

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0189	Period: From 07/01/2019 To 06/30/2020	Worksheet S Parts I-III Date/Time Prepared: 11/3/2020 10:49 am
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PART I - COST REPORT STATUS

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

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SARAH BUSH LINCOLN HEALTH CENTER (14-0189) for the cost reporting period beginning 07/01/2019 and ending 06/30/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-509,978	83,128	0	0	1.00
2.00	Subprovider - IPF	0	91,503	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
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	-418,475	83,128	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: 14-0189		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/3/2020 10:49 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 1000 HEALTH CENTER DRIVE			PO Box: 372				1.00	
2.00	City: MATTOON			State: IL		Zip Code: 61920-		County: COLES 2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00
								8.00	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			SARAH BUSH LINCOLN HEALTH CENTER	140189	99914	1	05/01/1977	N P O
4.00	Subprovider - IPF			SARAH BUSH LINCOLN HEALTH CENTER	14S189	99914	4	01/01/1990	N P O
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA			LINCOLN LAND HOME CARE OF SBLHS	147594	99914		06/18/1996	N P N
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice			LINCOLN LAND HOSPICE OF SBLHS	141599	99914		08/10/1999	
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2019	06/30/2020	20.00
21.00	Type of Control (see instructions)						2		21.00
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		23.00

Worksheet S-2
Part I
Date/Time Prepared:
11/3/2020 10:49 am

MCRIF32 - 16.3.168.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0189		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/3/2020 10:49 am	
			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
62.00	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
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)					0.00	0.00
			0.00	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
11/3/2020 10:49 am

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

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			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.	Y	N	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N

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		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	5,754,148	0	0118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0189		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/3/2020 10:49 am	
1.00		2.00		3.00					
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name:	Contractor's Name:		Contractor's Number:				141.00	
142.00	Street:	PO Box:						142.00	
143.00	City:	State:		Zip Code:				143.00	
								1.00	
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
								1.00	2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					N		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.							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	
156.00	Subprovider - IPF	N		N		N		N	
157.00	Subprovider - IRF	N		N		N		N	
158.00	SUBPROVIDER								
159.00	SNF	N		N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N		N	
161.00	CMHC			N		N		N	
								1.00	
Multicampus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	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
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N	0		171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0189	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/3/2020 10:49 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	09/30/2020	Y
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0189

Period:
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Part II
Date/Time Prepared:
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		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		N		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.		N		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.		Y		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		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.		N		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.	BARB	IPPOLITO		41.00
42.00	Enter the employer/company name of the cost report preparer.	SARAH BUSH LINCOLN HEALTH CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	217-258-2509	BIPPOLITO@SBLHS.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
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Date/Time Prepared:
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		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.	REIMB. ACCOUNTANT		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

VOLUNTARY CONTACT INFORMATION

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part V
Date/Time Prepared:
11/3/2020 10:49 am

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name	BARBARA	1.00
2.00	Last Name	IPPOLITO	2.00
3.00	Title	BUDGET & REIMB ACCOUNTANT	3.00
4.00	Employer	SARAH BUSH LINCOLN HEALTH CENTER	4.00
5.00	Phone Number	(217)258-2509	5.00
6.00	E-mail Address	BIPPOLITO@SBLHS.ORG	6.00
7.00	Department	ACCOUNTING	7.00
8.00	Mailing Address 1	1000 HEALTH CENTER DRIVE	8.00
9.00	Mailing Address 2		9.00
10.00	City	MATTOON	10.00
11.00	State	IL	11.00
12.00	Zip	61938	12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name	JERRY	13.00
14.00	Last Name	ESKER	14.00
15.00	Title	PRESIDENT & CEO	15.00
16.00	Employer	SARAH BUSH LINCOLN HEALTH CENTR	16.00
17.00	Phone Number	(217)258-2540	17.00
18.00	E-mail Address	JESKER@SBLHLORG	18.00
19.00	Department	ADMINISTRATION	19.00
20.00	Mailing Address 1	1000 HEALTH CENTER DRIVE	20.00
21.00	Mailing Address 2		21.00
22.00	City	MATTOON	22.00
23.00	State	IL	23.00
24.00	Zip	61938	24.00

HFS Supplemental Information

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part IX
Date/Time Prepared:
11/3/2020 10:49 am

		Title V	Title XIX	
		1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	Y	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01
		Inpatient	Outpatient	
		1.00	2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	Y	Y	7.00
RHC				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00
FQHC				
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	9.00
		State		
		1.00		
STATE MEDICAID FORMS				
10.00	Select the state when using state Medicaid forms.			10.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
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Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	74	27,084	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)		74	27,084	0.00	0	7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT	32.00	9	3,294	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		83	30,378	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	20	7,320		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	45.00	0	0		0	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)		103			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0189

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From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/3/2020 10:49 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,169	701	16,910			1.00
2.00	HMO and other (see instructions)	2,262	2,871				2.00
3.00	HMO IPF Subprovider	0	1,516				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)	9,169	701	16,910			7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT	902	56	1,773			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		308	1,232			13.00
14.00	Total (see instructions)	10,071	1,065	19,915	0.00	1,972.70	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,519	643	4,721	0.00	33.76	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY		0	0	0.00	0.00	20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	20,332	0	29,983	0.00	57.44	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	28.82	24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	2,092.72	27.00
28.00	Observation Bed Days		1,575	6,104			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	150	352			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: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
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Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,176	321	6,443	1.00
2.00 HMO and other (see instructions)			628	933		2.00
3.00 HMO IPF Subprovider				349		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,176	321	6,443	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	188	108	844	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY	0.00					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: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/3/2020 10:49 am

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	161,506,947	0	161,506,947	4,352,843.00	37.10
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		1,376,207	0	1,376,207	11,119.00	123.77
4.00	Physician-Part A - Administrative		40,000	0	40,000	193.00	207.25
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		28,301,479	0	28,301,479	100,068.00	282.82
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		49,963,839	-35,268	49,928,571	1,323,412.00	37.73
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		29,766,472	0	29,766,472		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		11,883,855	0	11,883,855		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		257,473	0	257,473		
22.00	Physician Part A - Administrative		9,139	0	9,139		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		3,458,776	0	3,458,776		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/3/2020 10:49 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	878,200	0	878,200	24,514.00	35.82	26.00
27.00	Administrative & General	5.00	16,836,384	0	16,836,384	463,240.00	36.34	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,357,402	0	1,357,402	53,190.00	25.52	30.00
31.00	Laundry & Linen Service	8.00	38,765	0	38,765	2,641.00	14.68	31.00
32.00	Housekeeping	9.00	1,972,905	0	1,972,905	126,866.00	15.55	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,639,484	-1,149,606	489,878	29,140.00	16.81	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,149,606	1,149,606	68,382.00	16.81	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,623,895	0	2,623,895	73,579.00	35.66	38.00
39.00	Central Services and Supply	14.00	827,218	0	827,218	44,459.00	18.61	39.00
40.00	Pharmacy	15.00	1,844,191	0	1,844,191	45,258.00	40.75	40.00
41.00	Medical Records & Medical Records Library	16.00	1,537,505	0	1,537,505	69,223.00	22.21	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: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
11/3/2020 10:49 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	131,829,261	0	131,829,261	4,241,656.00	31.08	1.00
2.00	Excluded area salaries (see instructions)	49,963,839	-35,268	49,928,571	1,323,412.00	37.73	2.00
3.00	Subtotal salaries (line 1 minus line 2)	81,865,422	35,268	81,900,690	2,918,244.00	28.07	3.00
4.00	Subtotal other wages & related costs (see inst.)	0	0	0	0.00	0.00	4.00
5.00	Subtotal wage-related costs (see inst.)	29,775,611	0	29,775,611	0.00	36.36	5.00
6.00	Total (sum of lines 3 thru 5)	111,641,033	35,268	111,676,301	2,918,244.00	38.27	6.00
7.00	Total overhead cost (see instructions)	29,555,949	0	29,555,949	1,000,492.00	29.54	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0189	Period: From 07/01/2019 To 06/30/2020	Worksheet S-3 Part IV Date/Time Prepared: 11/3/2020 10:49 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		7,308,873	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		154,437	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)		24,047,649	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		1,118,992	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		392,883	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		26,030	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		287,617	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,277,850	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		8,997,131	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		783,966	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		396,547	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		44,791,975	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: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part V
Date/Time Prepared:
11/3/2020 10:49 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	44,791,975	1.00
2.00	Hospital	0	42,083,595	2.00
3.00	Subprovider - IPF	0	1,048,338	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	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	1,166,195	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	493,847	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			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 14-0189 Component CCN: 14-7594		Period: From 07/01/2019 To 06/30/2020		Worksheet S-4 Date/Time Prepared: 11/3/2020 10:49 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,136.00	15.00	689.00	0.00	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		1.00	0.00	1.00	3.00
4.00	Director(s) and Assistant Director(s)			1.00	0.00	1.00	4.00
5.00	Other Administrative Personnel			12.25	0.00	12.25	5.00
6.00	Direct Nursing Service			28.46	0.00	28.46	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			7.29	0.00	7.29	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			3.16	0.00	3.16	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.32	0.00	0.32	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.95	0.00	0.95	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			3.01	0.00	3.01	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).			99914			20.00
20.01				16580			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	8,286	2,756	292	223	11,557	21.00
22.00	Skilled Nursing Visit Charges	1,494,392	488,846	57,026	40,681	2,080,945	22.00
23.00	Physical Therapy Visits	3,441	584	58	98	4,181	23.00
24.00	Physical Therapy Visit Charges	643,342	106,654	10,983	18,202	779,181	24.00
25.00	Occupational Therapy Visits	1,534	361	21	47	1,963	25.00
26.00	Occupational Therapy Visit Charges	281,933	65,824	3,822	8,554	360,133	26.00
27.00	Speech Pathology Visits	124	29	1	3	157	27.00
28.00	Speech Pathology Visit Charges	23,178	5,339	182	546	29,245	28.00
29.00	Medical Social Service Visits	158	45	0	6	209	29.00
30.00	Medical Social Service Visit Charges	35,234	10,035	0	1,338	46,607	30.00
31.00	Home Health Aide Visits	1,647	584	4	30	2,265	31.00
32.00	Home Health Aide Visit Charges	159,255	53,538	411	2,637	215,841	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	15,190	4,359	376	407	20,332	33.00
34.00	Other Charges	276,164	193,515	16,789	5,989	492,457	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,913,498	923,751	89,213	77,947	4,004,409	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,299		155	33	1,487	36.00
37.00	Total Number of Outlier Episodes		159		7	166	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0189

Period:

Worksheet S-9

Hospice CCN: 14-1599

From 07/01/2019
To 06/30/2020PARTS I THROUGH IV
Date/Time Prepared:
11/3/2020 10:49 am

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	21,051	180	713	21,944	11.00
12.00	Hospice Inpatient Respite Care	26	0	3	29	12.00
13.00	Hospice General Inpatient Care	66	0	2	68	13.00
14.00	Total Hospice Days	21,143	180	718	22,041	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0189

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

Worksheet S-10

Date/Time Prepared:
11/3/2020 10:49 am

			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.245910	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		10,179,388	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?		N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		6,068,460	5.00
6.00	Medicaid charges		154,410,718	6.00
7.00	Medicaid cost (line 1 times line 6)		37,971,140	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)		21,723,292	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)		21,723,292	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	6,535,808	5,151,900	11,687,708
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,607,221	5,151,900	6,759,121
22.00	Payments received from patients for amounts previously written off as charity care	5,367	61,620	66,987
23.00	Cost of charity care (line 21 minus line 22)	1,601,854	5,090,280	6,692,134
			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)		14,943,688	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,338,757	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,059,626	27.01
28.00	Non-Medicare bad debt expense (see instructions)		12,884,062	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,889,189	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		10,581,323	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		32,304,615	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0189

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

Worksheet A

Date/Time Prepared:
11/3/2020 10:49 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	9,143,409	9,143,409	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	15,772,128	15,772,128	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	878,200	36,428,202	37,306,402	248,365	37,554,767	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	16,836,384	55,006,254	71,842,638	-26,446,344	45,396,294	5.00
7.00	00700	OPERATION OF PLANT	1,357,402	3,917,966	5,275,368	-21,845	5,253,523	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	38,765	680,737	719,502	0	719,502	8.00
9.00	00900	HOUSEKEEPING	1,972,905	634,833	2,607,738	0	2,607,738	9.00
10.00	01000	DIETARY	1,639,484	1,340,568	2,980,052	-2,089,612	890,440	10.00
11.00	01100	CAFETERIA	0	0	0	2,089,612	2,089,612	11.00
13.00	01300	NURSING ADMINISTRATION	2,623,895	524,602	3,148,497	-106,313	3,042,184	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	827,218	1,271,234	2,098,452	-1,518	2,096,934	14.00
15.00	01500	PHARMACY	1,844,191	21,210,025	23,054,216	-20,448,184	2,606,032	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,537,505	361,105	1,898,610	-7,703	1,890,907	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,047,603	2,534,278	22,581,881	-1,081,053	21,500,828	30.00
32.00	03200	CORONARY CARE UNIT	1,712,416	1,093,588	2,806,004	-2,607	2,803,397	32.00
40.00	04000	SUBPROVIDER - IPF	3,787,210	489,465	4,276,675	79,566	4,356,241	40.00
43.00	04300	NURSERY	0	17,266	17,266	540,615	557,881	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,118,936	4,050,341	11,169,277	-285,339	10,883,938	50.00
51.00	05100	RECOVERY ROOM	1,711,648	389,283	2,100,931	-13,710	2,087,221	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	74,903	74,903	820,416	895,319	52.00
53.00	05300	ANESTHESIOLOGY	3,499,799	4,203,602	7,703,401	12,748	7,716,149	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,069,323	2,248,473	9,317,796	-440,326	8,877,470	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,882,432	932,654	3,815,086	100,079	3,915,165	55.00
56.00	05600	RADIOISOTOPE	1,247,368	1,241,884	2,489,252	268,525	2,757,777	56.00
57.00	05700	CT SCAN	543,484	349,550	893,034	90,486	983,520	57.00
58.00	05800	MRI	337,752	268,517	606,269	67,042	673,311	58.00
59.00	05900	CARDIAC CATHETERIZATION	641,943	407,768	1,049,711	-2,578	1,047,133	59.00
60.00	06000	LABORATORY	5,965,934	6,083,088	12,049,022	72,867	12,121,889	60.00
65.00	06500	RESPIRATORY THERAPY	1,398,186	622,252	2,020,438	-6,915	2,013,523	65.00
66.00	06600	PHYSICAL THERAPY	3,221,311	1,427,718	4,649,029	-14,454	4,634,575	66.00
67.00	06700	OCCUPATIONAL THERAPY	576,622	64,074	640,696	0	640,696	67.00
68.00	06800	SPEECH PATHOLOGY	767,206	579,445	1,346,651	-727	1,345,924	68.00
69.00	06900	ELECTROCARDIOLOGY	2,188,988	2,809,346	4,998,334	8,559	5,006,893	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,571,134	1,584,995	3,156,129	50,616	3,206,745	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,564,404	4,564,404	0	4,564,404	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,405,109	9,405,109	0	9,405,109	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	20,227,277	20,227,277	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	655,319	61,412	716,731	-16,707	700,024	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,075,517	485,321	6,560,838	217,179	6,778,017	90.00
90.01	09001	CLINIC	2,089,201	391,264	2,480,465	38,216	2,518,681	90.01
91.00	09100	EMERGENCY	10,665,037	2,735,498	13,400,535	274,096	13,674,631	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,981,988	844,034	4,826,022	-8,366	4,817,656	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	1,688,450	915,157	2,603,607	-2,681	2,600,926	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	121,000,756	172,250,215	293,250,971	-875,181	292,375,790	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	35,988,285	8,831,170	44,819,455	1,126,746	45,946,201	192.00
194.00	07950	WELLNESS	347,793	66,443	414,236	-674	413,562	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	1,424,881	2,313,735	3,738,616	-2,822	3,735,794	194.01
194.02	07951	OCCUPATIONAL HEALTH	602,872	224,386	827,258	-244,272	582,986	194.02
194.03	07952	MISC. NONREIMBURSABLE	2,142,360	6,745,384	8,887,744	-3,797	8,883,947	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	161,506,947	190,431,333	351,938,280	0	351,938,280	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0189

