	0	0	0.000000	76.00
76.10	03950	NEUROLOGY		0	0	0	0	0.000000	76.10
76.20	03290	EMG		0	0	0	0	0.000000	76.20
76.30	03953	OS SVCS		0	0	0	0	0.000000	76.30
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	499,432	0.000000	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER		0	0	0	21,537	0.000000	90.01
90.02	09002	CARE STATIONS		0	0	0	1,598,014	0.000000	90.02
90.03	09003	OUTPATIENT CARE CENTER		0	0	0	17,316,654	0.000000	90.03
91.00	09100	EMERGENCY		0	0	0	48,581,734	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	7,546,673	0.000000	92.00
93.00	04951	OUTPATIENT REHAB		0	0	0	1,168,845	0.000000	93.00
93.10	04950	WOUND CARE CENTER		0	0	0	2,893,296	0.000000	93.10
200.00		Total (lines 50 through 199)		0	0	0	534,513,587		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0179 Component CCN: 14-S179		Period: From 02/01/2020 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/29/2021 4:33 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	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
56.10	03630	ULTRASOUND	0.000000	0	0	0	0	0	56.10
57.00	05700	CT SCAN	0.000000	2,369	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	39,920	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	0	65.00
65.01	03952	SLEEP LAB	0.000000	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	316	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	3,454	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	8,543	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
75.10	03340	GI LAB	0.000000	0	0	0	0	0	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0.000000	0	0	0	0	0	76.00
76.10	03950	NEUROLOGY	0.000000	0	0	0	0	0	76.10
76.20	03290	EMG	0.000000	0	0	0	0	0	76.20
76.30	03953	OS SVCS	0.000000	0	0	0	0	0	76.30
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0.000000	0	0	0	0	0	90.01
90.02	09002	CARE STATIONS	0.000000	0	0	0	0	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	0.000000	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.000000	21,062	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
93.00	04951	OUTPATIENT REHAB	0.000000	0	0	0	0	0	93.00
93.10	04950	WOUND CARE CENTER	0.000000	0	0	0	0	0	93.10
200.00		Total (lines 50 through 199)			75,664	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet D
Part I
Date/Time Prepared:
4/29/2021 4:33 pm

			Title XIX		Hospital	Cost		
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	2,259,111	0	2,259,111	34,988	64.57	30.00	
31.00	INTENSIVE CARE UNIT	368,905		368,905	3,349	110.15	31.00	
34.10	NICU	218,411		218,411	958	227.99	34.10	
40.00	SUBPROVIDER - IPF	169,314	0	169,314	248	682.72	40.00	
43.00	NURSERY	36,221		36,221	1,032	35.10	43.00	
200.00	Total (lines 30 through 199)	3,051,962		3,051,962	40,575		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	376	24,278					30.00
31.00	INTENSIVE CARE UNIT	69	7,600					31.00
34.10	NICU	95	21,659					34.10
40.00	SUBPROVIDER - IPF	0	0					40.00
43.00	NURSERY	22	772					43.00
200.00	Total (lines 30 through 199)	562	54,309					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet D
Part II
Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Description		Title XIX		Hospital		Cost	
		Capital Related Cost (from Wkst. C, 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	885,031	0	0.000000	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	274,687	0	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	50,108	0	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	963,272	0	0.000000	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	585,048	0	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	309,648	0	0.000000	0	56.00
56.10	03630	ULTRASOUND	102,748	0	0.000000	0	56.10
57.00	05700	CT SCAN	55,833	0	0.000000	0	57.00
58.00	05800	MRI	41,025	0	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	221,721	0	0.000000	0	59.00
60.00	06000	LABORATORY	390,900	0	0.000000	0	60.00
64.00	06400	INTRAVENOUS THERAPY	30,332	0	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	237,174	0	0.000000	0	65.00
65.01	03952	SLEEP LAB	33,144	0	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	110,648	0	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,330	0	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	10,707	0	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	78,176	0	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	28,938	0	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	293,664	0	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	62,187	0	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	560,515	0	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	83,915	0	0.000000	0	74.00
75.10	03340	GI LAB	182,505	0	0.000000	0	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0	0	0.000000	0	76.00
76.10	03950	NEUROLOGY	0	0	0.000000	0	76.10
76.20	03290	EMG	0	0	0.000000	0	76.20
76.30	03953	OS SVCS	0	0	0.000000	0	76.30
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	28,738	0	0.000000	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	2,832	0	0.000000	0	90.01
90.02	09002	CARE STATIONS	81,995	0	0.000000	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	125,410	0	0.000000	0	90.03
91.00	09100	EMERGENCY	450,339	0	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	92.00
93.00	04951	OUTPATIENT REHAB	139,612	0	0.000000	0	93.00
93.10	04950	WOUND CARE CENTER	53,224	0	0.000000	0	93.10
200.00		Total (lines 50 through 199)	6,479,406	0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet D
Part III
Date/Time Prepared:
4/29/2021 4:33 pm

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
34.10	02060	NICU		0	0	0	0	0	0	34.10
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	34,988	0.00	376	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	3,349	0.00	69	31.00	
34.10	02060	NICU		0	0	958	0.00	95	34.10	
40.00	04000	SUBPROVIDER - IPF		0	0	248	0.00	0	40.00	
43.00	04300	NURSERY		0	0	1,032	0.00	22	43.00	
200.00		Total (lines 30 through 199)		0	0	40,575		562	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
34.10	02060	NICU		0						34.10
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: 14-0179		Period: From 02/01/2020 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/29/2021 4:33 pm	
				Title XIX		Hospital		Cost	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
56.10	03630	ULTRASOUND		0	0	0	0	0	56.10
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
65.01	03952	SLEEP LAB		0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
75.10	03340	GI LAB		0	0	0	0	0	75.10
76.00	03951	ENTEROSTOMAL THERAPY		0	0	0	0	0	76.00
76.10	03950	NEUROLOGY		0	0	0	0	0	76.10
76.20	03290	EMG		0	0	0	0	0	76.20
76.30	03953	OS SVCS		0	0	0	0	0	76.30
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER		0	0	0	0	0	90.01
90.02	09002	CARE STATIONS		0	0	0	0	0	90.02
90.03	09003	OUTPATIENT CARE CENTER		0	0	0	0	0	90.03
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
93.00	04951	OUTPATIENT REHAB		0	0	0	0	0	93.00
93.10	04950	WOUND CARE CENTER		0	0	0	0	0	93.10
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0179		Period: From 02/01/2020 To 09/30/2020		Worksheet D Part IV Date/Time Prepared: 4/29/2021 4:33 pm	
				Title XIX		Hospital		Cost	
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	0	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0.000000	56.00
56.10	03630	ULTRASOUND		0	0	0	0	0.000000	56.10
57.00	05700	CT SCAN		0	0	0	0	0.000000	57.00
58.00	05800	MRI		0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	0	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0.000000	65.00
65.01	03952	SLEEP LAB		0	0	0	0	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0.000000	74.00
75.10	03340	GI LAB		0	0	0	0	0.000000	75.10
76.00	03951	ENTEROSTOMAL THERAPY		0	0	0	0	0.000000	76.00
76.10	03950	NEUROLOGY		0	0	0	0	0.000000	76.10
76.20	03290	EMG		0	0	0	0	0.000000	76.20
76.30	03953	OS SVCS		0	0	0	0	0.000000	76.30
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0.000000	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER		0	0	0	0	0.000000	90.01
90.02	09002	CARE STATIONS		0	0	0	0	0.000000	90.02
90.03	09003	OUTPATIENT CARE CENTER		0	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY		0	0	0	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0.000000	92.00
93.00	04951	OUTPATIENT REHAB		0	0	0	0	0.000000	93.00
93.10	04950	WOUND CARE CENTER		0	0	0	0	0.000000	93.10
200.00		Total (lines 50 through 199)		0	0	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet D
Part IV
Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Description			Title XIX		Hospital		Cost	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.10	03630	ULTRASOUND	0.000000	0	0	0	0	56.10
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
65.01	03952	SLEEP LAB	0.000000	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.10	03340	GI LAB	0.000000	0	0	0	0	75.10
76.00	03951	ENTEROSTOMAL THERAPY	0.000000	0	0	0	0	76.00
76.10	03950	NEUROLOGY	0.000000	0	0	0	0	76.10
76.20	03290	EMG	0.000000	0	0	0	0	76.20
76.30	03953	OS SVCS	0.000000	0	0	0	0	76.30
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0.000000	0	0	0	0	90.01
90.02	09002	CARE STATIONS	0.000000	0	0	0	0	90.02
90.03	09003	OUTPATIENT CARE CENTER	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
93.00	04951	OUTPATIENT REHAB	0.000000	0	0	0	0	93.00
93.10	04950	WOUND CARE CENTER	0.000000	0	0	0	0	93.10
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0179	Period: From 02/01/2020 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/29/2021 4:33 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			34,988	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			34,988	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)			31,350	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)			11,434	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)			39,303,241	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)			39,303,241	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)			39,303,241	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)			1,123.33	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			12,844,155	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)			12,844,155	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020