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

Worksheet A

Date/Time Prepared:
11/3/2020 10:49 am

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	-1,409,563	7,733,846	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	15,772,128	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-198,759	37,356,008	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-8,254,856	37,141,438	5.00
7.00	00700	OPERATION OF PLANT	-203,797	5,049,726	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	719,502	8.00
9.00	00900	HOUSEKEEPING	-548	2,607,190	9.00
10.00	01000	DIETARY	0	890,440	10.00
11.00	01100	CAFETERIA	-861,573	1,228,039	11.00
13.00	01300	NURSING ADMINISTRATION	0	3,042,184	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,096,934	14.00
15.00	01500	PHARMACY	-1,680,000	926,032	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-44,135	1,846,772	16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,186,885	16,313,943	30.00
32.00	03200	CORONARY CARE UNIT	0	2,803,397	32.00
40.00	04000	SUBPROVIDER - IPF	-1,641,864	2,714,377	40.00
43.00	04300	NURSERY	0	557,881	43.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	10,883,938	50.00
51.00	05100	RECOVERY ROOM	0	2,087,221	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	895,319	52.00
53.00	05300	ANESTHESIOLOGY	-6,017,678	1,698,471	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-3,816,148	5,061,322	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-1,378,985	2,536,180	55.00
56.00	05600	RADIOISOTOPE	0	2,757,777	56.00
57.00	05700	CT SCAN	0	983,520	57.00
58.00	05800	MRI	0	673,311	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,047,133	59.00
60.00	06000	LABORATORY	-1,284,415	10,837,474	60.00
65.00	06500	RESPIRATORY THERAPY	-182,270	1,831,253	65.00
66.00	06600	PHYSICAL THERAPY	-188	4,634,387	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	640,696	67.00
68.00	06800	SPEECH PATHOLOGY	-932,638	413,286	68.00
69.00	06900	ELECTROCARDIOLOGY	-2,778,134	2,228,759	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-714,609	2,492,136	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,564,404	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,405,109	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,227,277	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	700,024	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-5,322,514	1,455,503	90.00
90.01	09001	CLINIC	-1,573,119	945,562	90.01
91.00	09100	EMERGENCY	-6,675,342	6,999,289	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	4,817,656	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	2,600,926	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-50,158,020	242,217,770	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	45,946,201	192.00
194.00	07950	WELLNESS	0	413,562	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	0	3,735,794	194.01
194.02	07951	OCCUPATIONAL HEALTH	0	582,986	194.02
194.03	07952	MISC. NONREIMBURSABLE	0	8,883,947	194.03
200.00		TOTAL (SUM OF LINES 118 through 199)	-50,158,020	301,780,260	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 14-0189

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

Worksheet Non-CMS W

Date/Time Prepared:
11/3/2020 10:49 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
32.00	CORONARY CARE UNIT	03200		32.00
40.00	SUBPROVIDER - IPF	04000		40.00
43.00	NURSERY	04300		43.00
45.00	NURSING FACILITY	04500		45.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
75.00	ASC (NON-DISTINCT PART)	07500		75.00
76.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	09000		90.00
90.01	CLINIC	09001		90.01
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS				
116.00	HOSPICE	11600		116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
NONREIMBURSABLE COST CENTERS				
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00	WELLNESS	07950		194.00
194.01	OTHER NONREIMB PROGRAM: PEACE MEAL	07953		194.01
194.02	OCCUPATIONAL HEALTH	07951		194.02
194.03	MISC. NONREIMBURSABLE	07952		194.03
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

RECLASSIFICATIONS

Provider CCN: 14-0189

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

Worksheet A-6

Date/Time Prepared:
11/3/2020 10:49 am

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
A - DRUGS CHARGED TO PATIENTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	20,227,277	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
	0		0	20,227,277		
B - RADIOLOGY ADMIN EXPENSE ALLOCATION						
1.00	RADIOISOTOPE	56.00	164,647	103,878	1.00	
2.00	CT SCAN	57.00	71,737	29,238	2.00	
3.00	MRI	58.00	44,582	22,460	3.00	
	0		280,966	155,576		
C - CAP REL COSTS-MOVABLE EQUIP						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	894,780	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	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
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	894,780		
D - DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,514,686	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	14,877,348	2.00	
	0		0	22,392,034		
E - CAFETERIA EXPENSE						
1.00	CAFETERIA	11.00	1,149,606	940,006	1.00	
	0		1,149,606	940,006		
F - EMPLOYEE PHYSICALS/BENF EXP						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	242,781	1.00	
	0		0	242,781		
G - EAP BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,481	1.00	
	0		0	13,481		
H - INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,628,723	1.00	
	0		0	1,628,723		
I - NURSRY/L&D EXP						
1.00	NURSERY	43.00	540,615	0	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	820,416	0	2.00	
	0		1,361,031	0		
J - PHYSN PROF LIAB EXP						
1.00	ADULTS & PEDIATRICS	30.00	0	305,313	1.00	
2.00	SUBPROVIDER - IPF	40.00	0	82,089	2.00	
3.00	ANESTHESIOLOGY	53.00	0	20,522	3.00	
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	61,567	4.00	
5.00	LABORATORY	60.00	0	41,044	5.00	
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	41,044	6.00	
7.00	EMERGENCY	91.00	0	278,310	7.00	
8.00	CLINIC	90.00	0	219,264	8.00	

RECLASSIFICATIONS

Provider CCN: 14-0189

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

Worksheet A-6

Date/Time Prepared:
11/3/2020 10:49 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
9.00	CLINIC	90.01	0	41,044	9.00
10.00	ELECTROCARDIOLOGY	69.00	0	13,501	10.00
11.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,210,939	11.00
12.00	ELECTROENCEPHALOGRAPHY	70.00	0	61,566	12.00
	0		0	2,376,203	
K - RHC V-LAB STAFF EXPENSE					
1.00	LABORATORY	60.00	35,268	2,698	1.00
	0		35,268	2,698	
500.00	Grand Total: Increases		2,826,871	48,873,559	500.00

RECLASSIFICATIONS

Provider CCN: 14-0189

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

Worksheet A-6

Date/Time Prepared:
11/3/2020 10:49 am

	Decreases					11/3/2020 10:49 am	
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DRUGS CHARGED TO PATIENTS						
1.00	PHARMACY	15.00	0	20,197,598	0	1.00	
2.00	RECOVERY ROOM	51.00	0	11,416	0	2.00	
3.00	ANESTHESIOLOGY	53.00	0	7,774	0	3.00	
4.00	CT_SCAN	57.00	0	10,489	0	4.00	
	0		0	20,227,277			
	B - RADIOLOGY ADMIN EXPENSE ALLOCATION						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	280,966	155,576	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
	0		280,966	155,576			
	C - CAP REL COSTS-MOVABLE EQUIP						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,897	14	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	49,384	14	2.00	
3.00	OPERATION OF PLANT	7.00	0	21,845	14	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	106,313	14	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,518	14	5.00	
6.00	PHARMACY	15.00	0	250,586	14	6.00	
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	7,703	14	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	25,335	14	8.00	
9.00	CORONARY CARE UNIT	32.00	0	2,607	14	9.00	
10.00	SUBPROVIDER - IPF	40.00	0	2,523	14	10.00	
12.00	OPERATING ROOM	50.00	0	285,339	14	12.00	
13.00	RECOVERY ROOM	51.00	0	2,294	14	13.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,784	14	15.00	
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,532	14	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0	2,578	14	17.00	
18.00	LABORATORY	60.00	0	6,143	14	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	6,915	14	19.00	
20.00	PHYSICAL THERAPY	66.00	0	14,454	14	20.00	
21.00	SPEECH PATHOLOGY	68.00	0	727	14	21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	4,942	14	22.00	
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	10,950	14	23.00	
24.00	CLINIC	90.00	0	2,085	14	24.00	
25.00	CLINIC	90.01	0	2,828	14	25.00	
26.00	HOSPICE	116.00	0	2,681	14	26.00	
27.00	EMERGENCY	91.00	0	4,214	14	27.00	
28.00	HOME HEALTH AGENCY	101.00	0	8,366	14	28.00	
29.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	3,226	14	29.00	
30.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	46,227	14	30.00	
31.00	WELLNESS	194.00	0	674	14	31.00	
32.00	MISC. NONREIMBURSABLE	194.03	0	3,797	14	32.00	
33.00	OCCUPATIONAL HEALTH	194.02	0	1,491	14	33.00	
34.00	OTHER NONREIMB PROGRAM: PEACE MEAL	194.01	0	2,822	14	34.00	
	0		0	894,780			
	D - DEPRECIATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	22,392,034	9	1.00	
2.00		0.00	0	0	9	2.00	
	0		0	22,392,034			
	E - CAFETERIA EXPENSE						
1.00	DIETARY	10.00	1,149,606	940,006	0	1.00	
	0		1,149,606	940,006			
	F - EMPLOYEE PHYSICALS/BENF EXP						
1.00	OCCUPATIONAL HEALTH	194.02	0	242,781	0	1.00	
	0		0	242,781			
	G - EAP BENEFITS						
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	13,481	0	1.00	
	0		0	13,481			
	H - INTEREST EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,628,723	11	1.00	
	0		0	1,628,723			
	I - NURSRY/L&D EXP						
1.00	ADULTS & PEDIATRICS	30.00	1,361,031	0	0	1.00	
2.00		0.00	0	0	0	2.00	
	0		1,361,031	0			
	J - PHYSEN PROF LIAB EXP						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,376,203	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	

RECLASSIFICATIONS

Provider CCN: 14-0189

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

Worksheet A-6

Date/Time Prepared:
11/3/2020 10:49 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
	0		0	2,376,203		
K - RHC V-LAB STAFF EXPENSE						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	35,268	2,698	0	1.00
	0		35,268	2,698		
500.00	Grand Total: Decreases		2,826,871	48,873,559		500.00

RECLASSIFICATIONS

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/3/2020 10:49 am

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
A - DRUGS CHARGED TO PATIENTS									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	20,227,277	PHARMACY	15.00	0	20,197,598	1.00
2.00		0.00	0		RECOVERY ROOM	51.00	0	11,416	2.00
3.00		0.00	0		ANESTHESIOLOGY	53.00	0	7,774	3.00
4.00		0.00	0		CT SCAN	57.00	0	10,489	4.00
0			0	20,227,277	0		0	20,227,277	
B - RADIOLOGY ADMIN EXPENSE ALLOCATION									
1.00	RADIOISOTOPE	56.00	164,647	103,878	RADIOLOGY-DIAGNOSTIC	54.00	280,966	155,576	1.00
2.00	CT SCAN	57.00	71,737	29,238		0.00	0	0	2.00
3.00	MRI	58.00	44,582	22,460		0.00	0	0	3.00
0			280,966	155,576	0		280,966	155,576	
C - CAP REL COSTS-MOVABLE EQUIP									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	894,780	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,897	1.00
2.00		0.00	0		ADMINISTRATIVE & GENERAL	5.00	0	49,384	2.00
3.00		0.00	0		OPERATION OF PLANT	7.00	0	21,845	3.00
4.00		0.00	0		NURSING ADMINISTRATION	13.00	0	106,313	4.00
5.00		0.00	0		CENTRAL SERVICES & SUPPLY	14.00	0	1,518	5.00
6.00		0.00	0		PHARMACY	15.00	0	250,586	6.00
7.00		0.00	0		MEDICAL RECORDS & LIBRARY	16.00	0	7,703	7.00
8.00		0.00	0		ADULTS & PEDIATRICS	30.00	0	25,335	8.00
9.00		0.00	0		CORONARY CARE UNIT	32.00	0	2,607	9.00
10.00		0.00	0		SUBPROVIDER - IPF	40.00	0	2,523	10.00
12.00		0.00	0		OPERATING ROOM	50.00	0	285,339	12.00
13.00		0.00	0		RECOVERY ROOM	51.00	0	2,294	13.00
15.00		0.00	0		RADIOLOGY-DIAGNOSTIC	54.00	0	3,784	15.00
16.00		0.00	0		RADIOLOGY-THERAPEUTIC	55.00	0	2,532	16.00
17.00		0.00	0		CARDIAC CATHETERIZATION	59.00	0	2,578	17.00
18.00		0.00	0		LABORATORY	60.00	0	6,143	18.00
19.00		0.00	0		RESPIRATORY THERAPY	65.00	0	6,915	19.00
20.00		0.00	0		PHYSICAL THERAPY	66.00	0	14,454	20.00
21.00		0.00	0		SPEECH PATHOLOGY	68.00	0	727	21.00
22.00		0.00	0		ELECTROCARDIOLOGY	69.00	0	4,942	22.00
23.00		0.00	0		ELECTROENCEPHALOGRAPH Y	70.00	0	10,950	23.00
24.00		0.00	0		CLINIC	90.00	0	2,085	24.00
25.00		0.00	0		CLINIC	90.01	0	2,828	25.00
26.00		0.00	0		HOSPICE	116.00	0	2,681	26.00
27.00		0.00	0		EMERGENCY	91.00	0	4,214	27.00
28.00		0.00	0		HOME HEALTH AGENCY	101.00	0	8,366	28.00
29.00		0.00	0		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	3,226	29.00
30.00		0.00	0		PHYSICIANS' PRIVATE OFFICES	192.00	0	46,227	30.00
31.00		0.00	0		WELLNESS	194.00	0	674	31.00
32.00		0.00	0		MISC. NONREIMBURSABLE	194.03	0	3,797	32.00
33.00		0.00	0		OCCUPATIONAL HEALTH	194.02	0	1,491	33.00
34.00		0.00	0		OTHER NONREIMB PROGRAM: PEACE MEAL	194.01	0	2,822	34.00
0			0	894,780	0		0	894,780	
D - DEPRECIATION									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,514,686	ADMINISTRATIVE & GENERAL	5.00	0	22,392,034	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	14,877,348		0.00	0	0	2.00
0			0	22,392,034	0		0	22,392,034	
E - CAFETERIA EXPENSE									
1.00	CAFETERIA	11.00	1,149,606	940,006	DIETARY	10.00	1,149,606	940,006	1.00
0			1,149,606	940,006	0		1,149,606	940,006	
F - EMPLOYEE PHYSICALS/BENF EXP									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	242,781	OCCUPATIONAL HEALTH	194.02	0	242,781	1.00
0			0	242,781	0		0	242,781	
G - EAP BENEFITS									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,481	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	13,481	1.00
0			0	13,481	0		0	13,481	

RECLASSIFICATIONS

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/3/2020 10:49 am

Increases					Decreases				
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	
	H - INTEREST EXPENSE								
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,628,723	ADMINISTRATIVE & GENERAL	5.00	0	1,628,723	1.00
	0		0	1,628,723	0		0	1,628,723	
	I - NURSRY/L&D EXP								
1.00	NURSERY	43.00	540,615	0	ADULTS & PEDIATRICS	30.00	1,361,031	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	820,416	0		0.00	0	0	2.00
	0		1,361,031	0			1,361,031	0	
	J - PHYSN PROF LIAB EXP								
1.00	ADULTS & PEDIATRICS	30.00	0	305,313	ADMINISTRATIVE & GENERAL	5.00	0	2,376,203	1.00
2.00	SUBPROVIDER - IPF	40.00	0	82,089		0.00	0	0	2.00
3.00	ANESTHESIOLOGY	53.00	0	20,522		0.00	0	0	3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	61,567		0.00	0	0	4.00
5.00	LABORATORY	60.00	0	41,044		0.00	0	0	5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00	0	41,044		0.00	0	0	6.00
7.00	EMERGENCY	91.00	0	278,310		0.00	0	0	7.00
8.00	CLINIC	90.00	0	219,264		0.00	0	0	8.00
9.00	CLINIC	90.01	0	41,044		0.00	0	0	9.00
10.00	ELECTROCARDIOLOGY	69.00	0	13,501		0.00	0	0	10.00
11.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,210,939		0.00	0	0	11.00
12.00	ELECTROENCEPHALOGRAPHY	70.00	0	61,566		0.00	0	0	12.00
	0		0	2,376,203			0	2,376,203	
	K - RHC V-LAB STAFF EXPENSE								
1.00	LABORATORY	60.00	35,268	2,698	PHYSICIANS' PRIVATE OFFICES	192.00	35,268	2,698	1.00
	0		35,268	2,698	0		35,268	2,698	
500.00	Grand Total: Increases		2,826,871	48,873,559	Grand Total: Decreases		2,826,871	48,873,559	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
11/3/2020 10:49 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,811,646	3,038,601	0	3,038,601	0	1.00	
2.00	Land Improvements	15,151,436	623,854	0	623,854	0	2.00	
3.00	Buildings and Fixtures	193,175,118	18,961,749	0	18,961,749	42,616	3.00	
4.00	Building Improvements	286,453	77,753	0	77,753	0	4.00	
5.00	Fixed Equipment	20,906,074	1,997,149	0	1,997,149	0	5.00	
6.00	Movable Equipment	130,951,259	11,731,661	0	11,731,661	2,450,281	6.00	
7.00	HIT designated Assets	684,552	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	364,966,538	36,430,767	0	36,430,767	2,492,897	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	364,966,538	36,430,767	0	36,430,767	2,492,897	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,850,247	0				1.00	
2.00	Land Improvements	15,775,290	0				2.00	
3.00	Buildings and Fixtures	212,094,251	0				3.00	
4.00	Building Improvements	364,206	0				4.00	
5.00	Fixed Equipment	22,903,223	0				5.00	
6.00	Movable Equipment	140,232,639	0				6.00	
7.00	HIT designated Assets	684,552	0				7.00	
8.00	Subtotal (sum of lines 1-7)	398,904,408	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	398,904,408	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0189

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
11/3/2020 10:49 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	7,302,726	0	7,302,726	0.334985	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	14,497,415	0	14,497,415	0.665015	0	2.00
3.00	Total (sum of lines 1-2)	21,800,141	0	21,800,141	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,514,686	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	14,877,348	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	22,392,034	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	219,160	0	0	0	7,733,846	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	894,780	15,772,128	2.00
3.00	Total (sum of lines 1-2)	219,160	0	0	894,780	23,505,974	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0189

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

Worksheet A-8

Date/Time Prepared:
11/3/2020 10:49 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00				3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	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	-34,936,036			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-834,643	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others	B	-119,314	OPERATION OF PLANT	7.00	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	-1,680,000	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-44,135	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	-548	HOUSEKEEPING	9.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
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	INVESTMENT INCOME	B	-1,409,563	CAP REL COSTS-BLDG & FIXT	1.00	11	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0189

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

Worksheet A-8

Date/Time Prepared:
11/3/2020 10:49 am

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
35.00 A&G OTHER INCOME	B	-319,506	ADMINISTRATIVE & GENERAL	5.00	0	35.00
36.00 OTHER REV-OP PSYCH/EAP	B	0	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	0	36.00
37.00 FACILITIES SVC OTHER REV	B	-84,483	OPERATION OF PLANT	7.00	0	37.00
38.00 W&C (BABY CLASSES), 4W MISC	B	-1,357	ADULTS & PEDIATRICS	30.00	0	38.00
38.01 XRAY OTHER REVENUE	B	-300	RADIOLOGY-DIAGNOSTIC	54.00	0	38.01
39.00 PHYSICAL THERAPY OTHER REV	B	-188	PHYSICAL THERAPY	66.00	0	39.00
39.01 MEDICAID ASSESSMENT TAX	A	-7,899,643	ADMINISTRATIVE & GENERAL	5.00	0	39.01
41.00 SPEECH/AUDIO OTHER REV	B	-932,638	SPEECH PATHOLOGY	68.00	0	41.00
42.00 METS/REHAB MISC REV	B	-51,419	ELECTROCARDIOLOGY	69.00	0	42.00
43.00 EMERGENCY (EMS)OTHER REV	B	-147,929	EMERGENCY	91.00	0	43.00
44.00 AHA/IIHA LOBBYING FEES	A	-35,707	ADMINISTRATIVE & GENERAL	5.00	0	44.00
45.00 CRNA S&W (EMPLOYEES)	A	-1,434,922	ANESTHESIOLOGY	53.00	0	45.00
45.01 CRNA (BENEFIT EXP)	A	-198,759	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.01
45.02 CAFETERIA REV/OTHER	B	-26,930	CAFETERIA	11.00	0	45.02
45.03 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.03
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-50,158,020				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0189

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

Worksheet A-8-2

Date/Time Prepared:
11/3/2020 10:49 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	5,185,528	5,185,528	0	142,500	0	1.00
2.00	40.00	AGGREGATE-SUBPROVIDER - IPF	1,641,864	1,641,864	0	142,500	0	2.00
3.00	53.00	AGGREGATE-ANESTHESIOLOGY	4,582,756	4,582,756	0	167,500	0	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	3,815,848	3,815,848	0	167,500	0	4.00
5.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	1,378,985	1,378,985	0	217,600	0	5.00
6.00	60.00	AGGREGATE-LABORATORY	1,284,415	1,284,415	0	208,000	0	6.00
7.00	65.00	AGGREGATE-RESPIRATORY THERAPY	182,270	182,270	0	159,800	0	7.00
8.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	2,726,715	2,726,715	0	159,800	0	8.00
9.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	714,609	714,609	0	159,800	0	9.00
10.00	90.00	AGGREGATE-CLINIC	5,322,514	5,322,514	0	159,800	0	10.00
11.00	90.01	AGGREGATE-CLINIC	1,573,119	1,573,119	0	159,800	0	11.00
12.00	91.00	DR. B	508,843	468,843	40,000	159,800	193	12.00
13.00	91.00	AGGREGATE-EMERGENCY	6,035,752	6,035,752	0	159,800	0	13.00
200.00			34,953,218	34,913,218	40,000		193	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	58,348	0	305,313	1.00
2.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	0	3,018	0	82,089	2.00
3.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	18,187	0	20,522	3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	16,819	0	61,567	4.00
5.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	41,044	5.00
6.00	60.00	AGGREGATE-LABORATORY	0	0	6,482	0	41,044	6.00
7.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	0	0	7.00
8.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	1,847	0	13,501	8.00
9.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	5,155	0	61,566	9.00
10.00	90.00	AGGREGATE-CLINIC	0	0	29,089	0	219,264	10.00
11.00	90.01	AGGREGATE-CLINIC	0	0	9,614	0	41,044	11.00
12.00	91.00	DR. B	14,828	741	12,576	989	20,522	12.00
13.00	91.00	AGGREGATE-EMERGENCY	0	0	63,348	0	257,788	13.00
200.00			14,828	741	224,483	989	1,165,264	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	5,185,528		1.00
2.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	0	0	1,641,864		2.00
3.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	4,582,756		3.00
4.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	3,815,848		4.00
5.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	1,378,985		5.00
6.00	60.00	AGGREGATE-LABORATORY	0	0	0	1,284,415		6.00
7.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	0	0	182,270		7.00
8.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	2,726,715		8.00
9.00	70.00	AGGREGATE-ELECTROENCEPHALOGRAPHY	0	0	0	714,609		9.00
10.00	90.00	AGGREGATE-CLINIC	0	0	0	5,322,514		10.00
11.00	90.01	AGGREGATE-CLINIC	0	0	0	1,573,119		11.00
12.00	91.00	DR. B	1,613	17,182	22,818	491,661		12.00
13.00	91.00	AGGREGATE-EMERGENCY	0	0	0	6,035,752		13.00
200.00			1,613	17,182	22,818	34,936,036		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/3/2020 10:49 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	7,733,846	7,733,846			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	15,772,128		15,772,128		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	37,356,008	46,847	3,535	37,406,390	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	37,141,438	582,745	5,909,737	3,920,773	5.00
7.00	00700	OPERATION OF PLANT	5,049,726	482,302	121,674	316,105	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	719,502	13,601	0	9,027	8.00
9.00	00900	HOUSEKEEPING	2,607,190	41,225	15,487	459,440	9.00
10.00	01000	DIETARY	890,440	84,063	15,144	114,080	10.00
11.00	01100	CAFETERIA	1,228,039	50,881	35,538	267,714	11.00
13.00	01300	NURSING ADMINISTRATION	3,042,184	25,831	8,126	611,040	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,096,934	85,447	415,048	192,638	14.00
15.00	01500	PHARMACY	926,032	37,588	38,644	429,466	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,846,772	49,357	7,409	358,046	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,313,943	901,953	1,089,355	4,351,635	30.00
32.00	03200	CORONARY CARE UNIT	2,803,397	62,855	69,082	398,779	32.00
40.00	04000	SUBPROVIDER - IPF	2,714,377	111,636	31,120	881,947	40.00
43.00	04300	NURSERY	557,881	7,902	85,962	125,896	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,883,938	539,778	2,236,934	1,657,822	50.00
51.00	05100	RECOVERY ROOM	2,087,221	108,883	88,990	398,600	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	895,319	18,019	42,710	191,054	52.00
53.00	05300	ANESTHESIOLOGY	1,698,471	8,273	126,039	815,016	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,061,322	209,621	1,003,709	1,580,839	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,536,180	275,345	722,383	671,246	55.00
56.00	05600	RADIOISOTOPE	2,757,777	33,630	157,854	328,823	56.00
57.00	05700	CT SCAN	983,520	19,543	649,346	143,270	57.00
58.00	05800	MRI	673,311	26,164	614,790	89,036	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,047,133	125,941	532,025	149,492	59.00
60.00	06000	LABORATORY	10,837,474	171,047	349,072	1,397,530	60.00
65.00	06500	RESPIRATORY THERAPY	1,831,253	19,786	70,926	325,603	65.00
66.00	06600	PHYSICAL THERAPY	4,634,387	184,135	54,585	750,163	66.00
67.00	06700	OCCUPATIONAL THERAPY	640,696	5,404	619	134,281	67.00
68.00	06800	SPEECH PATHOLOGY	413,286	39,624	27,359	178,663	68.00
69.00	06900	ELECTROCARDIOLOGY	2,228,759	250,218	138,867	509,761	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,492,136	58,796	52,987	365,878	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,564,404	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,405,109	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,227,277	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	700,024	34,822	3,511	152,607	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,455,503	228,690	23,647	1,414,836	90.00
90.01	09001	CLINIC	945,562	40,905	87,152	486,523	90.01
91.00	09100	EMERGENCY	6,999,289	228,498	124,268	2,483,620	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	4,817,656	51,099	4,745	927,305	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	2,600,926	19,210	649	393,198	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	242,217,770	5,281,664	14,959,028	27,981,752	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	45,946,201	1,822,232	554,573	8,372,531	192.00
194.00	07950	WELLNESS	413,562	298,397	67,760	80,992	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	3,735,794	0	104,956	331,819	194.01
194.02	07951	OCCUPATIONAL HEALTH	582,986	37,280	12,455	140,394	194.02
194.03	07952	MISC. NONREIMBURSABLE	8,883,947	294,273	73,356	498,902	194.03
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)	301,780,260	7,733,846	15,772,128	37,406,390	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/3/2020 10:49 am

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	47,554,693					5.00
7.00	00700	OPERATION OF PLANT	1,116,694	7,086,501				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	138,821	16,338	897,289			8.00
9.00	00900	HOUSEKEEPING	584,243	39,877	43,378	3,790,840		9.00
10.00	01000	DIETARY	206,460	100,984	14,670	0	1,425,841	10.00
11.00	01100	CAFETERIA	295,956	61,123	0	99,000	0	11.00
13.00	01300	NURSING ADMINISTRATION	689,713	31,031	0	28,848	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	521,902	102,646	17,647	39,338	0	14.00
15.00	01500	PHARMACY	267,815	45,154	0	19,013	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	423,045	59,292	0	13,113	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,238,129	1,019,997	225,645	53,761	1,158,895	30.00
32.00	03200	CORONARY CARE UNIT	623,669	75,507	18,939	78,020	40,815	32.00
40.00	04000	SUBPROVIDER - IPF	699,421	134,107	52,907	115,718	173,703	40.00
43.00	04300	NURSERY	145,463	9,492	6,212	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,865,427	577,444	151,268	1,009,666	8,450	50.00
51.00	05100	RECOVERY ROOM	502,004	130,800	60,074	41,960	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	214,573	21,646	17,017	0	0	52.00
53.00	05300	ANESTHESIOLOGY	495,289	9,938	0	6,556	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,469,425	251,815	83,838	161,284	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	786,603	330,768	60	209,801	0	55.00
56.00	05600	RADIOISOTOPE	613,189	40,400	0	19,669	0	56.00
57.00	05700	CT SCAN	335,894	23,477	0	14,752	0	57.00
58.00	05800	MRI	262,497	31,431	0	45,894	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	346,914	121,677	12,510	118,013	0	59.00
60.00	06000	LABORATORY	2,385,935	205,476	2,023	94,738	0	60.00
65.00	06500	RESPIRATORY THERAPY	420,423	23,769	0	16,719	0	65.00
66.00	06600	PHYSICAL THERAPY	1,051,872	221,199	6,589	94,410	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	146,092	6,492	0	6,556	0	67.00
68.00	06800	SPEECH PATHOLOGY	123,258	47,600	15,025	26,225	0	68.00
69.00	06900	ELECTROCARDIOLOGY	585,040	241,984	0	200,622	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	555,521	70,631	451	44,583	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	853,804	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,759,291	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,783,654	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	166,661	41,831	0	13,113	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	584,118	0	0	85,232	0	90.00
90.01	09001	CLINIC	291,835	0	91	35,404	0	90.01
91.00	09100	EMERGENCY	1,839,832	274,491	168,945	380,920	43,978	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,085,081	61,384	0	23,603	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	563,787	23,077	0	10,490	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	34,039,350	4,452,878	897,289	3,107,021	1,425,841	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,605,321	2,230,379	0	514,012	0	192.00
194.00	07950	WELLNESS	161,002	358,460	0	101,622	0	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	780,508	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL HEALTH	144,617	0	0	26,225	0	194.02
194.03	07952	MISC. NONREIMBURSABLE	1,823,895	44,784	0	41,960	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	47,554,693	7,086,501	897,289	3,790,840	1,425,841	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/3/2020 10:49 am

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,038,251					11.00
13.00	01300	NURSING ADMINISTRATION	56,528	4,493,301				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	33,917	0	3,505,517			14.00
15.00	01500	PHARMACY	35,532	0	0	1,799,244		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	53,298	0	0	0	2,810,332	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	423,157	2,027,013	0	0	110,137	30.00
32.00	03200	CORONARY CARE UNIT	41,992	222,873	0	0	12,316	32.00
40.00	04000	SUBPROVIDER - IPF	54,913	227,233	0	0	21,429	40.00
43.00	04300	NURSERY	12,921	73,014	0	0	6,232	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	176,045	918,944	0	0	299,018	50.00
51.00	05100	RECOVERY ROOM	41,992	217,990	0	0	53,097	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,766	105,737	0	0	22,692	52.00
53.00	05300	ANESTHESIOLOGY	14,536	11,004	0	0	50,154	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	69,449	0	0	0	151,495	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	43,608	0	0	0	60,248	55.00
56.00	05600	RADIOISOTOPE	27,457	0	0	0	142,267	56.00
57.00	05700	CT SCAN	16,151	0	0	0	265,531	57.00
58.00	05800	MRI	8,075	0	0	0	89,331	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,306	0	0	0	65,399	59.00
60.00	06000	LABORATORY	156,664	0	0	0	212,686	60.00
65.00	06500	RESPIRATORY THERAPY	35,532	0	0	0	41,795	65.00
66.00	06600	PHYSICAL THERAPY	51,683	0	0	0	95,385	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,306	0	0	0	9,720	67.00
68.00	06800	SPEECH PATHOLOGY	17,766	0	0	0	9,225	68.00
69.00	06900	ELECTROCARDIOLOGY	43,608	0	0	0	30,940	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,536	0	0	0	17,559	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	2,348,696	0	151,056	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,156,821	0	120,136	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,799,244	530,627	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	24,226	0	0	0	24	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	50,068	0	0	0	477	90.00
90.01	09001	CLINIC	22,611	0	0	0	678	90.01
91.00	09100	EMERGENCY	155,049	689,493	0	0	201,273	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	19,381	0	0	0	18,786	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	8,075	0	0	0	20,619	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,749,148	4,493,301	3,505,517	1,799,244	2,810,332	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	247,110	0	0	0	0	192.00
194.00	07950	WELLNESS	12,921	0	0	0	0	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	0	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL HEALTH	14,536	0	0	0	0	194.02
194.03	07952	MISC. NONREIMBURSABLE	14,536	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,038,251	4,493,301	3,505,517	1,799,244	2,810,332	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	31,913,620	0	31,913,620	30.00
32.00	03200	CORONARY CARE UNIT	4,448,244	0	4,448,244	32.00
40.00	04000	SUBPROVIDER - IPF	5,218,511	0	5,218,511	40.00
43.00	04300	NURSERY	1,030,975	0	1,030,975	43.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21,324,734	0	21,324,734	50.00
51.00	05100	RECOVERY ROOM	3,731,611	0	3,731,611	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,546,533	0	1,546,533	52.00
53.00	05300	ANESTHESIOLOGY	3,235,276	0	3,235,276	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,042,797	0	10,042,797	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,636,242	0	5,636,242	55.00
56.00	05600	RADIOISOTOPE	4,121,066	0	4,121,066	56.00
57.00	05700	CT SCAN	2,451,484	0	2,451,484	57.00
58.00	05800	MRI	1,840,529	0	1,840,529	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,530,410	0	2,530,410	59.00
60.00	06000	LABORATORY	15,812,645	0	15,812,645	60.00
65.00	06500	RESPIRATORY THERAPY	2,785,806	0	2,785,806	65.00
66.00	06600	PHYSICAL THERAPY	7,144,408	0	7,144,408	66.00
67.00	06700	OCCUPATIONAL THERAPY	961,166	0	961,166	67.00
68.00	06800	SPEECH PATHOLOGY	898,031	0	898,031	68.00
69.00	06900	ELECTROCARDIOLOGY	4,229,799	0	4,229,799	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,673,078	0	3,673,078	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,917,960	0	7,917,960	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,441,357	0	12,441,357	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,340,802	0	26,340,802	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,136,819	0	1,136,819	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,842,571	0	3,842,571	90.00
90.01	09001	CLINIC	1,910,761	0	1,910,761	90.01
91.00	09100	EMERGENCY	13,589,656	0	13,589,656	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	7,009,040	0	7,009,040	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	3,640,031	0	3,640,031	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	212,405,962	0	212,405,962	118.00
NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	70,292,359	0	70,292,359	192.00
194.00	07950	WELLNESS	1,494,716	0	1,494,716	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	4,953,077	0	4,953,077	194.01
194.02	07951	OCCUPATIONAL HEALTH	958,493	0	958,493	194.02
194.03	07952	MISC. NONREIMBURSABLE	11,675,653	0	11,675,653	194.03
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	301,780,260	0	301,780,260	202.00

COST ALLOCATION STATISTICS

Provider CCN: 14-0189

Period:

From 07/01/2019

To 06/30/2020

Worksheet Non-CMS W

Date/Time Prepared:

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Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
1.00	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-16	ACCUM. COST	5.00
7.00	OPERATION OF PLANT	7	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDR	8.00
9.00	HOUSEKEEPING	9	HOURS OF SERVIC	9.00
10.00	DIETARY	10	MEALS SERVED	10.00
11.00	CAFETERIA	11	MEALS SERVED	11.00
13.00	NURSING ADMINISTRATION	13	DIRECT NRSING HR	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
15.00	PHARMACY	15	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	16.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	46,847	3,535	50,382	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	582,745	5,909,737	6,492,482	5.00
7.00	00700	OPERATION OF PLANT	0	482,302	121,674	603,976	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	13,601	0	13,601	8.00
9.00	00900	HOUSEKEEPING	0	41,225	15,487	56,712	9.00
10.00	01000	DIETARY	0	84,063	15,144	99,207	10.00
11.00	01100	CAFETERIA	0	50,881	35,538	86,419	11.00
13.00	01300	NURSING ADMINISTRATION	0	25,831	8,126	33,957	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	85,447	415,048	500,495	14.00
15.00	01500	PHARMACY	0	37,588	38,644	76,232	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	49,357	7,409	56,766	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	901,953	1,089,355	1,991,308	30.00
32.00	03200	CORONARY CARE UNIT	0	62,855	69,082	131,937	32.00
40.00	04000	SUBPROVIDER - IPF	0	111,636	31,120	142,756	40.00
43.00	04300	NURSERY	0	7,902	85,962	93,864	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	539,778	2,236,934	2,776,712	50.00
51.00	05100	RECOVERY ROOM	0	108,883	88,990	197,873	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,019	42,710	60,729	52.00
53.00	05300	ANESTHESIOLOGY	0	8,273	126,039	134,312	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	209,621	1,003,709	1,213,330	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	275,345	722,383	997,728	55.00
56.00	05600	RADIOISOTOPE	0	33,630	157,854	191,484	56.00
57.00	05700	CT SCAN	0	19,543	649,346	668,889	57.00
58.00	05800	MRI	0	26,164	614,790	640,954	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	125,941	532,025	657,966	59.00
60.00	06000	LABORATORY	0	171,047	349,072	520,119	60.00
65.00	06500	RESPIRATORY THERAPY	0	19,786	70,926	90,712	65.00
66.00	06600	PHYSICAL THERAPY	0	184,135	54,585	238,720	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,404	619	6,023	67.00
68.00	06800	SPEECH PATHOLOGY	0	39,624	27,359	66,983	68.00
69.00	06900	ELECTROCARDIOLOGY	0	250,218	138,867	389,085	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	58,796	52,987	111,783	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	34,822	3,511	38,333	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	228,690	23,647	252,337	90.00
90.01	09001	CLINIC	0	40,905	87,152	128,057	90.01
91.00	09100	EMERGENCY	0	228,498	124,268	352,766	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	51,099	4,745	55,844	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	19,210	649	19,859	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	5,281,664	14,959,028	20,240,692	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,822,232	554,573	2,376,805	192.00
194.00	07950	WELLNESS	0	298,397	67,760	366,157	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	0	0	104,956	104,956	194.01
194.02	07951	OCCUPATIONAL HEALTH	0	37,280	12,455	49,735	194.02
194.03	07952	MISC. NONREIMBURSABLE	0	294,273	73,356	367,629	194.03
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	7,733,846	15,772,128	23,505,974	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,497,769					5.00
7.00	00700	OPERATION OF PLANT	152,582	756,984				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	18,968	1,745	34,326			8.00
9.00	00900	HOUSEKEEPING	79,829	4,260	1,659	143,079		9.00
10.00	01000	DIETARY	28,210	10,787	561	0	138,919	10.00
11.00	01100	CAFETERIA	40,439	6,529	0	3,737	0	11.00
13.00	01300	NURSING ADMINISTRATION	94,241	3,315	0	1,089	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	71,311	10,965	675	1,485	0	14.00
15.00	01500	PHARMACY	36,594	4,823	0	718	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	57,804	6,334	0	495	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	579,087	108,957	8,633	2,029	112,910	30.00
32.00	03200	CORONARY CARE UNIT	85,217	8,066	725	2,945	3,977	32.00
40.00	04000	SUBPROVIDER - IPF	95,567	14,325	2,024	4,368	16,924	40.00
43.00	04300	NURSERY	19,876	1,014	238	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	391,525	61,683	5,787	38,106	823	50.00
51.00	05100	RECOVERY ROOM	68,593	13,972	2,298	1,584	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,319	2,312	651	0	0	52.00
53.00	05300	ANESTHESIOLOGY	67,675	1,062	0	247	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	200,778	26,899	3,207	6,087	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	107,480	35,333	2	7,919	0	55.00
56.00	05600	RADIOISOTOPE	83,785	4,316	0	742	0	56.00
57.00	05700	CT SCAN	45,896	2,508	0	557	0	57.00
58.00	05800	MRI	35,867	3,357	0	1,732	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	47,401	12,998	479	4,454	0	59.00
60.00	06000	LABORATORY	326,008	21,949	77	3,576	0	60.00
65.00	06500	RESPIRATORY THERAPY	57,446	2,539	0	631	0	65.00
66.00	06600	PHYSICAL THERAPY	143,725	23,629	252	3,563	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,962	694	0	247	0	67.00
68.00	06800	SPEECH PATHOLOGY	16,842	5,085	575	990	0	68.00
69.00	06900	ELECTROCARDIOLOGY	79,938	25,849	0	7,572	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	75,905	7,545	17	1,683	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	116,662	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	240,385	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	516,989	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	22,772	4,468	0	495	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	79,812	0	0	3,217	0	90.00
90.01	09001	CLINIC	39,876	0	3	1,336	0	90.01
91.00	09100	EMERGENCY	251,390	29,321	6,463	14,377	4,285	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	148,263	6,557	0	891	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	77,034	2,465	0	396	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,651,053	475,661	34,326	117,268	138,919	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,449,098	238,248	0	19,401	0	192.00
194.00	07950	WELLNESS	21,999	38,291	0	3,836	0	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	106,647	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL HEALTH	19,760	0	0	990	0	194.02
194.03	07952	MISC. NONREIMBURSABLE	249,212	4,784	0	1,584	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,497,769	756,984	34,326	143,079	138,919	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	137,485					11.00
13.00	01300	NURSING ADMINISTRATION	3,813	137,239				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,288	0	587,479			14.00
15.00	01500	PHARMACY	2,397	0	0	121,343		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,595	0	0	0	125,477	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	28,546	61,912	0	0	4,908	30.00
32.00	03200	CORONARY CARE UNIT	2,832	6,807	0	0	549	32.00
40.00	04000	SUBPROVIDER - IPF	3,704	6,940	0	0	955	40.00
43.00	04300	NURSERY	872	2,230	0	0	278	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,875	28,067	0	0	13,324	50.00
51.00	05100	RECOVERY ROOM	2,832	6,658	0	0	2,366	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,198	3,230	0	0	1,011	52.00
53.00	05300	ANESTHESIOLOGY	980	336	0	0	2,235	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,685	0	0	0	6,751	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,941	0	0	0	2,685	55.00
56.00	05600	RADIOISOTOPE	1,852	0	0	0	6,339	56.00
57.00	05700	CT SCAN	1,089	0	0	0	11,832	57.00
58.00	05800	MRI	545	0	0	0	3,981	58.00
59.00	05900	CARDIAC CATHETERIZATION	763	0	0	0	2,914	59.00
60.00	06000	LABORATORY	10,567	0	0	0	9,477	60.00
65.00	06500	RESPIRATORY THERAPY	2,397	0	0	0	1,862	65.00
66.00	06600	PHYSICAL THERAPY	3,486	0	0	0	4,250	66.00
67.00	06700	OCCUPATIONAL THERAPY	763	0	0	0	433	67.00
68.00	06800	SPEECH PATHOLOGY	1,198	0	0	0	411	68.00
69.00	06900	ELECTROCARDIOLOGY	2,941	0	0	0	1,379	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	980	0	0	0	782	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	393,611	0	6,731	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	193,868	0	5,353	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	121,343	23,894	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,634	0	0	0	1	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,377	0	0	0	21	90.00
90.01	09001	CLINIC	1,525	0	0	0	30	90.01
91.00	09100	EMERGENCY	10,458	21,059	0	0	8,969	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,307	0	0	0	837	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	545	0	0	0	919	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	117,985	137,239	587,479	121,343	125,477	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	16,668	0	0	0	0	192.00
194.00	07950	WELLNESS	872	0	0	0	0	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	0	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL HEALTH	980	0	0	0	0	194.02
194.03	07952	MISC. NONREIMBURSABLE	980	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	137,485	137,239	587,479	121,343	125,477	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/3/2020 10:49 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,904,158	0	2,904,158	30.00
32.00	03200	CORONARY CARE UNIT	243,593	0	243,593	32.00
40.00	04000	SUBPROVIDER - IPF	288,752	0	288,752	40.00
43.00	04300	NURSERY	118,542	0	118,542	43.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,330,137	0	3,330,137	50.00
51.00	05100	RECOVERY ROOM	296,713	0	296,713	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	98,708	0	98,708	52.00
53.00	05300	ANESTHESIOLOGY	207,946	0	207,946	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,463,869	0	1,463,869	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,154,993	0	1,154,993	55.00
56.00	05600	RADIOISOTOPE	288,961	0	288,961	56.00
57.00	05700	CT SCAN	730,964	0	730,964	57.00
58.00	05800	MRI	686,556	0	686,556	58.00
59.00	05900	CARDIAC CATHETERIZATION	727,177	0	727,177	59.00
60.00	06000	LABORATORY	893,657	0	893,657	60.00
65.00	06500	RESPIRATORY THERAPY	156,026	0	156,026	65.00
66.00	06600	PHYSICAL THERAPY	418,636	0	418,636	66.00
67.00	06700	OCCUPATIONAL THERAPY	28,303	0	28,303	67.00
68.00	06800	SPEECH PATHOLOGY	92,325	0	92,325	68.00
69.00	06900	ELECTROCARDIOLOGY	507,451	0	507,451	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	199,188	0	199,188	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	517,004	0	517,004	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	439,606	0	439,606	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	662,226	0	662,226	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	67,909	0	67,909	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	340,672	0	340,672	90.00
90.01	09001	CLINIC	171,483	0	171,483	90.01
91.00	09100	EMERGENCY	702,437	0	702,437	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	214,949	0	214,949	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	101,748	0	101,748	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	18,054,689	0	18,054,689	118.00
NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,111,455	0	4,111,455	192.00
194.00	07950	WELLNESS	431,264	0	431,264	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	212,050	0	212,050	194.01
194.02	07951	OCCUPATIONAL HEALTH	71,654	0	71,654	194.02
194.03	07952	MISC. NONREIMBURSABLE	624,862	0	624,862	194.03
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	23,505,974	0	23,505,974	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0189

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

Worksheet B-1

Date/Time Prepared:
11/3/2020 10:49 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	603,889					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		11,613,252				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,658	2,603	160,628,747			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	45,503	4,351,429	16,836,384	-47,554,693	254,225,567	5.00
7.00	00700	OPERATION OF PLANT	37,660	89,590	1,357,402	0	5,969,807	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,062	0	38,765	0	742,130	8.00
9.00	00900	HOUSEKEEPING	3,219	11,403	1,972,905	0	3,123,342	9.00
10.00	01000	DIETARY	6,564	11,151	489,878	0	1,103,727	10.00
11.00	01100	CAFETERIA	3,973	26,167	1,149,606	0	1,582,172	11.00
13.00	01300	NURSING ADMINISTRATION	2,017	5,983	2,623,895	0	3,687,181	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,672	305,606	827,218	0	2,790,067	14.00
15.00	01500	PHARMACY	2,935	28,454	1,844,191	0	1,431,730	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,854	5,455	1,537,505	0	2,261,584	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	70,428	802,108	18,686,572	0	22,656,886	30.00
32.00	03200	CORONARY CARE UNIT	4,908	50,866	1,712,416	0	3,334,113	32.00
40.00	04000	SUBPROVIDER - IPF	8,717	22,914	3,787,210	0	3,739,080	40.00
43.00	04300	NURSERY	617	63,295	540,615	0	777,641	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	42,148	1,647,087	7,118,936	0	15,318,472	50.00
51.00	05100	RECOVERY ROOM	8,502	65,525	1,711,648	0	2,683,694	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,407	31,448	820,416	0	1,147,102	52.00
53.00	05300	ANESTHESIOLOGY	646	92,804	3,499,799	0	2,647,799	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,368	739,046	6,788,357	0	7,855,491	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,500	531,901	2,882,432	0	4,205,154	55.00
56.00	05600	RADIOISOTOPE	2,626	116,230	1,412,015	0	3,278,084	56.00
57.00	05700	CT SCAN	1,526	478,123	615,221	0	1,795,679	57.00
58.00	05800	MRI	2,043	452,679	382,334	0	1,403,301	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,834	391,738	641,943	0	1,854,591	59.00
60.00	06000	LABORATORY	13,356	257,027	6,001,202	0	12,755,123	60.00
65.00	06500	RESPIRATORY THERAPY	1,545	52,224	1,398,186	0	2,247,568	65.00
66.00	06600	PHYSICAL THERAPY	14,378	40,192	3,221,311	0	5,623,270	66.00
67.00	06700	OCCUPATIONAL THERAPY	422	456	576,622	0	781,000	67.00
68.00	06800	SPEECH PATHOLOGY	3,094	20,145	767,206	0	658,932	68.00
69.00	06900	ELECTROCARDIOLOGY	19,538	102,250	2,188,988	0	3,127,605	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,591	39,015	1,571,134	0	2,969,797	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	4,564,404	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	9,405,109	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	20,227,277	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,719	2,585	655,319	0	890,964	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	17,857	17,412	6,075,517	0	3,122,676	90.00
90.01	09001	CLINIC	3,194	64,171	2,089,201	0	1,560,142	90.01
91.00	09100	EMERGENCY	17,842	91,500	10,665,037	0	9,835,675	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	3,990	3,494	3,981,988	0	5,800,805	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	1,500	478	1,688,450	0	3,013,983	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	412,413	11,014,554	120,157,824	-47,554,693	181,973,157	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	142,287	408,340	35,953,017	0	56,695,537	192.00
194.00	07950	WELLNESS	23,300	49,893	347,793	0	860,711	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	0	77,281	1,424,881	0	4,172,569	194.01
194.02	07951	OCCUPATIONAL HEALTH	2,911	9,171	602,872	0	773,115	194.02
194.03	07952	MISC. NONREIMBURSABLE	22,978	54,013	2,142,360	0	9,750,478	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,733,846	15,772,128	37,406,390		47,554,693	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.806734	1.358115	0.232875		0.187057	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			50,382		6,497,769	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000314		0.025559	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0189

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

Worksheet B-1

Date/Time Prepared:
11/3/2020 10:49 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
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: 14-0189

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

Worksheet B-1

Date/Time Prepared:
11/3/2020 10:49 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
		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	460,624				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,062	1,025,609			8.00
9.00	00900	HOUSEKEEPING	2,592	49,582	11,564		9.00
10.00	01000	DIETARY	6,564	16,768	0	171,771	10.00
11.00	01100	CAFETERIA	3,973	0	302	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,017	0	88	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,672	20,171	120	0	14.00
15.00	01500	PHARMACY	2,935	0	58	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,854	0	40	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	66,300	257,911	164	139,612	30.00
32.00	03200	CORONARY CARE UNIT	4,908	21,648	238	4,917	32.00
40.00	04000	SUBPROVIDER - IPF	8,717	60,473	353	20,926	40.00
43.00	04300	NURSERY	617	7,100	0	0	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	37,534	172,901	3,080	1,018	50.00
51.00	05100	RECOVERY ROOM	8,502	68,665	128	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,407	19,451	0	0	52.00
53.00	05300	ANESTHESIOLOGY	646	0	20	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,368	95,828	492	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,500	69	640	0	55.00
56.00	05600	RADIOISOTOPE	2,626	0	60	0	56.00
57.00	05700	CT SCAN	1,526	0	45	0	57.00
58.00	05800	MRI	2,043	0	140	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,909	14,299	360	0	59.00
60.00	06000	LABORATORY	13,356	2,312	289	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,545	0	51	0	65.00
66.00	06600	PHYSICAL THERAPY	14,378	7,531	288	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	422	0	20	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,094	17,174	80	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,729	0	612	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,591	516	136	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,719	0	40	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	260	0	90.00
90.01	09001	CLINIC	0	104	108	0	90.01
91.00	09100	EMERGENCY	17,842	193,106	1,162	5,298	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	3,990	0	72	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	1,500	0	32	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	289,438	1,025,609	9,478	171,771	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	144,975	0	1,568	0	192.00
194.00	07950	WELLNESS	23,300	0	310	0	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL HEALTH	0	0	80	0	194.02
194.03	07952	MISC. NONREIMBURSABLE	2,911	0	128	0	194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,086,501	897,289	3,790,840	1,425,841	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.384567	0.874884	327.813905	8.300825	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	756,984	34,326	143,079	138,919	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.643388	0.033469	12.372795	0.808745	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: 14-0189