Worksheet D-1

Date/Time Prepared:
4/29/2021 4:33 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	7,512,735	3,349	2,243.28	1,092	2,449,662
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
46.10	NICU	2,284,860	958	2,385.03	0	0
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					16,484,900
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					31,778,717
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					858,577
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					914,463
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,773,040
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					30,005,677
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)					3,638
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,123.33
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,086,675

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-0179		Period: From 02/01/2020 To 09/30/2020		Worksheet D-1 Date/Time Prepared: 4/29/2021 4:33 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	2,259,111	39,303,241	0.057479	4,086,675	234,898	90.00		
91.00	Nursing School cost	0	39,303,241	0.000000	4,086,675	0	91.00		
92.00	Allied health cost	0	39,303,241	0.000000	4,086,675	0	92.00		
93.00	All other Medical Education	0	39,303,241	0.000000	4,086,675	0	93.00		

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0179 Component CCN: 14-S179	Period: From 02/01/2020 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/29/2021 4:33 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)		248	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		248	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)		248	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)		56	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)		1,173,413	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)		1,173,413	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)		1,173,413	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)		4,731.50	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		264,964	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)		264,964	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0179	Period: From 02/01/2020 To 09/30/2020	Worksheet D-1		
				Component CCN: 14-S179		Date/Time Prepared: 4/29/2021 4:33 pm		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)		0	0	0.00	0	0	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							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
46.10	NICU		0	0	0.00	0	0	46.10
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						11,260	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						276,224	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)						38,232	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						443	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						38,675	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						237,549	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: 14-0179 Component CCN: 14-S179		Period: From 02/01/2020 To 09/30/2020	Worksheet D-1 Date/Time Prepared: 4/29/2021 4:33 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	169,314	1,173,413	0.144292	0	0	90.00
91.00 Nursing School cost	0	1,173,413	0.000000	0	0	91.00
92.00 Allied health cost	0	1,173,413	0.000000	0	0	92.00
93.00 All other Medical Education	0	1,173,413	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0179	Period: From 02/01/2020 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 4/29/2021 4:33 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		23,582,571	30.00
31.00	03100	INTENSIVE CARE UNIT		5,612,672	31.00
34.10	02060	NICU		0	34.10
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.277750	5,224,860	1,451,205 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.256844	20,318	5,219 52.00
53.00	05300	ANESTHESIOLOGY	0.022208	1,670,864	37,107 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.279917	4,126,366	1,155,040 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.527957	75,125	39,663 55.00
56.00	05600	RADIOISOTOPE	0.273786	633,041	173,318 56.00
56.10	03630	ULTRASOUND	0.154961	1,370,145	212,319 56.10
57.00	05700	CT SCAN	0.034140	7,949,702	271,403 57.00
58.00	05800	MRI	0.139280	1,170,835	163,074 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.163712	2,603,232	426,180 59.00
60.00	06000	LABORATORY	0.117579	17,183,324	2,020,398 60.00
64.00	06400	INTRAVENOUS THERAPY	0.643191	2,476	1,593 64.00
65.00	06500	RESPIRATORY THERAPY	0.179006	6,434,605	1,151,833 65.00
65.01	03952	SLEEP LAB	0.545103	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0.444248	848,084	376,760 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.438937	99,364	43,615 67.00
68.00	06800	SPEECH PATHOLOGY	0.357582	439,644	157,209 68.00
69.00	06900	ELECTROCARDIOLOGY	0.145737	3,026,925	441,135 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.526123	165,512	87,080 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.786766	2,935,412	2,309,482 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.214486	3,824,174	820,232 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.181735	13,781,888	2,504,651 73.00
74.00	07400	RENAL DIALYSIS	0.353936	1,842,899	652,268 74.00
75.10	03340	GI LAB	0.216023	1,089,329	235,320 75.10
76.00	03951	ENTEROSTOMAL THERAPY	0.000000	0	0 76.00
76.10	03950	NEUROLOGY	0.000000	0	0 76.10
76.20	03290	EMG	0.000000	0	0 76.20
76.30	03953	OS SVCS	0.000000	0	0 76.30
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.380835	1,060	404 90.00
90.01	09001	PALOS DIAGNOSTIC CENTER	0.749176	0	0 90.01
90.02	09002	CARE STATIONS	1.417444	2,361	3,347 90.02
90.03	09003	OUTPATIENT CARE CENTER	0.103955	8,075	839 90.03
91.00	09100	EMERGENCY	0.203659	6,208,418	1,264,400 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.541520	885,595	479,567 92.00
93.00	04951	OUTPATIENT REHAB	1.558853	0	0 93.00
93.10	04950	WOUND CARE CENTER	0.318011	752	239 93.10
200.00		Total (sum of lines 50 through 94 and 96 through 98)		83,624,385	16,484,900 200.00
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)		83,624,385	16,484,900 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN:14-0179 Component CCN:14-S179	Period: From 02/01/2020 To 09/30/2020	Worksheet D-3 Date/Time Prepared: 4/29/2021 4:33 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
34.10	02060 NICU		0		34.10
40.00	04000 SUBPROVIDER - IPF		124,359		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.277750	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.256844	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.022208	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.279917	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.527957	0	0	55.00
56.00	05600 RADIOISOTOPE	0.273786	0	0	56.00
56.10	03630 ULTRASOUND	0.154961	0	0	56.10
57.00	05700 CT SCAN	0.034140	2,369	81	57.00
58.00	05800 MRI	0.139280	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.163712	0	0	59.00
60.00	06000 LABORATORY	0.117579	39,920	4,694	60.00
64.00	06400 INTRAVENOUS THERAPY	0.643191	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.179006	0	0	65.00
65.01	03952 SLEEP LAB	0.545103	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.444248	316	140	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.438937	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.357582	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.145737	3,454	503	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.526123	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.786766	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.214486	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.181735	8,543	1,553	73.00