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

Worksheet B-1

Date/Time Prepared:
11/3/2020 10:49 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSING HR)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			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					11.00
13.00	01300	NURSING ADMINISTRATION	964,515				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	100			14.00
15.00	01500	PHARMACY	0	0	100		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	863,754,870	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	435,111	0	0	33,846,659	30.00
32.00	03200	CORONARY CARE UNIT	47,841	0	0	3,784,741	32.00
40.00	04000	SUBPROVIDER - IPF	48,777	0	0	6,585,446	40.00
43.00	04300	NURSERY	15,673	0	0	1,915,122	43.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	197,257	0	0	91,892,460	50.00
51.00	05100	RECOVERY ROOM	46,793	0	0	16,317,500	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,697	0	0	6,973,551	52.00
53.00	05300	ANESTHESIOLOGY	2,362	0	0	15,413,023	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	46,556,558	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	18,515,126	55.00
56.00	05600	RADIOISOTOPE	0	0	0	43,720,643	56.00
57.00	05700	CT SCAN	0	0	0	81,601,461	57.00
58.00	05800	MRI	0	0	0	27,452,703	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	20,098,136	59.00
60.00	06000	LABORATORY	0	0	0	65,361,508	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	12,844,323	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	29,313,126	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,986,953	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,835,120	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	9,508,204	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,396,135	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	67	0	46,421,593	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	33	0	36,919,479	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	163,169,176	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	7,350	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	146,583	90.00
90.01	09001	CLINIC	0	0	0	208,289	90.01
91.00	09100	EMERGENCY	148,004	0	0	61,854,125	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	5,773,282	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	6,336,495	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	964,515	100	100	863,754,870	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	WELLNESS	0	0	0	0	194.00
194.01	07953	OTHER NONREIMB PROGRAM: PEACE MEAL	0	0	0	0	194.01
194.02	07951	OCCUPATIONAL HEALTH	0	0	0	0	194.02
194.03	07952	MISC. NONREIMBURSABLE	0	0	0	0	194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,493,301	3,505,517	1,799,244	2,810,332	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.658612	35,055.170000	17,992.440000	0.003254	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	137,239	587,479	121,343	125,477	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.142288	5,874.790000	1,213.430000	0.000145	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0189

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

Worksheet B-1

Date/Time Prepared:
11/3/2020 10:49 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSING HR)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)		
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	13.00	14.00	15.00	16.00		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/3/2020 10:49 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	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	31,913,620		31,913,620	0	31,913,620	30.00
32.00	03200	CORONARY CARE UNIT	4,448,244		4,448,244	0	4,448,244	32.00
40.00	04000	SUBPROVIDER - IPF	5,218,511		5,218,511	0	5,218,511	40.00
43.00	04300	NURSERY	1,030,975		1,030,975	0	1,030,975	43.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,324,734		21,324,734	0	21,324,734	50.00
51.00	05100	RECOVERY ROOM	3,731,611		3,731,611	0	3,731,611	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,546,533		1,546,533	0	1,546,533	52.00
53.00	05300	ANESTHESIOLOGY	3,235,276		3,235,276	0	3,235,276	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,042,797		10,042,797	0	10,042,797	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,636,242		5,636,242	0	5,636,242	55.00
56.00	05600	RADIOISOTOPE	4,121,066		4,121,066	0	4,121,066	56.00
57.00	05700	CT SCAN	2,451,484		2,451,484	0	2,451,484	57.00
58.00	05800	MRI	1,840,529		1,840,529	0	1,840,529	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,530,410		2,530,410	0	2,530,410	59.00
60.00	06000	LABORATORY	15,812,645		15,812,645	0	15,812,645	60.00
65.00	06500	RESPIRATORY THERAPY	2,785,806	0	2,785,806	0	2,785,806	65.00
66.00	06600	PHYSICAL THERAPY	7,144,408	0	7,144,408	0	7,144,408	66.00
67.00	06700	OCCUPATIONAL THERAPY	961,166	0	961,166	0	961,166	67.00
68.00	06800	SPEECH PATHOLOGY	898,031	0	898,031	0	898,031	68.00
69.00	06900	ELECTROCARDIOLOGY	4,229,799		4,229,799	0	4,229,799	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,673,078		3,673,078	0	3,673,078	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,917,960		7,917,960	0	7,917,960	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,441,357		12,441,357	0	12,441,357	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,340,802		26,340,802	0	26,340,802	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,136,819		1,136,819	0	1,136,819	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,842,571		3,842,571	0	3,842,571	90.00
90.01	09001	CLINIC	1,910,761		1,910,761	0	1,910,761	90.01
91.00	09100	EMERGENCY	13,589,656		13,589,656	22,818	13,612,474	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,464,417		8,464,417		8,464,417	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	7,009,040		7,009,040		7,009,040	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	3,640,031		3,640,031		3,640,031	116.00
200.00		Subtotal (see instructions)	220,870,379	0	220,870,379	22,818	220,893,197	200.00
201.00		Less Observation Beds	8,464,417		8,464,417		8,464,417	201.00
202.00		Total (see instructions)	212,405,962	0	212,405,962	22,818	212,428,780	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/3/2020 10:49 am

			Title XVIII			Hospital	PPS
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	26,135,465		26,135,465		30.00
32.00	03200	CORONARY CARE UNIT	3,784,741		3,784,741		32.00
40.00	04000	SUBPROVIDER - IPF	6,585,446		6,585,446		40.00
43.00	04300	NURSERY	1,915,122		1,915,122		43.00
45.00	04500	NURSING FACILITY	0		0		45.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	24,680,190	67,212,270	91,892,460	0.232062	0.000000
51.00	05100	RECOVERY ROOM	4,713,985	11,603,515	16,317,500	0.228688	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,493,602	479,949	6,973,551	0.221771	0.000000
53.00	05300	ANESTHESIOLOGY	5,874,333	9,538,690	15,413,023	0.209905	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,927,192	41,629,366	46,556,558	0.215712	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	62,907	18,452,219	18,515,126	0.304413	0.000000
56.00	05600	RADIOISOTOPE	7,566,277	36,154,366	43,720,643	0.094259	0.000000
57.00	05700	CT SCAN	18,426,698	63,174,763	81,601,461	0.030042	0.000000
58.00	05800	MRI	3,875,457	23,577,246	27,452,703	0.067044	0.000000
59.00	05900	CARDIAC CATHETERIZATION	6,019,000	14,079,136	20,098,136	0.125903	0.000000
60.00	06000	LABORATORY	12,388,348	52,973,160	65,361,508	0.241926	0.000000
65.00	06500	RESPIRATORY THERAPY	10,744,044	2,100,279	12,844,323	0.216890	0.000000
66.00	06600	PHYSICAL THERAPY	2,347,186	26,965,940	29,313,126	0.243727	0.000000
67.00	06700	OCCUPATIONAL THERAPY	768,841	2,218,112	2,986,953	0.321788	0.000000
68.00	06800	SPEECH PATHOLOGY	300,999	2,534,121	2,835,120	0.316752	0.000000
69.00	06900	ELECTROCARDIOLOGY	1,952,516	7,555,688	9,508,204	0.444858	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	387,131	5,009,004	5,396,135	0.680687	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,564,749	25,856,844	46,421,593	0.170566	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,902,018	13,017,461	36,919,479	0.336986	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	29,399,266	133,769,910	163,169,176	0.161432	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	7,350	7,350	154.669252	0.000000
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	146,583	146,583	26.214302	0.000000
90.01	09001	CLINIC	150	208,139	208,289	9.173605	0.000000
91.00	09100	EMERGENCY	14,241,262	47,612,863	61,854,125	0.219705	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	7,711,194	7,711,194	1.097679	0.000000
	OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	5,773,282	5,773,282		101.00
	SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	6,336,495	6,336,495		116.00
200.00		Subtotal (see instructions)	238,056,925	625,697,945	863,754,870		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	238,056,925	625,697,945	863,754,870		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/3/2020 10:49 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
32.00	03200	CORONARY CARE UNIT				32.00
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
45.00	04500	NURSING FACILITY				45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.232062			50.00
51.00	05100	RECOVERY ROOM	0.228688			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.221771			52.00
53.00	05300	ANESTHESIOLOGY	0.209905			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.215712			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.304413			55.00
56.00	05600	RADIOISOTOPE	0.094259			56.00
57.00	05700	CT SCAN	0.030042			57.00
58.00	05800	MRI	0.067044			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.125903			59.00
60.00	06000	LABORATORY	0.241926			60.00
65.00	06500	RESPIRATORY THERAPY	0.216890			65.00
66.00	06600	PHYSICAL THERAPY	0.243727			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.321788			67.00
68.00	06800	SPEECH PATHOLOGY	0.316752			68.00
69.00	06900	ELECTROCARDIOLOGY	0.444858			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.680687			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.170566			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.336986			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.161432			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	154.669252			76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	26.214302			90.00
90.01	09001	CLINIC	9.173605			90.01
91.00	09100	EMERGENCY	0.220074			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.097679			92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/3/2020 10:49 am

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
1.00			2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	31,913,620		31,913,620	0	31,913,620	30.00
32.00	03200	CORONARY CARE UNIT	4,448,244		4,448,244	0	4,448,244	32.00
40.00	04000	SUBPROVIDER - IPF	5,218,511		5,218,511	0	5,218,511	40.00
43.00	04300	NURSERY	1,030,975		1,030,975	0	1,030,975	43.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,324,734		21,324,734	0	21,324,734	50.00
51.00	05100	RECOVERY ROOM	3,731,611		3,731,611	0	3,731,611	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,546,533		1,546,533	0	1,546,533	52.00
53.00	05300	ANESTHESIOLOGY	3,235,276		3,235,276	0	3,235,276	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,042,797		10,042,797	0	10,042,797	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,636,242		5,636,242	0	5,636,242	55.00
56.00	05600	RADIOISOTOPE	4,121,066		4,121,066	0	4,121,066	56.00
57.00	05700	CT SCAN	2,451,484		2,451,484	0	2,451,484	57.00
58.00	05800	MRI	1,840,529		1,840,529	0	1,840,529	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,530,410		2,530,410	0	2,530,410	59.00
60.00	06000	LABORATORY	15,812,645		15,812,645	0	15,812,645	60.00
65.00	06500	RESPIRATORY THERAPY	2,785,806	0	2,785,806	0	2,785,806	65.00
66.00	06600	PHYSICAL THERAPY	7,144,408	0	7,144,408	0	7,144,408	66.00
67.00	06700	OCCUPATIONAL THERAPY	961,166	0	961,166	0	961,166	67.00
68.00	06800	SPEECH PATHOLOGY	898,031	0	898,031	0	898,031	68.00
69.00	06900	ELECTROCARDIOLOGY	4,229,799		4,229,799	0	4,229,799	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,673,078		3,673,078	0	3,673,078	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,917,960		7,917,960	0	7,917,960	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,441,357		12,441,357	0	12,441,357	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,340,802		26,340,802	0	26,340,802	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,136,819		1,136,819	0	1,136,819	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,842,571		3,842,571	0	3,842,571	90.00
90.01	09001	CLINIC	1,910,761		1,910,761	0	1,910,761	90.01
91.00	09100	EMERGENCY	13,589,656		13,589,656	22,818	13,612,474	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,464,417		8,464,417		8,464,417	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	7,009,040		7,009,040		7,009,040	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	3,640,031		3,640,031		3,640,031	116.00
200.00		Subtotal (see instructions)	220,870,379	0	220,870,379	22,818	220,893,197	200.00
201.00		Less Observation Beds	8,464,417		8,464,417		8,464,417	201.00
202.00		Total (see instructions)	212,405,962	0	212,405,962	22,818	212,428,780	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/3/2020 10:49 am

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	26,135,465		26,135,465		30.00
32.00	03200	CORONARY CARE UNIT	3,784,741		3,784,741		32.00
40.00	04000	SUBPROVIDER - IPF	6,585,446		6,585,446		40.00
43.00	04300	NURSERY	1,915,122		1,915,122		43.00
45.00	04500	NURSING FACILITY	0		0		45.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	24,680,190	67,212,270	91,892,460	0.232062	0.000000
51.00	05100	RECOVERY ROOM	4,713,985	11,603,515	16,317,500	0.228688	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,493,602	479,949	6,973,551	0.221771	0.000000
53.00	05300	ANESTHESIOLOGY	5,874,333	9,538,690	15,413,023	0.209905	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,927,192	41,629,366	46,556,558	0.215712	0.000000
55.00	05500	RADIOLOGY-THERAPEUTIC	62,907	18,452,219	18,515,126	0.304413	0.000000
56.00	05600	RADIOISOTOPE	7,566,277	36,154,366	43,720,643	0.094259	0.000000
57.00	05700	CT SCAN	18,426,698	63,174,763	81,601,461	0.030042	0.000000
58.00	05800	MRI	3,875,457	23,577,246	27,452,703	0.067044	0.000000
59.00	05900	CARDIAC CATHETERIZATION	6,019,000	14,079,136	20,098,136	0.125903	0.000000
60.00	06000	LABORATORY	12,388,348	52,973,160	65,361,508	0.241926	0.000000
65.00	06500	RESPIRATORY THERAPY	10,744,044	2,100,279	12,844,323	0.216890	0.000000
66.00	06600	PHYSICAL THERAPY	2,347,186	26,965,940	29,313,126	0.243727	0.000000
67.00	06700	OCCUPATIONAL THERAPY	768,841	2,218,112	2,986,953	0.321788	0.000000
68.00	06800	SPEECH PATHOLOGY	300,999	2,534,121	2,835,120	0.316752	0.000000
69.00	06900	ELECTROCARDIOLOGY	1,952,516	7,555,688	9,508,204	0.444858	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	387,131	5,009,004	5,396,135	0.680687	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	20,564,749	25,856,844	46,421,593	0.170566	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,902,018	13,017,461	36,919,479	0.336986	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	29,399,266	133,769,910	163,169,176	0.161432	0.000000
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	7,350	7,350	154.669252	0.000000
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	146,583	146,583	26.214302	0.000000
90.01	09001	CLINIC	150	208,139	208,289	9.173605	0.000000
91.00	09100	EMERGENCY	14,241,262	47,612,863	61,854,125	0.219705	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	7,711,194	7,711,194	1.097679	0.000000
	OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	5,773,282	5,773,282		101.00
	SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	6,336,495	6,336,495		116.00
200.00		Subtotal (see instructions)	238,056,925	625,697,945	863,754,870		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	238,056,925	625,697,945	863,754,870		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/3/2020 10:49 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
32.00	03200	CORONARY CARE UNIT				32.00
40.00	04000	SUBPROVIDER - IPF				40.00
43.00	04300	NURSERY				43.00
45.00	04500	NURSING FACILITY				45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	CLINIC	0.000000			90.01
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
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: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
11/3/2020 10:49 am

			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	2,904,158	0	2,904,158	23,014	126.19	30.00
32.00	CORONARY CARE UNIT	243,593		243,593	1,773	137.39	32.00
40.00	SUBPROVIDER - IPF	288,752	0	288,752	4,721	61.16	40.00
43.00	NURSERY	118,542		118,542	1,232	96.22	43.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	3,555,045		3,555,045	30,740		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	9,169	1,157,036				
32.00	CORONARY CARE UNIT	902	123,926				
40.00	SUBPROVIDER - IPF	1,519	92,902				
43.00	NURSERY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	11,590	1,373,864				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part II
Date/Time Prepared:
11/3/2020 10:49 am

Cost Center Description			Title XVIII		Hospital	PPS		
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,330,137	91,892,460	0.036240	12,467,863	451,835	50.00
51.00	05100	RECOVERY ROOM	296,713	16,317,500	0.018184	2,308,631	41,980	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	98,708	6,973,551	0.014155	6,962	99	52.00
53.00	05300	ANESTHESIOLOGY	207,946	15,413,023	0.013492	2,804,480	37,838	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,463,869	46,556,558	0.031443	3,245,135	102,037	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,154,993	18,515,126	0.062381	50,050	3,122	55.00
56.00	05600	RADIOISOTOPE	288,961	43,720,643	0.006609	3,813,967	25,207	56.00
57.00	05700	CT SCAN	730,964	81,601,461	0.008958	10,370,801	92,902	57.00
58.00	05800	MRI	686,556	27,452,703	0.025009	2,183,526	54,608	58.00
59.00	05900	CARDIAC CATHETERIZATION	727,177	20,098,136	0.036181	2,839,997	102,754	59.00
60.00	06000	LABORATORY	893,657	65,361,508	0.013673	6,509,264	89,001	60.00
65.00	06500	RESPIRATORY THERAPY	156,026	12,844,323	0.012147	5,642,019	68,534	65.00
66.00	06600	PHYSICAL THERAPY	418,636	29,313,126	0.014282	1,381,856	19,736	66.00
67.00	06700	OCCUPATIONAL THERAPY	28,303	2,986,953	0.009476	471,456	4,468	67.00
68.00	06800	SPEECH PATHOLOGY	92,325	2,835,120	0.032565	128,668	4,190	68.00
69.00	06900	ELECTROCARDIOLOGY	507,451	9,508,204	0.053370	1,133,320	60,485	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	199,188	5,396,135	0.036913	267,110	9,860	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	517,004	46,421,593	0.011137	6,497,047	72,358	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	439,606	36,919,479	0.011907	14,341,898	170,769	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	662,226	163,169,176	0.004059	15,094,526	61,269	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	67,909	7,350	9.239320	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	340,672	146,583	2.324089	0	0	90.00
90.01	09001	CLINIC	171,483	208,289	0.823294	150	123	90.01
91.00	09100	EMERGENCY	702,437	61,854,125	0.011356	9,148,036	103,885	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	770,270	7,711,194	0.099890	0	0	92.00
200.00		Total (lines 50 through 199)	14,953,217	813,224,319		100,706,762	1,577,060	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0189		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 11/3/2020 10:49 am		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00		
43.00	04300	NURSERY	0	0	0	0	0	0	43.00		
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	45.00		
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	23,014	0.00	9,169		30.00		
32.00	03200	CORONARY CARE UNIT	0	0	1,773	0.00	902		32.00		
40.00	04000	SUBPROVIDER - IPF	0	0	4,721	0.00	1,519		40.00		
43.00	04300	NURSERY	0	0	1,232	0.00	0		43.00		
45.00	04500	NURSING FACILITY	0	0	0	0.00	0		45.00		
200.00	Total (lines 30 through 199)		0	0	30,740		11,590		200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost							
			9.00	13.00							
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0							30.00
32.00	03200	CORONARY CARE UNIT	0	0							32.00
40.00	04000	SUBPROVIDER - IPF	0	0							40.00
43.00	04300	NURSERY	0	0							43.00
45.00	04500	NURSING FACILITY	0	0							45.00
200.00	Total (lines 30 through 199)		0	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0189		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/3/2020 10:49 am	
				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
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
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
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	CLINIC		0	0	0	0	0	90.01
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
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: 14-0189

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

Worksheet D
Part IV
Date/Time Prepared:
11/3/2020 10:49 am

			Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	91,892,460	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	16,317,500	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,973,551	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	15,413,023	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	46,556,558	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	18,515,126	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	43,720,643	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	81,601,461	0.000000	57.00
58.00	05800	MRI	0	0	0	27,452,703	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	20,098,136	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	65,361,508	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	12,844,323	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	29,313,126	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,986,953	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,835,120	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	9,508,204	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,396,135	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	46,421,593	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	36,919,479	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	163,169,176	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	7,350	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	146,583	0.000000	90.00
90.01	09001	CLINIC	0	0	0	208,289	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	61,854,125	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	7,711,194	0.000000	92.00
200.00	Total (lines 50 through 199)		0	0	0	813,224,319		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/3/2020 10:49 am

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	12,467,863	0	23,576,035	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	2,308,631	0	4,647,678	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	6,962	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	2,804,480	0	3,641,481	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	3,245,135	0	8,644,933	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	50,050	0	8,943,439	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	3,813,967	0	8,752,482	0	56.00
57.00	05700	CT SCAN	0.000000	10,370,801	0	18,897,238	0	57.00
58.00	05800	MRI	0.000000	2,183,526	0	6,749,360	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	2,839,997	0	6,580,491	0	59.00
60.00	06000	LABORATORY	0.000000	6,509,264	0	4,982,884	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	5,642,019	0	672,195	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,381,856	0	644,127	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	471,456	0	5,103	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	128,668	0	280,981	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,133,320	0	2,194,979	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	267,110	0	448,403	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	6,497,047	0	5,226,339	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	14,341,898	0	5,951,052	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	15,094,526	0	61,335,529	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	194	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	CLINIC	0.000000	150	0	55,302	0	90.01
91.00	09100	EMERGENCY	0.000000	9,148,036	0	10,607,504	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	2,189,998	0	92.00
200.00		Total (lines 50 through 199)		100,706,762	0	185,027,727	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0189		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/3/2020 10:49 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost				
				21.00	24.00				
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
56.00	05600	RADIOISOTOPE	0	0					56.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0					73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0					75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0					76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0					90.00
90.01	09001	CLINIC	0	0					90.01
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
200.00		Total (lines 50 through 199)	0	0					200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
11/3/2020 10:49 am

			Title XVIII		Hospital		PPS		
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.232062	23,576,035		0	0	5,471,102	50.00
51.00	05100	RECOVERY ROOM	0.228688	4,647,678		0	0	1,062,868	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.221771	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.209905	3,641,481		0	0	764,365	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.215712	8,644,933		0	0	1,864,816	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.304413	8,943,439		0	0	2,722,499	55.00
56.00	05600	RADIOISOTOPE	0.094259	8,752,482		0	0	825,000	56.00
57.00	05700	CT SCAN	0.030042	18,897,238		0	0	567,711	57.00
58.00	05800	MRI	0.067044	6,749,360		0	0	452,504	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.125903	6,580,491		0	0	828,504	59.00
60.00	06000	LABORATORY	0.241926	4,982,884		0	0	1,205,489	60.00
65.00	06500	RESPIRATORY THERAPY	0.216890	672,195		0	0	145,792	65.00
66.00	06600	PHYSICAL THERAPY	0.243727	644,127		0	0	156,991	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.321788	5,103		0	0	1,642	67.00
68.00	06800	SPEECH PATHOLOGY	0.316752	280,981		0	0	89,001	68.00
69.00	06900	ELECTROCARDIOLOGY	0.444858	2,194,979		0	0	976,454	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.680687	448,403		0	0	305,222	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.170566	5,226,339		0	0	891,436	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.336986	5,951,052		0	0	2,005,421	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.161432	61,335,529		0	67,631	9,901,517	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0		0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	154.669252	194		0	0	30,006	76.00
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	26.214302	0		0	0	0	90.00
90.01	09001	CLINIC	9.173605	55,302		0	0	507,319	90.01
91.00	09100	EMERGENCY	0.219705	10,607,504		0	0	2,330,522	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.097679	2,189,998		0	0	2,403,915	92.00
200.00		Subtotal (see instructions)		185,027,727		0	67,631	35,510,096	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)		185,027,727		0	67,631	35,510,096	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0189		Period: From 07/01/2019 To 06/30/2020	Worksheet D Part V Date/Time Prepared: 11/3/2020 10:49 am
			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,918		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0		90.00
90.01	09001	CLINIC	0	0		90.01
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	10,918		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	10,918		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0189

Period:

Worksheet D

Component CCN: 14-S189

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/3/2020 10:49 am

				Title XVIII	Subprovider - IPF	11/3/2020 10:49 am PPS		
	Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,330,137	91,892,460	0.036240	0	0	50.00
51.00	05100	RECOVERY ROOM	296,713	16,317,500	0.018184	171,827	3,125	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	98,708	6,973,551	0.014155	0	0	52.00
53.00	05300	ANESTHESIOLOGY	207,946	15,413,023	0.013492	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,463,869	46,556,558	0.031443	33,611	1,057	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,154,993	18,515,126	0.062381	0	0	55.00
56.00	05600	RADIOISOTOPE	288,961	43,720,643	0.006609	27,114	179	56.00
57.00	05700	CT SCAN	730,964	81,601,461	0.008958	149,701	1,341	57.00
58.00	05800	MRI	686,556	27,452,703	0.025009	54,961	1,375	58.00
59.00	05900	CARDIAC CATHETERIZATION	727,177	20,098,136	0.036181	0	0	59.00
60.00	06000	LABORATORY	893,657	65,361,508	0.013673	299,834	4,100	60.00
65.00	06500	RESPIRATORY THERAPY	156,026	12,844,323	0.012147	174,665	2,122	65.00
66.00	06600	PHYSICAL THERAPY	418,636	29,313,126	0.014282	11,122	159	66.00
67.00	06700	OCCUPATIONAL THERAPY	28,303	2,986,953	0.009476	2,273	22	67.00
68.00	06800	SPEECH PATHOLOGY	92,325	2,835,120	0.032565	1,275	42	68.00
69.00	06900	ELECTROCARDIOLOGY	507,451	9,508,204	0.053370	29,616	1,581	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	199,188	5,396,135	0.036913	22,704	838	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	517,004	46,421,593	0.011137	9,372	104	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	439,606	36,919,479	0.011907	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	662,226	163,169,176	0.004059	248,342	1,008	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	67,909	7,350	9.239320	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	340,672	146,583	2.324089	0	0	90.00
90.01	09001	CLINIC	171,483	208,289	0.823294	0	0	90.01
91.00	09100	EMERGENCY	702,437	61,854,125	0.011356	356,732	4,051	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	7,711,194	0.000000	0	0	92.00
200.00		Total (lines 50 through 199)	14,182,947	813,224,319		1,593,149	21,104	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0189 Component CCN: 14-S189		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/3/2020 10:49 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
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
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	CLINIC		0	0	0	0	0	90.01
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
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: 14-0189 Component CCN: 14-S189		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/3/2020 10:49 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	91,892,460	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	16,317,500	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	6,973,551	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	15,413,023	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	46,556,558	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	18,515,126	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	43,720,643	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	81,601,461	0.000000	57.00
58.00	05800	MRI	0	0	0	27,452,703	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	20,098,136	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	65,361,508	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	12,844,323	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	29,313,126	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	2,986,953	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,835,120	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	9,508,204	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	5,396,135	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	46,421,593	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	36,919,479	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	163,169,176	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	7,350	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	146,583	0.000000	90.00
90.01	09001	CLINIC	0	0	0	208,289	0.000000	90.01
91.00	09100	EMERGENCY	0	0	0	61,854,125	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	7,711,194	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	813,224,319		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0189 Component CCN: 14-S189		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/3/2020 10:49 am	
				Title XVIII		Subprovider - IPF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	171,827	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	33,611	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	27,114	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	149,701	0	0	0	57.00
58.00	05800	MRI		0.000000	54,961	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	299,834	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY		0.000000	174,665	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	11,122	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	2,273	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	1,275	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	29,616	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	22,704	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	9,372	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	248,342	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.000000	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.000000	0	0	0	0	90.00
90.01	09001	CLINIC		0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY		0.000000	356,732	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			1,593,149	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0189 Component CCN: 14-S189		Period: From 07/01/2019 To 06/30/2020	Worksheet D Part IV Date/Time Prepared: 11/3/2020 10:49 am
				Title XVIII		Subprovider - IPF	PPS
Cost Center Description				PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
				21.00	24.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0			50.00
51.00	05100	RECOVERY ROOM	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300	ANESTHESIOLOGY	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00	05600	RADIOISOTOPE	0	0			56.00
57.00	05700	CT SCAN	0	0			57.00
58.00	05800	MRI	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000	LABORATORY	0	0			60.00
65.00	06500	RESPIRATORY THERAPY	0	0			65.00
66.00	06600	PHYSICAL THERAPY	0	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0			75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0			76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0			90.00
90.01	09001	CLINIC	0	0			90.01
91.00	09100	EMERGENCY	0	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0			92.00
200.00		Total (lines 50 through 199)	0	0			200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0189	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/3/2020 10:49 am	
Title XVIII		Hospital	PPS		
Cost Center Description		1.00			
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	23,014			1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	23,014			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)	16,910			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)	9,169			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)	31,913,620			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)	31,913,620			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)	31,913,620			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)	1,386.70			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	12,714,652			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)	12,714,652			41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0189

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

Worksheet D-1

Date/Time Prepared:

11/3/2020 10:49 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT	4,448,244	1,773	2,508.88	902	2,263,010	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					20,308,017	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					35,285,679	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)					1,280,962	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,577,060	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,858,022	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					32,427,657	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)					6,104	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,386.70	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,464,417	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0189

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

Worksheet D-1

Date/Time Prepared:
11/3/2020 10:49 am

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	2,904,158	31,913,620	0.091001	8,464,417	770,270
91.00	Nursing School cost	0	31,913,620	0.000000	8,464,417	0
92.00	Allied health cost	0	31,913,620	0.000000	8,464,417	0
93.00	All other Medical Education	0	31,913,620	0.000000	8,464,417	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0189 Component CCN: 14-S189	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/3/2020 10:49 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,721	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,721	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,721	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		1,519	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)		5,218,511	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)		5,218,511	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)		5,218,511	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)		1,105.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,679,072	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,679,072	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0189	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1		
				Component CCN: 14-S189		Date/Time Prepared: 11/3/2020 10:49 am		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
			1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)		0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT							43.00
44.00	CORONARY CARE UNIT		0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	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)						320,375	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						1,999,447	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)						92,902	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						21,104	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						114,006	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						1,885,441	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: 14-0189 Component CCN: 14-S189		Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/3/2020 10:49 am	
		Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	288,752	5,218,511	0.055332	0	0 90.00
91.00	Nursing School cost	0	5,218,511	0.000000	0	0 91.00
92.00	Allied health cost	0	5,218,511	0.000000	0	0 92.00
93.00	All other Medical Education	0	5,218,511	0.000000	0	0 93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0189	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/3/2020 10:49 am	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		12,431,637		30.00
32.00	03200	CORONARY CARE UNIT		1,918,062		32.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.232062	12,467,863	2,893,317	50.00
51.00	05100	RECOVERY ROOM	0.228688	2,308,631	527,956	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.221771	6,962	1,544	52.00
53.00	05300	ANESTHESIOLOGY	0.209905	2,804,480	588,674	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.215712	3,245,135	700,015	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.304413	50,050	15,236	55.00
56.00	05600	RADIOISOTOPE	0.094259	3,813,967	359,501	56.00
57.00	05700	CT SCAN	0.030042	10,370,801	311,560	57.00
58.00	05800	MRI	0.067044	2,183,526	146,392	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.125903	2,839,997	357,564	59.00
60.00	06000	LABORATORY	0.241926	6,509,264	1,574,760	60.00
65.00	06500	RESPIRATORY THERAPY	0.216890	5,642,019	1,223,698	65.00
66.00	06600	PHYSICAL THERAPY	0.243727	1,381,856	336,796	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.321788	471,456	151,709	67.00
68.00	06800	SPEECH PATHOLOGY	0.316752	128,668	40,756	68.00
69.00	06900	ELECTROCARDIOLOGY	0.444858	1,133,320	504,166	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.680687	267,110	181,818	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.170566	6,497,047	1,108,175	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.336986	14,341,898	4,833,019	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.161432	15,094,526	2,436,740	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	154.669252	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	26.214302	0	0	90.00
90.01	09001	CLINIC	9.173605	150	1,376	90.01
91.00	09100	EMERGENCY	0.220074	9,148,036	2,013,245	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.097679	0	0	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		100,706,762	20,308,017	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		100,706,762		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0189 Component CCN: 14-S189	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/3/2020 10:49 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
32.00	03200 CORONARY CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		2,083,960		40.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.232062	0	0	50.00
51.00	05100 RECOVERY ROOM	0.228688	171,827	39,295	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.221771	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.209905	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.215712	33,611	7,250	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.304413	0	0	55.00
56.00	05600 RADIOISOTOPE	0.094259	27,114	2,556	56.00
57.00	05700 CT SCAN	0.030042	149,701	4,497	57.00
58.00	05800 MRI	0.067044	54,961	3,685	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.125903	0	0	59.00
60.00	06000 LABORATORY	0.241926	299,834	72,538	60.00
65.00	06500 RESPIRATORY THERAPY	0.216890	174,665	37,883	65.00
66.00	06600 PHYSICAL THERAPY	0.243727	11,122	2,711	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.321788	2,273	731	67.00
68.00	06800 SPEECH PATHOLOGY	0.316752	1,275	404	68.00
69.00	06900 ELECTROCARDIOLOGY	0.444858	29,616	13,175	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.680687	22,704	15,454	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.170566	9,372	1,599	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.336986	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.161432	248,342	40,090	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	154.669252	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	26.214302	0	0	90.00
90.01	09001 CLINIC	9.173605			90.01
91.00	09100 EMERGENCY	0.220074	356,732	78,507	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1.097679	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,593,149	320,375	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		1,593,149		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A
Date/Time Prepared:
11/3/2020 10:49 am

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			5,990,893	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			17,322,989	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)			175,677	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			479,553	2.04
3.00	Managed Care Simulated Payments			0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			66.32	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			5.50	30.00
31.00	Percentage of Medicaid patient days (see instructions)			20.16	31.00
32.00	Sum of lines 30 and 31			25.66	32.00
33.00	Allowable disproportionate share percentage (see instructions)			10.39	33.00
34.00	Disproportionate share adjustment (see instructions)			605,579	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0189	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/3/2020 10:49 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,272,872,447	8,350,599,096	35.00
35.01	Factor 3 (see instructions)	0.000185757	0.000240962	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,495,207	2,012,177	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	376,874	1,506,384	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,883,258		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	26,457,949		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	28,132,778		48.00
		Amount		
		1.00		
49.00	Total payment for inpatient operating costs (see instructions)		28,132,778	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,911,625	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		30,044,403	59.00
60.00	Primary payer payments		4,304	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		30,040,099	61.00
62.00	Deductibles billed to program beneficiaries		3,083,388	62.00
63.00	Coinsurance billed to program beneficiaries		30,690	63.00
64.00	Allowable bad debts (see instructions)		825,139	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		536,340	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		825,139	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		27,462,361	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)		393,729	70.93
70.94	HRR adjustment amount (see instructions)		-280,590	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0189	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/3/2020 10:49 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	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)		79,943	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		27,495,557	71.00
71.01	Sequestration adjustment (see instructions)		549,911	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		27,455,624	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)		-509,978	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		0	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	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