74.00	07400 RENAL DIALYSIS	0.353936	0	0	74.00
75.10	03340 GI LAB	0.216023	0	0	75.10
76.00	03951 ENTEROSTOMAL THERAPY	0.000000	0	0	76.00
76.10	03950 NEUROLOGY	0.000000	0	0	76.10
76.20	03290 EMG	0.000000	0	0	76.20
76.30	03953 OS SVCS	0.000000	0	0	76.30
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.380835	0	0	90.00
90.01	09001 PALOS DIAGNOSTIC CENTER	0.749176	0	0	90.01
90.02	09002 CARE STATIONS	1.417444	0	0	90.02
90.03	09003 OUPATIENT CARE CENTER	0.103955	0	0	90.03
91.00	09100 EMERGENCY	0.203659	21,062	4,289	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.541520	0	0	92.00
93.00	04951 OUTPATIENT REHAB	1.558853	0	0	93.00
93.10	04950 WOUND CARE CENTER	0.318011	0	0	93.10
200.00	Total (sum of lines 50 through 94 and 96 through 98)		75,664	11,260	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)		75,664		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0179	Period: From 02/01/2020 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 4/29/2021 4:33 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)		22,742,581	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		0	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)		66,569	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		0	2.04
3.00	Managed Care Simulated Payments		12,048,143	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		205.03	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)		4.02	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)		0.25	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).		-0.14	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)		3.63	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		2.71	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)		2.71	12.00
13.00	Total allowable FTE count for the prior year.		1.81	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.		2.90	14.00
15.00	Sum of lines 12 through 14 divided by 3.		2.47	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		2.47	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.012047	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.009164	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.009164	21.00
22.00	IME payment adjustment (see instructions)		113,622	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		60,193	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-0.92	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		113,622	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		60,193	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.21	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.75	31.00
32.00	Sum of lines 30 and 31		30.96	32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.76	33.00
34.00	Disproportionate share adjustment (see instructions)		839,201	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet E
Part A
Date/Time Prepared:
4/29/2021 4:33 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		0.000000000	35.01	
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,795,731		0	35.02	
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,856,181		0	35.03	
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,856,181			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	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		41.00	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		41.01	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		43.00	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00	
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00			45.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0			46.00	
47.00	Subtotal (see instructions)	25,618,154			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)			25,678,347	49.00	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			1,785,889	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).			97,967	52.00	
53.00	Nursing and Allied Health Managed Care payment			0	53.00	
54.00	Special add-on payments for new technologies			0	54.00	
54.01	Islet isolation add-on payment			0	54.01	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00	
56.00	Cost of physicians' services in a teaching hospital (see intructions)			0	56.00	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00	
59.00	Total (sum of amounts on lines 49 through 58)			27,562,203	59.00	
60.00	Primary payer payments			0	60.00	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			27,562,203	61.00	
62.00	Deductibles billed to program beneficiaries			2,002,132	62.00	
63.00	Coinurance billed to program beneficiaries			145,376	63.00	
64.00	Allowable bad debts (see instructions)			0	64.00	
65.00	Adjusted reimbursable bad debts (see instructions)			0	65.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	66.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			25,414,695	67.00	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)			0	69.00	
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00	
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)			0	70.50	
70.87	Demonstration payment adjustment amount before sequestration			0	70.87	
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89	
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90	
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91	
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92	
70.93	HVBP payment adjustment amount (see instructions)			96,590	70.93	
70.94	HRR adjustment amount (see instructions)			-268,363	70.94	
70.95	Recovery of accelerated depreciation			0	70.95	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0179	Period: From 02/01/2020 To 09/30/2020	Worksheet E Part A Date/Time Prepared: 4/29/2021 4:33 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)		272,925	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		24,969,997	71.00	
71.01	Sequestration adjustment (see instructions)		184,778	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03	
72.00	Interim payments		24,495,033	72.00	
72.01	Interim payments-PARHM		0	72.01	
73.00	Tentative settlement (for contractor use only)		0	73.00	
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		290,186	74.00	
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		985,552	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
4/29/2021 4:33 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	22,742,581	0	22,742,581		22,742,581
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0		0	0
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	66,569	0	66,569		66,569
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0	0		0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	12,048,143	0	12,048,143	0	12,048,143
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.009164	0.009164	0.009164	0.009164	
6.00	IME payment adjustment (see instructions)	22.00	113,622	0	113,622	0	113,622
6.01	IME payment adjustment for managed care (see instructions)	22.01	60,193	0	60,193	0	60,193
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	113,622	0	113,622	0	113,622
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	60,193	0	60,193	0	60,193
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1476	0.1476	0.1476	0.1476	
11.00	Disproportionate share adjustment (see instructions)	34.00	839,201	0	839,201	0	839,201
11.01	Uncompensated care payments	36.00	1,856,181	0	1,856,181	0	1,856,181
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	25,618,154	0	25,618,154	0	25,618,154
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	25,678,347	0	25,678,347	0	25,678,347