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 14-0189

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

Worksheet DSH

Date/Time Prepared:
11/3/2020 10:49 am

		Title XVIII		Hospital		PPS	
		Original .mcx Values	Adjusted .mcx Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	5.50	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	20.16	0.00			20.16	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	25.66	0.00			20.16	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	SCH				SCH	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	66.32	0.00			66.32	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	10.39	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	No				No	9.00
10.00	S-2, Line 45	No				No	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	1,065	0			1,065	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	538	0			538	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	2,333	0			2,333	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	150	0			150	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	4,086	0			4,086	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	19,915	0			19,915	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	352	0			352	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	20,267	0			20,267	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	20.16	0.00			20.16	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE			Provider CCN: 14-0189		Period: From 07/01/2019 To 06/30/2020		Worksheet DSH Date/Time Prepared: 11/3/2020 10:49 am	
			Title XVIII		Hospital		PPS	
			Original .mcrx Values		Adjusted .mcax Values		Revised	
			Condition	Percentage	Condition	Percentage	Condition	
			1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE								
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	10.38		0.00	False	28.00	
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	True	29.00	
30.00	Line 28 or 29 as applicable		10.38		0.00		30.00	
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		10.38		0.00		31.00	
			Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
			1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE								
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00	
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00	
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00	
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	True				True	35.00	
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Rural				Rural	36.00	

CALCULATION OF DSH PAYMENT PERCENTAGE

Provider CCN: 14-0189

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

Worksheet DSH

Date/Time Prepared:
11/3/2020 10:49 am

Title XVIII

Hospital

PPS

		Revised		
		Percentage		
		6.00		
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	5.85		29.00
30.00	Line 28 or 29 as applicable	5.85		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00		31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0189	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/3/2020 10:49 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		10,918	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		35,510,096	2.00
3.00	OPPS payments		30,770,963	3.00
4.00	Outlier payment (see instructions)		99,178	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)		10,918	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		67,631	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)		67,631	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)		67,631	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		56,713	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)		10,918	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)		30,870,141	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)		5,584,795	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)		25,296,264	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		25,296,264	30.00
31.00	Primary payer payments		203	31.00
32.00	Subtotal (line 30 minus line 31)		25,296,061	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,087,577	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		706,925	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,087,577	36.00
37.00	Subtotal (see instructions)		26,002,986	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)		26,002,986	40.00
40.01	Sequestration adjustment (see instructions)		520,060	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		25,399,798	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)		83,128	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0189	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/3/2020 10:49 am	
		Title XVIII	Hospital	PPS	
				Overrides	
				1.00	
WORKSHEET OVERRIDE VALUES					
112.00	Override of Ancillary service charges (line 12)				0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
11/3/2020 10:49 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		27,697,962		25,485,304	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	02/17/2020	242,338	02/17/2020	85,506	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)		-242,338		-85,506	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)		27,455,624		25,399,798	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		83,128	6.01	
6.02	SETTLEMENT TO PROGRAM		509,978		0	6.02	
7.00	Total Medicare program liability (see instructions)		26,945,646		25,482,926	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: 14-0189
 Component CCN: 14-S189

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 11/3/2020 10:49 am

		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider					0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,196,478			0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0			0	3.01
3.02			0			0	3.02
3.03			0			0	3.03
3.04			0			0	3.04
3.05			0			0	3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0			0	3.50
3.51			0			0	3.51
3.52			0			0	3.52
3.53			0			0	3.53
3.54			0			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0			0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,196,478			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		91,503			0	6.01
6.02	SETTLEMENT TO PROGRAM		0			0	6.02
7.00	Total Medicare program liability (see instructions)		1,287,981			0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part II
Date/Time Prepared:
11/3/2020 10:49 am

		Title XVIII	Hospital	PPS
				1.00
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS			
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00
				Overrides
				1.00
	CONTRACTOR OVERRIDES			
108.00	Override of HIT payment			108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0189 Component CCN: 14-S189	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part II Date/Time Prepared: 11/3/2020 10:49 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,398,695 1.00
2.00	Net IPF PPS Outlier Payments			17,277 2.00
3.00	Net IPF PPS ECT Payments			9,811 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)			12.898907 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,425,783 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,425,783 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,425,783 18.00
19.00	Deductibles			154,440 19.00
20.00	Subtotal (line 18 minus line 19)			1,271,343 20.00
21.00	Coinsurance			52,569 21.00
22.00	Subtotal (line 20 minus line 21)			1,218,774 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			146,910 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			95,492 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			146,910 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,314,266 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)			1,314,266 31.00
31.01	Sequestration adjustment (see instructions)			26,285 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			1,196,478 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)			91,503 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			17,277 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

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

Provider CCN: 14-0189

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

Worksheet G

Date/Time Prepared:
11/3/2020 10:49 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	35,637,787	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	120,277,297	0	0	0	4.00
5.00	Other receivable	-80,265,624	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	8,517,215	0	0	0	7.00
8.00	Prepaid expenses	11,142,951	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	95,309,626	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,850,247	0	0	0	12.00
13.00	Land improvements	15,775,290	0	0	0	13.00
14.00	Accumulated depreciation	-7,024,685	0	0	0	14.00
15.00	Buildings	220,565,885	0	0	0	15.00
16.00	Accumulated depreciation	-71,480,250	0	0	0	16.00
17.00	Leasehold improvements	364,206	0	0	0	17.00
18.00	Accumulated depreciation	-259,884	0	0	0	18.00
19.00	Fixed equipment	22,903,223	0	0	0	19.00
20.00	Accumulated depreciation	-14,337,892	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	140,917,192	0	0	0	23.00
24.00	Accumulated depreciation	-96,067,048	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	218,206,284	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	255,456,438	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	111,076,938	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	366,533,376	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	680,049,286	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	8,715,019	0	0	0	37.00
38.00	Salaries, wages, and fees payable	22,768,646	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	6,268,605	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	19,418,883	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	57,171,153	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	134,445,204	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	134,445,204	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	191,616,357	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	488,432,929				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	488,432,929	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	680,049,286	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0189

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

Worksheet G-1

Date/Time Prepared:
11/3/2020 10:49 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		448,284,251		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		40,148,678				2.00
3.00	Total (sum of line 1 and line 2)		488,432,929		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		488,432,929		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)		488,432,929		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0189

Period:
From 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
11/3/2020 10:49 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	26,135,465		26,135,465	1.00
2.00	SUBPROVIDER - IPF	6,585,446		6,585,446	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	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	32,720,911		32,720,911	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT	3,784,741		3,784,741	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	3,784,741		3,784,741	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	36,505,652		36,505,652	17.00
18.00	Ancillary services	199,636,151	566,188,998	765,825,149	18.00
19.00	Outpatient services	0	47,612,863	47,612,863	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		5,773,282	5,773,282	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	6,336,495	6,336,495	26.00
27.00	OTHER: NURS IP, OCC HLTH, DIET, ACCR	1,915,122	834,914	2,750,036	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	238,056,925	626,746,552	864,803,477	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		351,938,280		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)		351,938,280		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0189

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

Worksheet G-3

Date/Time Prepared:
11/3/2020 10:49 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	864,803,477	1.00
2.00	Less contractual allowances and discounts on patients' accounts	573,069,488	2.00
3.00	Net patient revenues (line 1 minus line 2)	291,733,989	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	351,938,280	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-60,204,291	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,149,774	6.00
7.00	Income from investments	7,249,961	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	318,378	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	834,643	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	1,680,000	17.00
18.00	Revenue from sale of medical records and abstracts	44,135	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	14,814	21.00
22.00	Rental of hospital space	119,314	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER: PHYSN REV, GRANTS, MISC	88,941,950	24.00
25.00	Total other income (sum of lines 6-24)	100,352,969	25.00
26.00	Total (line 5 plus line 25)	40,148,678	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	40,148,678	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS					Provider CCN: 14-0189 HHA CCN: 14-7594	Period: From 07/01/2019 To 06/30/2020	Worksheet H Date/Time Prepared: 11/3/2020 10:49 am
						Home Health Agency I	PPS
	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Pur chased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	989,710	283,665	72,787	134,880	0	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,961,334	0	0	0	1,961,334	6.00
7.00	Physical Therapy	587,697	0	0	0	587,697	7.00
8.00	Occupational Therapy	252,556	0	0	0	252,556	8.00
9.00	Speech Pathology	20,755	0	0	0	20,755	9.00
10.00	Medical Social Services	77,572	0	0	0	77,572	10.00
11.00	Home Health Aide	92,364	0	0	0	92,364	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,981,988	283,665	72,787	134,880	0	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	344,336	1,825,378	0	1,825,378		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	1,961,334	0	1,961,334		6.00
7.00	Physical Therapy	0	587,697	0	587,697		7.00
8.00	Occupational Therapy	0	252,556	0	252,556		8.00
9.00	Speech Pathology	0	20,755	0	20,755		9.00
10.00	Medical Social Services	0	77,572	0	77,572		10.00
11.00	Home Health Aide	0	92,364	0	92,364		11.00
12.00	Supplies (see instructions)	0	0	0	0		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Telemedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	344,336	4,817,656	0	4,817,656		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: 14-0189

Period:

Worksheet H-1

HHA CCN: 14-7594

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/3/2020 10:49 amHome Health
Agency I

PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
			0	1.00	2.00	3.00	4.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0		4.00
5.00	Administrative and General	1,825,378	0	0	0	0	1,825,378	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,961,334	0	0	0	0	1,961,334	6.00
7.00	Physical Therapy	587,697	0	0	0	0	587,697	7.00
8.00	Occupational Therapy	252,556	0	0	0	0	252,556	8.00
9.00	Speech Pathology	20,755	0	0	0	0	20,755	9.00
10.00	Medical Social Services	77,572	0	0	0	0	77,572	10.00
11.00	Home Health Aide	92,364	0	0	0	0	92,364	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	4,817,656	0	0	0	0	4,817,656	24.00
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures							1.00
2.00	Capital Related - Movable Equipment							2.00
3.00	Plant Operation & Maintenance							3.00
4.00	Transportation							4.00
5.00	Administrative and General	1,825,378						5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,196,471	3,157,805					6.00
7.00	Physical Therapy	358,513	946,210					7.00
8.00	Occupational Therapy	154,067	406,623					8.00
9.00	Speech Pathology	12,661	33,416					9.00
10.00	Medical Social Services	47,321	124,893					10.00
11.00	Home Health Aide	56,345	148,709					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		4,817,656					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0189

Period:

Worksheet H-1

HHA CCN: 14-7594

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/3/2020 10:49 amHome Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00	3.00	4.00	5A.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-1,825,378	5.00
						2,992,278	
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	1,961,334	6.00
7.00	Physical Therapy	0	0	0	0	587,697	7.00
8.00	Occupational Therapy	0	0	0	0	252,556	8.00
9.00	Speech Pathology	0	0	0	0	20,755	9.00
10.00	Medical Social Services	0	0	0	0	77,572	10.00
11.00	Home Health Aide	0	0	0	0	92,364	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,825,378	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	1,825,378	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.610030	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0189

Period:

Worksheet H-2

HHA CCN: 14-7594

From 07/01/2019

Part I

To 06/30/2020

Date/Time Prepared:

11/3/2020 10:49 am

Home Health

PPS

					Agency I			
Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal		
			BLDG & FIXT	MVBLE EQUIP			ADMINISTRATIVE & GENERAL	
		0	1.00	2.00	4.00	4A	5.00	
1.00	Administrative and General	0	51,099	4,745	927,305	983,149	183,905	1.00
2.00	Skilled Nursing Care	3,157,805	0	0	0	3,157,805	590,689	2.00
3.00	Physical Therapy	946,210	0	0	0	946,210	176,995	3.00
4.00	Occupational Therapy	406,623	0	0	0	406,623	76,062	4.00
5.00	Speech Pathology	33,416	0	0	0	33,416	6,251	5.00
6.00	Medical Social Services	124,893	0	0	0	124,893	23,362	6.00
7.00	Home Health Aide	148,709	0	0	0	148,709	27,817	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)	4,817,656	51,099	4,745	927,305	5,800,805	1,085,081	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	61,384	0	23,603	0	19,381	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)	61,384	0	23,603	0	19,381	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: 14-0189

Period:

Worksheet H-2

HHA CCN: 14-7594

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:

11/3/2020 10:49 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	Home Health Agency I Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		14.00	15.00	16.00	24.00	25.00	26.00	
1.00	Administrative and General	0	0	18,786	1,290,208	0	1,290,208	1.00
2.00	Skilled Nursing Care	0	0	0	3,748,494	0	3,748,494	2.00
3.00	Physical Therapy	0	0	0	1,123,205	0	1,123,205	3.00
4.00	Occupational Therapy	0	0	0	482,685	0	482,685	4.00
5.00	Speech Pathology	0	0	0	39,667	0	39,667	5.00
6.00	Medical Social Services	0	0	0	148,255	0	148,255	6.00
7.00	Home Health Aide	0	0	0	176,526	0	176,526	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	18,786	7,009,040	0	7,009,040	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		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	845,686	4,594,180					2.00
3.00	Physical Therapy	253,403	1,376,608					3.00
4.00	Occupational Therapy	108,897	591,582					4.00
5.00	Speech Pathology	8,949	48,616					5.00
6.00	Medical Social Services	33,447	181,702					6.00
7.00	Home Health Aide	39,826	216,352					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) (2)	1,290,208	7,009,040					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.	0.225607						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: 14-0189

Period:

Worksheet H-2

HHA CCN: 14-7594

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/3/2020 10:49 amHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	Agency 1	OPERATION OF PLANT (SQUARE FEET)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			ADMINISTRATIVE & GENERAL (ACCUM. COST)		
		1.00	2.00	4.00	5A	5.00	7.00	
1.00	Administrative and General	3,990	3,494	3,981,988	0	983,149	3,990	1.00
2.00	Skilled Nursing Care	0	0	0	0	3,157,805	0	2.00
3.00	Physical Therapy	0	0	0	0	946,210	0	3.00
4.00	Occupational Therapy	0	0	0	0	406,623	0	4.00
5.00	Speech Pathology	0	0	0	0	33,416	0	5.00
6.00	Medical Social Services	0	0	0	0	124,893	0	6.00
7.00	Home Health Aide	0	0	0	0	148,709	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)	3,990	3,494	3,981,988		5,800,805	3,990	20.00
21.00	Total cost to be allocated	51,099	4,745	927,305		1,085,081	61,384	21.00
22.00	Unit cost multiplier	12.806767	1.358042	0.232875		0.187057	15.384461	22.00
Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDR)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG HR)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	72	0	12	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	72	0	12	0	0	20.00
21.00	Total cost to be allocated	0	23,603	0	19,381	0	0	21.00
22.00	Unit cost multiplier	0.000000	327.819444	0.000000	1,615.083333	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0189

Period:

Worksheet H-2

HHA CCN: 14-7594

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/3/2020 10:49 amHome Health
Agency I

PPS

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)		
		15.00	16.00		
1.00	Administrative and General	0	5,773,282		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	5,773,282		20.00
21.00	Total cost to be allocated	0	18,786		21.00
22.00	Unit cost multiplier	0.000000	0.003254		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0189

Period:

Worksheet H-3

HHA CCN: 14-7594

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/3/2020 10:49 am

				Title XVIII		Home Health Agency I	11/3/2020 10:49 am 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	4,594,180		4,594,180	17,342	264.92	1.00	
2.00	Physical Therapy	3.00	1,376,608	0	1,376,608	6,289	218.89	2.00	
3.00	Occupational Therapy	4.00	591,582	0	591,582	2,826	209.34	3.00	
4.00	Speech Pathology	5.00	48,616	0	48,616	241	201.73	4.00	
5.00	Medical Social Services	6.00	181,702		181,702	249	729.73	5.00	
6.00	Home Health Aide	7.00	216,352		216,352	3,036	71.26	6.00	
7.00	Total (sum of lines 1-6)		7,009,040	0	7,009,040	29,983		7.00	
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits				
					Part B				
		0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care		99914	0	11,557			8.00	
8.01	Skilled Nursing Care		16580	0	0			8.01	
9.00	Physical Therapy		99914	0	4,181			9.00	
9.01	Physical Therapy		16580	0	0			9.01	
10.00	Occupational Therapy		99914	0	1,963			10.00	
10.01	Occupational Therapy		16580	0	0			10.01	
11.00	Speech Pathology		99914	0	157			11.00	
11.01	Speech Pathology		16580	0	0			11.01	
12.00	Medical Social Services		99914	0	209			12.00	
12.01	Medical Social Services		16580	0	0			12.01	
13.00	Home Health Aide		99914	0	2,265			13.00	
13.01	Home Health Aide		16580	0	0			13.01	
14.00	Total (sum of lines 8-13)			0	20,332			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	0	0	0	0	0.000000	15.00	
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00	
Cost Center Description		Program Visits			Cost of Services				
		Part A	Part B			Part A	Part B		
			Not Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance				Subject to Deductibles & Coinsurance
			6.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	0	11,557		0	3,061,680		1.00	
2.00	Physical Therapy	0	4,181		0	915,179		2.00	
3.00	Occupational Therapy	0	1,963		0	410,934		3.00	
4.00	Speech Pathology	0	157		0	31,672		4.00	
5.00	Medical Social Services	0	209		0	152,514		5.00	
6.00	Home Health Aide	0	2,265		0	161,404		6.00	
7.00	Total (sum of lines 1-6)	0	20,332		0	4,733,383		7.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0189