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
4/29/2021 4:33 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,785,889	0	1,785,889	0	1,785,889
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ acquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	27,464,236	0	27,464,236
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	1,767,295	0	1,767,295	0	1,767,295
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	10,288	0	10,288	0	10,288
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0047	0.0047	0.0047	0.0047	
23.00	Indirect medical education adjustment (see instructions)	6.00	8,306	0	8,306	0	8,306
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0
26.00	Total prospective capital payments (see instructions)	12.00	1,785,889	0	1,785,889	0	1,785,889
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
4/29/2021 4:33 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	22,742,581	22,742,581		22,742,581	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0		0	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	66,569	66,569		66,569	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	0		0	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	12,048,143	12,048,143	0	12,048,143	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.009164	0.009164	0.009164		5.00
6.00	IME payment adjustment (see instructions)	22.00	113,622	113,622	0	113,622	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	60,193	60,193	0	60,193	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	113,622	113,622	0	113,622	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	60,193	60,193	0	60,193	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1476	0.1476	0.1476		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	839,201	839,201	0	839,201	11.00
11.01	Uncompensated care payments	36.00	1,856,181	1,856,181	0	1,856,181	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	25,618,154	25,618,154	0	25,618,154	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	25,678,347	25,678,347	0	25,678,347	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,785,889	1,785,889	0	1,785,889	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			27,464,236	0	27,464,236	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
4/29/2021 4:33 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,767,295	1,767,295	0	1,767,295	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	10,288	10,288	0	10,288	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0047	0.0047	0.0047		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	8,306	8,306	0	8,306	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,785,889	1,785,889	0	1,785,889	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	96,590	96,590	0	96,590	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-268,363	-268,363	0	-268,363	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		272,925	0	272,925	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0179	Period: From 02/01/2020 To 09/30/2020	Worksheet E Part B Date/Time Prepared: 4/29/2021 4:33 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		14,763	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		13,137,898	2.00
3.00	OPPS payments		7,705,605	3.00
4.00	Outlier payment (see instructions)		10,729	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		14,763	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		81,236	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)		81,236	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)		81,236	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		66,473	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)		14,763	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)		7,716,334	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)		1,471,679	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)		6,259,418	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		40,197	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)		6,299,615	30.00
31.00	Primary payer payments		54	31.00
32.00	Subtotal (line 30 minus line 31)		6,299,561	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		6,299,561	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		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)		6,299,561	40.00
40.01	Sequestration adjustment (see instructions)		46,617	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		6,352,881	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)		-99,937	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: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet E-1
Part I
Date/Time Prepared:
4/29/2021 4:33 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		24,495,033		6,352,881	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)		24,495,033		6,352,881	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		290,186		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		99,937	6.02
7.00	Total Medicare program liability (see instructions)		24,785,219		6,252,944	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: 14-0179 Component CCN: 14-S179		Period: From 02/01/2020 To 09/30/2020		Worksheet E-1 Part I Date/Time Prepared: 4/29/2021 4:33 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		46,388		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		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)		46,388		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		604		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		46,992		0	7.00	
		0		Contractor Number	NPR Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet E-1
Part II
Date/Time Prepared:
4/29/2021 4:33 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: 14-0179 Component CCN: 14-S179	Period: From 02/01/2020 To 09/30/2020	Worksheet E-3 Part II Date/Time Prepared: 4/29/2021 4:33 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)			56,142 1.00
2.00	Net IPF PPS Outlier Payments			0 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)			1.020576 9.00
10.00	Teaching Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			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)			56,142 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)			56,142 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			56,142 18.00
19.00	Deductibles			8,448 19.00
20.00	Subtotal (line 18 minus line 19)			47,694 20.00
21.00	Coinsurance			352 21.00
22.00	Subtotal (line 20 minus line 21)			47,342 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			0 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			47,342 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			0 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)			47,342 31.00
31.01	Sequestration adjustment (see instructions)			350 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			46,388 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)			604 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			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0179	Period: From 02/01/2020 To 09/30/2020	Worksheet E-4 Date/Time Prepared: 4/29/2021 4:33 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.			3.09	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			0.25	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))			-0.21	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)			2.63	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			1.80	6.00
7.00	Enter the lesser of line 5 or line 6			1.80	7.00
		Primary Care 1.00	Other 2.00	Total 3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	1.80	1.80	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.	0.00	1.80	1.80	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	0.00	1.80		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	1.32	0.61		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.87	0.58		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.73	1.00		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	0.73	1.00		17.00
18.00	Per resident amount	150,800.23	149,172.29		18.00
19.00	Approved amount for resident costs	110,084	149,172	259,256	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			259,256	25.00
		Inpatient Part A 1.00	Managed Care Prior to 1/1 2.00	Managed Care On or after 1/1 2.01	Total 3.00
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	12,582	0	7,187	26.00
27.00	Total Inpatient Days (see instructions)	36,151	36,151	36,151	27.00
28.00	Ratio of inpatient days to total inpatient days	0.348040	0.000000	0.198805	28.00
29.00	Program direct GME amount	90,231	0	51,541	29.00
29.01	Percent reduction for MA DGME		7.00	7.00	29.01
30.00	Reduction for direct GME payments for Medicare Advantage		0	3,608	30.00
31.00	Net Program direct GME amount			138,164	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0179	Period: From 02/01/2020 To 09/30/2020	Worksheet E-4 Date/Time Prepared: 4/29/2021 4:33 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)			4,020,428	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)			32,054,941	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			32,054,941	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			13,152,661	42.00
43.00	Primary payer payments (see instructions)			54	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			13,152,607	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			45,207,548	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.709062	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.290938	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			138,164	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			97,967	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			40,197	50.00

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

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020

Worksheet G

Date/Time Prepared:
4/29/2021 4:33 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	2,499,832	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	296,789,397	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-268,729,629	0	0	0	6.00
7.00 Inventory	2,710,571	0	0	0	7.00
8.00 Prepaid expenses	303,972	0	0	0	8.00
9.00 Other current assets	203,044	0	0	0	9.00
10.00 Due from other funds	817,880	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	34,595,067	0	0	0	11.00
FIXED ASSETS					
12.00 Land	27,440,000	0	0	0	12.00
13.00 Land improvements	8,208,537	0	0	0	13.00
14.00 Accumulated depreciation	-7,795,825	0	0	0	14.00
15.00 Buildings	203,643,481	0	0	0	15.00
16.00 Accumulated depreciation	-126,151,932	0	0	0	16.00
17.00 Leasehold improvements	0	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	94,662,622	0	0	0	23.00
24.00 Accumulated depreciation	-86,416,503	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	13,355,920	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	126,946,300	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	450,946,664	0	0	0	31.00
32.00 Deposits on leases	0	0	0	0	32.00
33.00 Due from owners/officers	0	0	0	0	33.00
34.00 Other assets	1,534,744	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	452,481,408	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	614,022,775	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	9,230,549	0	0	0	37.00
38.00 Salaries, wages, and fees payable	210,324	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	62,072,261	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	71,513,134	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	0	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	5,631,341	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	5,631,341	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	77,144,475	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	536,878,300	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	536,878,300	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	614,022,775	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020

Worksheet G-1

Date/Time Prepared:
4/29/2021 4:33 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)		532,579,122				2.00
3.00	Total (sum of line 1 and line 2)		532,579,122		0		3.00
4.00	TRANSFERS	4,299,178		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		4,299,178		0		10.00
11.00	Subtotal (line 3 plus line 10)		536,878,300		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		536,878,300		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	TRANSFERS		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	69,451,958		69,451,958	1.00
2.00	SUBPROVIDER - IPF	585,004		585,004	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)	70,036,962		70,036,962	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	18,832,388		18,832,388	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
14.10	NICU	2,189,051		2,189,051	14.10
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	21,021,439		21,021,439	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	91,058,401		91,058,401	17.00
18.00	Ancillary services	239,665,291	215,222,111	454,887,402	18.00
19.00	Outpatient services	19,577,257	60,048,928	79,626,185	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	PROFESSIONAL FEES	5,846,288	11,851,047	17,697,335	27.00
27.01	NON REIMBURSABLE	0	-73,254	-73,254	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	356,147,237	287,048,832	643,196,069	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		169,064,014		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		169,064,014		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0179

Period:
From 02/01/2020
To 09/30/2020

Worksheet G-3

Date/Time Prepared:
4/29/2021 4:33 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	643,196,069	1.00
2.00	Less contractual allowances and discounts on patients' accounts	539,356,542	2.00
3.00	Net patient revenues (line 1 minus line 2)	103,839,527	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	169,064,014	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-65,224,487	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	17,102	6.00
7.00	Income from investments	17,328,082	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	293,678	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	25	16.00
17.00	Revenue from sale of drugs to other than patients	323	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	31,943	21.00
22.00	Rental of hospital space	1,149,104	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	1,219,689	24.00
24.01	GAIN ON DISPOSAL OF ASSETS	5,107,295	24.01
24.02	340B REVENUE	17,442	24.02
24.03	EXTRAORDINARY ITEM	555,808,043	24.03
24.50	COVID-19 PHE Funding	29,694,290	24.50
25.00	Total other income (sum of lines 6-24)	610,667,016	25.00
26.00	Total (line 5 plus line 25)	545,442,529	26.00
27.00	EQUITY XFER	12,863,407	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	12,863,407	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	532,579,122	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0179

Period:

Worksheet H

HHA CCN: 14-7404

From 02/01/2020
To 09/30/2020Date/Time Prepared:
4/29/2021 4:33 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
2.00 Capital Related - Movable Equipment			0		0	0
3.00 Plant Operation & Maintenance	0	0	0	0	0	0
4.00 Transportation	0	0	0	0	0	0
5.00 Administrative and General	211,241	46,098	1,890	41,437	57,368	358,034
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	448,044	83,666	4,260	25,534	68,620	630,124
7.00 Physical Therapy	305,511	67,979	4,877	0	52,350	430,717
8.00 Occupational Therapy	59,134	12,111	1,353	3,724	10,007	86,329
9.00 Speech Pathology	0	0	0	500	0	500
10.00 Medical Social Services	45,246	3,360	140	0	5,771	54,517
11.00 Home Health Aide	0	0	0	0	0	0
12.00 Supplies (see instructions)	0	0	0	0	51,209	51,209
13.00 Drugs	0	0	0	0	0	0
14.00 DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES						
15.00 Home Dialysis Aide Services	0	0	0	0	0	0
16.00 Respiratory Therapy	0	0	0	0	0	0
17.00 Private Duty Nursing	0	0	0	0	0	0
18.00 Clinic	0	0	0	0	0	0
19.00 Health Promotion Activities	0	0	0	0	0	0
20.00 Day Care Program	0	0	0	0	0	0
21.00 Home Delivered Meals Program	0	0	0	0	0	0
22.00 Homemaker Service	0	0	0	0	0	0
23.00 All Others (specify)	0	0	0	0	0	0
23.50 Telemedicine	0	0	0	0	0	0
24.00 Total (sum of lines 1-23)	1,069,176	213,214	12,520	71,195	245,325	1,611,430
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)		
	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS						
1.00 Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00 Capital Related - Movable Equipment	0	0	0	0		2.00
3.00 Plant Operation & Maintenance	0	0	0	0		3.00
4.00 Transportation	0	0	0	0		4.00
5.00 Administrative and General	0	358,034	427,834	785,868		5.00
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	0	630,124	0	630,124		6.00
7.00 Physical Therapy	0	430,717	0	430,717		7.00
8.00 Occupational Therapy	0	86,329	0	86,329		8.00
9.00 Speech Pathology	0	500	0	500		9.00
10.00 Medical Social Services	0	54,517	0	54,517		10.00
11.00 Home Health Aide	0	0	35,357	35,357		11.00
12.00 Supplies (see instructions)	0	51,209	0	51,209		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)	0	1,611,430	463,191	2,074,621		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: 14-0179

Period:

Worksheet H-1

HHA CCN: 14-7404

From 02/01/2020
To 09/30/2020Part I
Date/Time Prepared:
4/29/2021 4:33 pmHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportatio n	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	785,868	0	0	0	0	785,868	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	630,124	0	0	0	0	630,124	6.00
7.00	Physical Therapy	430,717	0	0	0	0	430,717	7.00
8.00	Occupational Therapy	86,329	0	0	0	0	86,329	8.00
9.00	Speech Pathology	500	0	0	0	0	500	9.00
10.00	Medical Social Services	54,517	0	0	0	0	54,517	10.00
11.00	Home Health Aide	35,357	0	0	0	0	35,357	11.00
12.00	Supplies (see instructions)	51,209	0	0	0	0	51,209	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)	2,074,621	0	0	0	0	2,074,621	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	785,868						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	384,244	1,014,368					6.00
7.00	Physical Therapy	262,646	693,363					7.00
8.00	Occupational Therapy	52,642	138,971					8.00
9.00	Speech Pathology	305	805					9.00
10.00	Medical Social Services	33,244	87,761					10.00
11.00	Home Health Aide	21,560	56,917					11.00
12.00	Supplies (see instructions)	31,227	82,436					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)		2,074,621					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0179

Period:

Worksheet H-1

HHA CCN: 14-7404

From 02/01/2020
To 09/30/2020Part II
Date/Time Prepared:
4/29/2021 4:33 pmHome Health
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportatio n (MILEAGE)	Reconciliatio n	Administrativ e & General (ACCUM. COST)		
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)						
		1.00	2.00	3.00	4.00	5A.00	5.00		
	GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0				0		1.00	
2.00	Capital Related - Movable Equipment		0			0		2.00	
3.00	Plant Operation & Maintenance	0	0	0		0		3.00	
4.00	Transportation (see instructions)	0	0	0	0			4.00	
5.00	Administrative and General	0	0	0	0	-785,868	1,288,753	5.00	
	HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	0	630,124	6.00	
7.00	Physical Therapy	0	0	0	0	0	430,717	7.00	
8.00	Occupational Therapy	0	0	0	0	0	86,329	8.00	
9.00	Speech Pathology	0	0	0	0	0	500	9.00	
10.00	Medical Social Services	0	0	0	0	0	54,517	10.00	
11.00	Home Health Aide	0	0	0	0	0	35,357	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	51,209	12.00	
13.00	Drugs	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)	0	0	0	0	-785,868	1,288,753	24.00	
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		785,868	25.00	
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.609789	26.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0179

Period:

Worksheet H-2

HHA CCN: 14-7404

From 02/01/2020
To 09/30/2020Part I
Date/Time Prepared:
4/29/2021 4:33 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIV E & GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.00	
1.00	Administrative and General	0	0	4,532	0	4,532	1,839	1.00
2.00	Skilled Nursing Care	1,014,368	0	0	0	1,014,368	411,623	2.00
3.00	Physical Therapy	693,363	0	0	0	693,363	281,361	3.00
4.00	Occupational Therapy	138,971	0	0	0	138,971	56,393	4.00
5.00	Speech Pathology	805	0	0	0	805	327	5.00
6.00	Medical Social Services	87,761	0	0	0	87,761	35,613	6.00
7.00	Home Health Aide	56,917	0	0	0	56,917	23,096	7.00
8.00	Supplies (see instructions)	82,436	0	0	0	82,436	33,452	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)	2,074,621	0	4,532	0	2,079,153	843,704	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 ADMINISTRATIO N	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0179

Period:

Worksheet H-2

HHA CCN: 14-7404

From 02/01/2020
To 09/30/2020Part I
Date/Time Prepared:
4/29/2021 4:33 pm

						Home Health Agency I	4/29/2021 4:33 pm PPS	
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		14.00	15.00	16.00	17.00	19.00	20.00	
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care							2.00
3.00	Physical Therapy							3.00
4.00	Occupational Therapy							4.00
5.00	Speech Pathology							5.00
6.00	Medical Social Services							6.00
7.00	Home Health Aide							7.00
8.00	Supplies (see instructions)							8.00
9.00	Drugs							9.00
10.00	DME							10.00
11.00	Home Dialysis Aide Services							11.00
12.00	Respiratory Therapy							12.00
13.00	Private Duty Nursing							13.00
14.00	Clinic							14.00
15.00	Health Promotion Activities							15.00
16.00	Day Care Program							16.00
17.00	Home Delivered Meals Program							17.00
18.00	Homemaker Service							18.00
19.00	All Others (specify)							19.00
19.50	Telemedicine							19.50
20.00	Total (sum of lines 1-19) (2)							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		INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
		21.00	22.00					
1.00	Administrative and General				6,371		6,371	1.00
2.00	Skilled Nursing Care				1,425,991		1,425,991	2.00
3.00	Physical Therapy				974,724		974,724	3.00
4.00	Occupational Therapy				195,364		195,364	4.00
5.00	Speech Pathology				1,132		1,132	5.00
6.00	Medical Social Services				123,374		123,374	6.00
7.00	Home Health Aide				80,013		80,013	7.00
8.00	Supplies (see instructions)				115,888		115,888	8.00
9.00	Drugs							9.00
10.00	DME							10.00
11.00	Home Dialysis Aide Services							11.00
12.00	Respiratory Therapy							12.00
13.00	Private Duty Nursing							13.00
14.00	Clinic							14.00
15.00	Health Promotion Activities							15.00
16.00	Day Care Program							16.00
17.00	Home Delivered Meals Program							17.00
18.00	Homemaker Service							18.00
19.00	All Others (specify)							19.00
19.50	Telemedicine							19.50
20.00	Total (sum of lines 1-19) (2)				2,922,857		2,922,857	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: 14-0179

Period:

Worksheet H-2

HHA CCN: 14-7404

From 02/01/2020
To 09/30/2020Part I
Date/Time Prepared:
4/29/2021 4:33 pmHome Health
Agency I

PPS

Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs		
		27.00	28.00		
1.00	Administrative and General				1.00
2.00	Skilled Nursing Care	3,116	1,429,107		2.00
3.00	Physical Therapy	2,129	976,853		3.00
4.00	Occupational Therapy	427	195,791		4.00
5.00	Speech Pathology	2	1,134		5.00
6.00	Medical Social Services	269	123,643		6.00
7.00	Home Health Aide	175	80,188		7.00
8.00	Supplies (see instructions)	253	116,141		8.00
9.00	Drugs	0	0		9.00
10.00	DME	0	0		10.00
11.00	Home Dialysis Aide Services	0	0		11.00
12.00	Respiratory Therapy	0	0		12.00
13.00	Private Duty Nursing	0	0		13.00
14.00	Clinic	0	0		14.00
15.00	Health Promotion Activities	0	0		15.00
16.00	Day Care Program	0	0		16.00
17.00	Home Delivered Meals Program	0	0		17.00
18.00	Homemaker Service	0	0		18.00
19.00	All Others (specify)	0	0		19.00
19.50	Telemedicine	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	6,371	2,922,857		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.	0.002184			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: 14-0179

Period:

Worksheet H-2

HHA CCN: 14-7404

From 02/01/2020
To 09/30/2020Part II
Date/Time Prepared:
4/29/2021 4:33 pmHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS			Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET))	
		BLDG & FIXT (SQUARE FEET))	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (FTES SALARIES))				
		1.00	2.00	4.00				
1.00	Administrative and General	0	36,800	0	0	4,532	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	1,014,368	0	2.00
3.00	Physical Therapy	0	0	0	0	693,363	0	3.00
4.00	Occupational Therapy	0	0	0	0	138,971	0	4.00
5.00	Speech Pathology	0	0	0	0	805	0	5.00
6.00	Medical Social Services	0	0	0	0	87,761	0	6.00
7.00	Home Health Aide	0	0	0	0	56,917	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	82,436	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	36,800	0		2,079,153	0	20.00
21.00	Total cost to be allocated	0	4,532	0		843,704	0	21.00
22.00	Unit cost multiplier	0.000000	0.123152	0.000000		0.405792	0.000000	22.00
Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY))	HOUSEKEEPING (SQUARE FEET))	DIETARY (MEALS SERVED))	CAFETERIA (MEALS SERVED))	NURSING ADMINISTRATION (DIRECT NRS G HRS))	CENTRAL SERVICES & SUPPLY (COSTED REQUESTS))	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0179

HHA CCN: 14-7404

Period:
From 02/01/2020
To 09/30/2020Worksheet H-2
Part II
Date/Time Prepared:
4/29/2021 4:33 pmHome Health
Agency I

PPS

Cost Center Description		Agency 1						
		PHARMACY (COSTED REQ UIS))	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED T IME))	NURSING SCHOOL (ASSIGNED T IME))	INTERNS & RESIDENTS	
							SERVICES-SALA RY & FRINGES APPRV (ASSIGNED T IME))	
		15.00	16.00	17.00	19.00	20.00	21.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED T IME))					
		SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED T IME))						
		22.00					23.00	
1.00	Administrative and General	0	0					1.00
2.00	Skilled Nursing Care	0	0					2.00
3.00	Physical Therapy	0	0					3.00
4.00	Occupational Therapy	0	0					4.00
5.00	Speech Pathology	0	0					5.00
6.00	Medical Social Services	0	0					6.00
7.00	Home Health Aide	0	0					7.00
8.00	Supplies (see instructions)	0	0					8.00
9.00	Drugs	0	0					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	0	0					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
19.50	Telemedicine	0	0					19.50
20.00	Total (sum of lines 1-19)	0	0					20.00
21.00	Total cost to be allocated	0	0					21.00
22.00	Unit cost multiplier	0.000000	0.000000					22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0179

Period:

Worksheet H-3

HHA CCN: 14-7404

From 02/01/2020
To 09/30/2020Part I
Date/Time Prepared:
4/29/2021 4:33 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	1,429,107		1,429,107	3,347	426.98	1.00
2.00	Physical Therapy		3.00	976,853	0	976,853	1,988	491.37	2.00
3.00	Occupational Therapy		4.00	195,791	0	195,791	370	529.16	3.00
4.00	Speech Pathology		5.00	1,134	0	1,134	6	189.00	4.00
5.00	Medical Social Services		6.00	123,643		123,643	27	4,579.37	5.00
6.00	Home Health Aide		7.00	80,188		80,188	248	323.34	6.00
7.00	Total (sum of lines 1-6)			2,806,716	0	2,806,716	5,986		7.00
Program Visits									
Cost Center Description			Cost Limits	CBSA No. (1)	Part A	Part B			
						Not Subject to Deductibles & Coinsurance	Subject to Deductibles		
			0	1.00	2.00	3.00	4.00	5.00	
Limitation Cost Computation									
8.00	Skilled Nursing Care			16974	0	2,119			8.00
8.01	Skilled Nursing Care			20994	0	7			8.01
9.00	Physical Therapy			16974	0	1,595			9.00
9.01	Physical Therapy			20994	0	0			9.01
10.00	Occupational Therapy			16974	0	309			10.00
10.01	Occupational Therapy			20994	0	0			10.01
11.00	Speech Pathology			16974	0	4			11.00
11.01	Speech Pathology			20994	0	0			11.01
12.00	Medical Social Services			16974	0	18			12.00
12.01	Medical Social Services			20994	0	0			12.01
13.00	Home Health Aide			16974	0	241			13.00
13.01	Home Health Aide			20994	0	0			13.01
14.00	Total (sum of lines 8-13)				0	4,293			14.00
Cost Center Description			From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)	
			0	1.00	2.00	3.00	4.00	5.00	
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies		8.00	116,141	0	116,141	201,638	0.575988	15.00
16.00	Cost of Drugs		9.00	0	0	0	0	0.000000	16.00
Program Visits									
Cost Center Description			Part A	Part B		Cost of Services	Part B		
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	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	2,126		0	907,759		1.00
2.00	Physical Therapy		0	1,595		0	783,735		2.00
3.00	Occupational Therapy		0	309		0	163,510		3.00
4.00	Speech Pathology		0	4		0	756		4.00
5.00	Medical Social Services		0	18		0	82,429		5.00
6.00	Home Health Aide		0	241		0	77,925		6.00
7.00	Total (sum of lines 1-6)		0	4,293		0	2,016,114		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0179