Period:

Worksheet H-3

HHA CCN: 14-7594

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/3/2020 10:49 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description						Agency 1		
		6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			6.00	7.00		8.00	9.00	10.00
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	3,061,680						1.00
2.00	Physical Therapy	915,179						2.00
3.00	Occupational Therapy	410,934						3.00
4.00	Speech Pathology	31,672						4.00
5.00	Medical Social Services	152,514						5.00
6.00	Home Health Aide	161,404						6.00
7.00	Total (sum of lines 1-6)	4,733,383						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: 14-0189

Period:

Worksheet H-3

HHA CCN: 14-7594

From 07/01/2019

Part II

To 06/30/2020

Date/Time Prepared:

11/3/2020 10:49 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.243727	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.321788	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.316752	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.170566	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.161432	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0189 HHA CCN: 14-7594	Period: From 07/01/2019 To 06/30/2020	Worksheet H-4 Part I-II Date/Time Prepared: 11/3/2020 10:49 am	
		Title XVIII	Home Health Agency I	PPS	
		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	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	2,862,387	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	372,383	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	57,492	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	29,802	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	137,041	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	1,722	16.00
17.00	Total Other Payments		0	-55,882	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	3,404,945	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	3,404,945	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	3,404,945	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	3,404,945	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	3,404,945	31.00
31.01	Sequestration adjustment (see instructions)		0	0	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
32.00	Interim payments (see instructions)		0	3,404,945	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: 14-0189

Period:

Worksheet H-5

HHA CCN: 14-7594

From 07/01/2019

Date/Time Prepared:

To 06/30/2020

11/3/2020 10:49 am

Home Health
Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		3,404,945	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		3,404,945	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		3,404,945	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: 14-0189

Period:

Worksheet 0

Hospice CCN: 14-1599

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/3/2020 10:49 am

				Hospice I		11/3/2025 10:45 am	
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	104,864	104,864	0	104,864	3.00
4.00	ADMINISTRATIVE & GENERAL*	167,387	121,480	288,867	0	288,867	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	1,270	1,270	0	1,270	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*	247,716	0	247,716	0	247,716	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	17,529	17,529	0	17,529	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	66,526	66,526	0	66,526	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	37,292	0	37,292	0	37,292	13.00
14.00	PHARMACY*	0	301,131	301,131	0	301,131	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	2,064	2,064	0	2,064	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**		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	675,532	0	675,532	0	675,532	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**	100	0	100	0	100	32.00
33.00	MEDICAL SOCIAL SERVICES**	99,699	0	99,699	0	99,699	33.00
34.00	SPIRITUAL COUNSELING**	55,110	0	55,110	0	55,110	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**	123,538	0	123,538	0	123,538	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	206,572	206,572	0	206,572	38.00
39.00	PATIENT TRANSPORTATION**	0	3,982	3,982	0	3,982	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	81	81	0	81	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	61,491	61,491	0	61,491	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	75,755	0	75,755	0	75,755	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*	206,321	25,486	231,807	0	231,807	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	1,688,450	912,476	2,600,926	0	2,600,926	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: 14-0189

Period:

Worksheet 0

Hospice CCN: 14-1599

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/3/2020 10:49 am

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I	
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT*	0	0		1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	104,864		3.00
4.00	ADMINISTRATIVE & GENERAL*	0	288,867		4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	1,270		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	247,716		9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	17,529		10.00
11.00	MEDICAL RECORDS*	0	0		11.00
12.00	STAFF TRANSPORTATION*	0	66,526		12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	37,292		13.00
14.00	PHARMACY*	0	301,131		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	2,064		15.00
16.00	OTHER GENERAL SERVICE*	0	0		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES				17.00
DIRECT PATIENT CARE SERVICE COST CENTERS					
25.00	INPATIENT CARE-CONTRACTED**	0	0		25.00
26.00	PHYSICIAN SERVICES**	0	0		26.00
27.00	NURSE PRACTITIONER**	0	0		27.00
28.00	REGISTERED NURSE**	0	675,532		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	100		32.00
33.00	MEDICAL SOCIAL SERVICES**	0	99,699		33.00
34.00	SPIRITUAL COUNSELING**	0	55,110		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	123,538		37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	206,572		38.00
39.00	PATIENT TRANSPORTATION**	0	3,982		39.00
40.00	IMAGING SERVICES**	0	0		40.00
41.00	LABS & DIAGNOSTICS**	0	81		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	61,491		46.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM *	0	75,755		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	231,807		64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0		65.00
66.00	RESIDENTIAL CARE*	0	0		66.00
67.00	ADVERTISING*	0	0		67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0		68.00
69.00	THRIFT STORE*	0	0		69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0		71.00
100.00	TOTAL	0	2,600,926		100.00

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

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

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

Provider CCN: 14-0189

Period:

Worksheet 0-2

Hospice CCN: 14-1599

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/3/2020 10:49 am

					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	663,290	0	663,290	0	663,290	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	100	0	100	0	100	32.00	
33.00	MEDICAL SOCIAL SERVICES	98,718	0	98,718	0	98,718	33.00	
34.00	SPIRITUAL COUNSELING	54,283	0	54,283	0	54,283	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	123,273	0	123,273	0	123,273	37.00	
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	206,572	206,572	0	206,572	38.00	
39.00	PATIENT TRANSPORTATION	0	2,104	2,104	0	2,104	39.00	
40.00	IMAGING SERVICES	0	0	0	0	0	40.00	
41.00	LABS & DIAGNOSTICS	0	81	81	0	81	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	154	154	0	154	46.00	
100.00	TOTAL *	939,664	208,911	1,148,575	0	1,148,575	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	663,290	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	100	32.00
33.00	MEDICAL SOCIAL SERVICES	0	98,718	33.00
34.00	SPIRITUAL COUNSELING	0	54,283	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	123,273	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	206,572	38.00
39.00	PATIENT TRANSPORTATION	0	2,104	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	81	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	154	46.00
100.00	TOTAL *	0	1,148,575	100.00

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

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

Provider CCN: 14-0189

Period:

Worksheet 0-3

Hospice CCN: 14-1599

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/3/2020 10:49 am

				Hospice I		11/3/2025 10:45 am	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,999	0	1,999	0	1,999	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	502	0	502	0	502	33.00
34.00	SPIRITUAL COUNSELING	120	0	120	0	120	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	265	0	265	0	265	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	1,878	1,878	0	1,878	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	2,612	2,612	0	2,612	46.00
100.00	TOTAL *	2,886	4,490	7,376	0	7,376	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,999	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	502	33.00
34.00	SPIRITUAL COUNSELING	0	120	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	265	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	1,878	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	2,612	46.00
100.00	TOTAL *	0	7,376	100.00

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

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

Provider CCN: 14-0189

Period:

Worksheet 0-4

Hospice CCN: 14-1599

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/3/2020 10:49 am

				Hospice I		11/3/2023 10:45 am	
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
	DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	10,243	0	10,243	0	10,243	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	479	0	479	0	479	33.00
34.00	SPIRITUAL COUNSELING	707	0	707	0	707	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	58,725	58,725	0	58,725	46.00
100.00	TOTAL *	11,429	58,725	70,154	0	70,154	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	10,243	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	479	33.00
34.00	SPIRITUAL COUNSELING	0	707	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	58,725	46.00
100.00	TOTAL *	0	70,154	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: 14-0189

Period:

Worksheet 0-5

Hospice CCN: 14-1599

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/3/2020 10:49 am

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	19,210	19,210	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	649	649	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	104,864	393,198	498,062	3.00
4.00	ADMINISTRATIVE & GENERAL	288,867	571,862	860,729	4.00
5.00	PLANT OPERATION & MAINTENANCE	1,270	23,077	24,347	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	10,490	10,490	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	247,716	0	247,716	9.00
10.00	ROUTINE MEDICAL SUPPLIES	17,529	0	17,529	10.00
11.00	MEDICAL RECORDS	0	20,619	20,619	11.00
12.00	STAFF TRANSPORTATION	66,526	0	66,526	12.00
13.00	VOLUNTEER SERVICE COORDINATION	37,292	0	37,292	13.00
14.00	PHARMACY	301,131	0	301,131	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	2,064	0	2,064	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,148,575	0	1,148,575	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	7,376	0	7,376	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	70,154	0	70,154	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	75,755	0	75,755	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	231,807	0	231,807	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	99.00
100.00	TOTAL	2,600,926	1,039,105	3,640,031	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0189

Period:

Worksheet 0-6

Hospice CCN: 14-1599

From 07/01/2019

Part I

To 06/30/2020

Date/Time Prepared:

11/3/2020 10:49 am

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	19,210	19,210					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	649		649				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	498,062	0	0	498,062			3.00
4.00	ADMINISTRATIVE & GENERAL	860,729	19,210	649	498,062		1,378,650	4.00
5.00	PLANT OPERATION & MAINTENANCE	24,347	0	0	0		24,347	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0		0	6.00
7.00	HOUSEKEEPING	10,490	0	0	0		10,490	7.00
8.00	DIETARY	0	0	0	0		0	8.00
9.00	NURSING ADMINISTRATION	247,716	0	0	0		247,716	9.00
10.00	ROUTINE MEDICAL SUPPLIES	17,529	0	0	0		17,529	10.00
11.00	MEDICAL RECORDS	20,619	0	0	0		20,619	11.00
12.00	STAFF TRANSPORTATION	66,526	0	0	0		66,526	12.00
13.00	VOLUNTEER SERVICE COORDINATION	37,292	0	0	0		37,292	13.00
14.00	PHARMACY	301,131	0	0	0		301,131	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	2,064	0	0	0		2,064	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0		0	17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0			0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	1,148,575			0		1,148,575	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	7,376	0	0	0		7,376	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	70,154	0	0	0		70,154	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	75,755	0	0	0		75,755	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	231,807	0	0	0		231,807	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	3,640,031	19,210	649	498,062		3,640,031	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0189

Period:

Worksheet 0-6

Hospice CCN: 14-1599

From 07/01/2019

Part I

To 06/30/2020

Date/Time Prepared:

11/3/2020 10:49 am

Descriptions		ADMINISTRATIVE & GENERAL		PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	Hospice I HOUSEKEEPING	DIETARY	
		4.00	5.00	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL	1,378,650						4.00
5.00	PLANT OPERATION & MAINTENANCE	14,843	39,190					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	6,395	0			16,885		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	151,020	39,190			16,885		9.00
10.00	ROUTINE MEDICAL SUPPLIES	10,687	0			0		10.00
11.00	MEDICAL RECORDS	12,570	0			0		11.00
12.00	STAFF TRANSPORTATION	40,558	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	22,735	0			0		13.00
14.00	PHARMACY	183,585	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	1,258	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	700,228						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	4,497	0		0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	42,769	0		0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	46,184	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	141,321	0			0		64.00
65.00	OTHER PHYSICIAN SERVICES	0	0			0		65.00
66.00	RESIDENTIAL CARE	0	0		0	0	0	66.00
67.00	ADVERTISING	0	0			0		67.00
68.00	TELEHEALTH/TELEMONITORING	0	0			0		68.00
69.00	THRIFT STORE	0	0			0		69.00
70.00	NURSING FACILITY ROOM & BOARD							70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0		0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0		0	0	0	99.00
100.00	TOTAL	1,378,650	39,190		0	16,885		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0189

Period:

Worksheet 0-6

Hospice CCN: 14-1599

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/3/2020 10:49 am

Descriptions		Hospice I				
		NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION
		9.00	10.00	11.00	12.00	13.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION	454,811				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	28,216			10.00
11.00	MEDICAL RECORDS	0		33,189		11.00
12.00	STAFF TRANSPORTATION	0			107,084	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	60,027
14.00	PHARMACY	0			0	0
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0
16.00	OTHER GENERAL SERVICE	0			0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0
51.00	HOSPICE ROUTINE HOME CARE	452,810	28,092	33,043	106,613	59,754
52.00	HOSPICE INPATIENT RESPITE CARE	598	37	44	141	82
53.00	HOSPICE GENERAL INPATIENT CARE	1,403	87	102	330	191
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	0
61.00	VOLUNTEER PROGRAM	0			0	0
62.00	FUNDRAISING	0			0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0
64.00	PALLIATIVE CARE PROGRAM	0			0	0
65.00	OTHER PHYSICIAN SERVICES	0			0	0
66.00	RESIDENTIAL CARE	0			0	0
67.00	ADVERTISING	0			0	0
68.00	TELEHEALTH/TELEMONITORING	0			0	0
69.00	THRIFT STORE	0			0	0
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	454,811	28,216	33,189	107,084	60,027

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0189

Period:

Worksheet 0-6

Hospice CCN: 14-1599

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/3/2020 10:49 am

Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	484,716					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	3,322				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	482,583	3,308	0		3,015,006	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	638	4	0	0	13,417	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,495	10	0	0	116,541	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		121,939	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		373,128	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		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	484,716	3,322	0	0	3,640,031	100.00

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

Provider CCN: 14-0189

Period:
From 07/01/2019

Worksheet 0-6
Part II

Hospice CCN: 14-1599

To 06/30/2020

Date/Time Prepared:
11/3/2020 10:49 am

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Hospice I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,500					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		478				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,688,450			3.00
4.00	ADMINISTRATIVE & GENERAL	1,500	478	1,688,450	-1,378,650	2,261,381	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	24,347	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	10,490	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	247,716	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	17,529	10.00
11.00	MEDICAL RECORDS	0	0	0	0	20,619	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	66,526	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	37,292	13.00
14.00	PHARMACY	0	0	0	0	301,131	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	2,064	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			0	0	1,148,575	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	7,376	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	70,154	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	75,755	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	231,807	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)	19,210	649	498,062		1,378,650	100.00
101.00	UNIT COST MULTIPLIER	12.806667	1.357741	0.294982		0.609650	101.00

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

Provider CCN: 14-0189

Period:

Worksheet 0-6

Hospice CCN: 14-1599

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/3/2020 10:49 am

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	1,500					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		1,500			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	1,500		1,500		22,041	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			17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					21,944	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	29	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	68	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)	39,190	0	16,885	0	454,811	100.00
101.00	UNIT COST MULTIPLIER	26.126667	0.000000	11.256667	0.000000	20.634772	101.00

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

Provider CCN: 14-0189

Period:

Worksheet 0-6

Hospice CCN: 14-1599

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/3/2020 10:49 am

Cost Center Descriptions		Hospice I				
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)
		10.00	11.00	12.00	13.00	14.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES	22,041				10.00
11.00	MEDICAL RECORDS		22,041			11.00
12.00	STAFF TRANSPORTATION			22,041		12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	2,204	13.00
14.00	PHARMACY			0	0	22,041 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0 15.00
16.00	OTHER GENERAL SERVICE			0	0	0 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					0 17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE	21,944	21,944	21,944	2,194	21,944 51.00
52.00	HOSPICE INPATIENT RESPITE CARE	29	29	29	3	29 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	68	68	68	7	68 53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	0 60.00
61.00	VOLUNTEER PROGRAM			0	0	0 61.00
62.00	FUNDRAISING			0	0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0 63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0 64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0 65.00
66.00	RESIDENTIAL CARE			0	0	0 66.00
67.00	ADVERTISING			0	0	0 67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0 68.00
69.00	THRIFT STORE			0	0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0 70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0 71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	28,216	33,189	107,084	60,027	484,716 100.00
101.00	UNIT COST MULTIPLIER	1.280160	1.505785	4.858400	27.235481	21.991561 101.00

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

Provider CCN: 14-0189

Period:

Worksheet 0-6

Hospice CCN: 14-1599

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/3/2020 10:49 am

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	22,041				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	21,944	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	29	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	68	0	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	3,322	0	0		100.00
101.00	UNIT COST MULTIPLIER	0.150719	0.000000	0.000000		101.00

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

Provider CCN: 14-0189

Period:

Worksheet 0-7

Hospice CCN: 14-1599

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

Date/Time Prepared:
11/3/2020 10:49 am

Hospice I

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
1.00	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.243727	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.321788	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.316752	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.161432	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.241926	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.170566	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.304413	0	0	0	9.00
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.00	154.669252	0	0	0	10.00
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
1.00	ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	10.00
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0189

Period:

Worksheet 0-8

Hospice CCN: 14-1599

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/3/2020 10:49 am

		Hospice I			
		TITLE XVIII MEDICARE	TITLE XIX MEDICAID	TOTAL	
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	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)			3,015,006	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			21,944	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			137.40	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	21,051	180		9.00
10.00	Program cost (line 8 times line 9)	2,892,407	24,732		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)			13,417	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			29	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			462.66	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	26	0		14.00
15.00	Program cost (line 13 times line 14)	12,029	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)			116,541	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			68	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			1,713.84	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	66	0		19.00
20.00	Program cost (line 18 times line 19)	113,113	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			3,144,964	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			22,041	22.00
23.00	Average cost per diem (line 21 divided by line 22)			142.69	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0189	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 11/3/2020 10:49 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,844,058	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		67,567	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)		52.01	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		1,911,625	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