Period:

Worksheet H-3

HHA CCN: 14-7404

From 02/01/2020
To 09/30/2020Part I
Date/Time Prepared:
4/29/2021 4:33 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description						Agency 1			
		6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care								8.00
8.01	Skilled Nursing Care								8.01
9.00	Physical Therapy								9.00
9.01	Physical Therapy								9.01
10.00	Occupational Therapy								10.00
10.01	Occupational Therapy								10.01
11.00	Speech Pathology								11.00
11.01	Speech Pathology								11.01
12.00	Medical Social Services								12.00
12.01	Medical Social Services								12.01
13.00	Home Health Aide								13.00
13.01	Home Health Aide								13.01
14.00	Total (sum of lines 8-13)								14.00
Cost Center Description		Program Covered Charges			Cost of Services				
		Part A	Part B		Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
			6.00	7.00		8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	0	227,254	0	0	130,896	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	907,759							1.00
2.00	Physical Therapy	783,735							2.00
3.00	Occupational Therapy	163,510							3.00
4.00	Speech Pathology	756							4.00
5.00	Medical Social Services	82,429							5.00
6.00	Home Health Aide	77,925							6.00
7.00	Total (sum of lines 1-6)	2,016,114							7.00
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care								8.00
8.01	Skilled Nursing Care								8.01
9.00	Physical Therapy								9.00
9.01	Physical Therapy								9.01
10.00	Occupational Therapy								10.00
10.01	Occupational Therapy								10.01
11.00	Speech Pathology								11.00
11.01	Speech Pathology								11.01
12.00	Medical Social Services								12.00
12.01	Medical Social Services								12.01
13.00	Home Health Aide								13.00
13.01	Home Health Aide								13.01
14.00	Total (sum of lines 8-13)								14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0179

Period:

Worksheet H-3

HHA CCN: 14-7404

From 02/01/2020
To 09/30/2020Part II
Date/Time Prepared:
4/29/2021 4:33 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	0.444248	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.438937	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.357582	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.786766	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.181735	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0179 HHA CCN: 14-7404	Period: From 02/01/2020 To 09/30/2020	Worksheet H-4 Part I-II Date/Time Prepared: 4/29/2021 4:33 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	837,770	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	83,054	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	26,120	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	4,629	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	20,395	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	971,968	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	971,968	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	971,968	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	971,968	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	971,968	31.00
31.01	Sequestration adjustment (see instructions)		0	8,134	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
32.00	Interim payments (see instructions)		0	963,834	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 BENEFICIARIES		Provider CCN: 14-0179 HHA CCN: 14-7404		Period: From 02/01/2020 To 09/30/2020		Worksheet H-5 Date/Time Prepared: 4/29/2021 4:33 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		963,834	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		963,834	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		963,834	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: 14-0179

Period:

Worksheet 0

Hospice CCN: 14-1511

From 02/01/2020

To 09/30/2020

Date/Time Prepared:
4/29/2021 4:33 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*		1	1	0	1	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		24,962	24,962	0	24,962	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	99,614	99,614	0	99,614	3.00
4.00	ADMINISTRATIVE & GENERAL*	32,748	57,414	90,162	0	90,162	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	740	0	740	0	740	13.00
14.00	PHARMACY*	0	8,408	8,408	0	8,408	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**		17,455	17,455	0	17,455	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**	140,194	2,584	142,778	0	142,778	28.00
29.00	LPN/LVN**	34,344	633	34,977	0	34,977	29.00
30.00	PHYSICAL THERAPY**	171	3	174	0	174	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**	1,028	19	1,047	0	1,047	33.00
34.00	SPIRITUAL COUNSELING**	22,780	420	23,200	0	23,200	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	132,817	1,797	134,614	0	134,614	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	90	90	0	90	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	24,942	24,942	0	24,942	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
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	192	3	195	0	195	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	-6,163	-6,163	0	-6,163	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	365,014	232,182	597,196	0	597,196	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 14-0179

Period:

Worksheet 0

Hospice CCN: 14-1511

From 02/01/2020
To 09/30/2020Date/Time Prepared:
4/29/2021 4:33 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	1	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	24,962	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	99,614	3.00
4.00	ADMINISTRATIVE & GENERAL*	121,188	211,350	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	740	13.00
14.00	PHARMACY*	0	8,408	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	17,455	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	142,778	28.00
29.00	LPN/LVN**	0	34,977	29.00
30.00	PHYSICAL THERAPY**	0	174	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	1,047	33.00
34.00	SPIRITUAL COUNSELING**	0	23,200	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES**	-35,357	99,257	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	90	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	24,942	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	195	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*	6,163	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	91,994	689,190	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 CONTINUOUS HOME CARE

Provider CCN: 14-0179

Period:

Worksheet 0-1

Hospice CCN: 14-1511

From 02/01/2020
To 09/30/2020Date/Time Prepared:
4/29/2021 4:33 pm

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

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

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

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

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

Provider CCN: 14-0179

Period: From 02/01/2020

Worksheet 0-2

Hospice CCN: 14-1511

To 09/30/2020

Date/Time Prepared: 4/29/2021 4:33 pm

					Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL		
		1.00	2.00	3.00	4.00	5.00		
	DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						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	139,626	2,574	142,200	0	142,200	28.00	
29.00	LPN/LVN	34,344	633	34,977	0	34,977	29.00	
30.00	PHYSICAL THERAPY	171	3	174	0	174	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	1,024	19	1,043	0	1,043	33.00	
34.00	SPIRITUAL COUNSELING	22,688	418	23,106	0	23,106	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	132,817	1,797	134,614	0	134,614	37.00	
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	90	90	0	90	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	24,942	24,942	0	24,942	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 *	330,670	30,476	361,146	0	361,146	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	142,200	28.00
29.00	LPN/LVN	0	34,977	29.00
30.00	PHYSICAL THERAPY	0	174	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	1,043	33.00
34.00	SPIRITUAL COUNSELING	0	23,106	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	-35,357	99,257	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	90	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	24,942	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 *	-35,357	325,789	100.00

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

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

Provider CCN: 14-0179

Period:

Worksheet 0-4

Hospice CCN: 14-1511

From 02/01/2020
To 09/30/2020Date/Time Prepared:
4/29/2021 4:33 pm

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		17,455	17,455	0	17,455	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	568	10	578	0	578	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	4	0	4	0	4	33.00
34.00	SPIRITUAL COUNSELING	92	2	94	0	94	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 *	664	17,467	18,131	0	18,131	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	17,455	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	578	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	4	33.00
34.00	SPIRITUAL COUNSELING	0	94	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	18,131	100.00

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

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

Provider CCN: 14-0179

Period:

Worksheet 0-5

Hospice CCN: 14-1511

From 02/01/2020
To 09/30/2020Date/Time Prepared:
4/29/2021 4:33 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	1	0	1	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	24,962	2,749	27,711	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	99,614	0	99,614	3.00
4.00	ADMINISTRATIVE & GENERAL	211,350	280,783	492,133	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	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	740	0	740	13.00
14.00	PHARMACY	8,408	0	8,408	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	325,789	0	325,789	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	18,131	0	18,131	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	195	0	195	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	689,190	283,532	972,722	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0179

Period:

Worksheet 0-6

Hospice CCN: 14-1511

From 02/01/2020
To 09/30/2020Part I
Date/Time Prepared:
4/29/2021 4:33 pm

Descriptions		TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1	1				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	27,711		27,711			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	99,614	0	0	99,614		3.00
4.00	ADMINISTRATIVE & GENERAL	492,133	1	27,711	8,937	528,782	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	740	0	0	202	942	13.00
14.00	PHARMACY	8,408	0	0	0	8,408	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	325,789			90,242	416,031	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	18,131	0	0	181	18,312	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	195	0	0	52	247	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	972,722	1	27,711	99,614	972,722	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0179

Period:

Worksheet 0-6

Hospice CCN: 14-1511

From 02/01/2020
To 09/30/2020Part I
Date/Time Prepared:
4/29/2021 4:33 pm

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00		5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	528,782						4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	0	0			0		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	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	1,122	0			0		13.00
14.00	PHARMACY	10,015	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0			0		15.00
16.00	OTHER GENERAL SERVICE	0	0			0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0			0		17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0						50.00
51.00	HOSPICE ROUTINE HOME CARE	495,539						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0		0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	21,812	0		0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	294	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	528,782	0		0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0179

Period:

Worksheet 0-6

Hospice CCN: 14-1511

From 02/01/2020
To 09/30/2020Part I
Date/Time Prepared:
4/29/2021 4:33 pm

Descriptions		Hospice I					
		NURSING ADMINISTRATIO N	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATIO N	VOLUNTEER SERVICE COORDINATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0				10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	2,064	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0	0	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	2,064	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	0	0	0	2,064	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0179

Period:

Worksheet 0-6

Hospice CCN: 14-1511

From 02/01/2020
To 09/30/2020Part I
Date/Time Prepared:
4/29/2021 4:33 pm

Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	18,423					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0				15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				0		17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	18,423	0	0		929,993	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	40,124	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		541	60.00
61.00	VOLUNTEER PROGRAM	0		0		2,064	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD					0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	18,423	0	0	0	972,722	100.00

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

Provider CCN: 14-0179

Period:

Worksheet 0-6

Hospice CCN: 14-1511

From 02/01/2020
To 09/30/2020Part II
Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATIO N	ADMINISTRATIV E & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	4,116					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		24,962				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	365,014			3.00
4.00	ADMINISTRATIVE & GENERAL	4,116	24,962	32,748	-528,782	443,940	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	740	0	942	13.00
14.00	PHARMACY	0	0	0	0	8,408	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			330,670	0	416,031	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	664	0	18,312	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	192	0	247	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	1	27,711	99,614		528,782	100.00
101.00	UNIT COST MULTIPLIER	0.000243	1.110127	0.272905		1.191111	101.00

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

Provider CCN: 14-0179

Period:

Worksheet 0-6

Hospice CCN: 14-1511

From 02/01/2020
To 09/30/2020Part II
Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATIO N (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	0					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		18,465	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					18,390	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	75	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0	0	0	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000	0.000000	0.000000	101.00

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

Provider CCN: 14-0179

Period:

Worksheet 0-6

Hospice CCN: 14-1511

From 02/01/2020
To 09/30/2020Part II
Date/Time Prepared:
4/29/2021 4:33 pm

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATIO N (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	0					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	54		13.00
14.00	PHARMACY			0	0	8,408	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0	15.00
16.00	OTHER GENERAL SERVICE			0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0	0	8,408	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	54	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0	2,064	18,423	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000	38.222222	2.191127	101.00

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

Provider CCN: 14-0179

Period:

Worksheet 0-6

Hospice CCN: 14-1511

From 02/01/2020
To 09/30/2020Part II
Date/Time Prepared:
4/29/2021 4:33 pm

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

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

Provider CCN: 14-0179

Period:

Worksheet 0-7

Hospice CCN: 14-1511

From 02/01/2020

To 09/30/2020

Date/Time Prepared:
4/29/2021 4:33 pm

				Hospice I			
Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.444248	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.438937	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.357582	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.181735	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.117579	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.786766	0	0	0	7.00
8.00	OUTPATIENT REHAB	93.00	1.551206	0	0	0	8.00
8.10	WOUND CARE CENTER	93.10	0.317176	0	0	0	8.10
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.527957	0	0	0	9.00
10.00	ENTEROSTOMAL THERAPY	76.00	0.000000	0	0	0	10.00
10.10	NEUROLOGY	76.10	0.000000	0	0	0	10.10
10.20	EMG	76.20	0.000000	0	0	0	10.20
10.30	OS SVCS	76.30	0.000000	0	0	0	10.30
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	OUTPATIENT REHAB	0	0	0	0	0	8.00
8.10	WOUND CARE CENTER	0	0	0	0	0	8.10
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	ENTEROSTOMAL THERAPY	0	0	0	0	0	10.00
10.10	NEUROLOGY	0	0	0	0	0	10.10
10.20	EMG	0	0	0	0	0	10.20
10.30	OS SVCS	0	0	0	0	0	10.30
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0179

Period:

Worksheet 0-8

Hospice CCN: 14-1511

From 02/01/2020
To 09/30/2020Date/Time Prepared:
4/29/2021 4:33 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)			929,993	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			4,180	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			222.49	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	3,929	66		9.00
10.00	Program cost (line 8 times line 9)	874,163	14,684		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)			40,124	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			17	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			2,360.24	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	12	0		19.00
20.00	Program cost (line 18 times line 19)	28,323	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			970,117	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			4,197	22.00
23.00	Average cost per diem (line 21 divided by line 22)			231.15	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0179	Period: From 02/01/2020 To 09/30/2020	Worksheet L Parts I-III Date/Time Prepared: 4/29/2021 4:33 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,767,295	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		10,288	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)		147.75	3.00
4.00	Number of interns & residents (see instructions)		2.47	4.00
5.00	Indirect medical education percentage (see instructions)		0.47	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)		8,306	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		1,785,889	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