

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: 14-0191	Period: From 07/01/2019 To 06/30/2020	Worksheet S Parts I-III Date/Time Prepared: 11/24/2020 11:09 am
--	-----------------------	---	--

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 11/24/2020	Time: 11:09 am
	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 INGALLS MEMORIAL HOSPITAL (14-0191) 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) RICHARD SILVERIA
Officer or Administrator of Provider(s)

EVP/CF0

Title

(Dated when report is electronically signed.)

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	732,550	-1,550	0	0	1.00
2.00	Subprovider - IPF	0	38,187	0		0	2.00
3.00	Subprovider - IRF	0	262,471	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	-1		0	9.00
200.00	Total	0	1,033,208	-1,551	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: 14-0191		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 11:09 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: ONE INGALLS DRIVE			PO Box:				1.00			
2.00	City: HARVEY			State: IL		Zip Code: 60426		County: COOK			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		INGALLS MEMORIAL HOSPITAL	140191	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF		PSYCH UNIT OF INGALLS MEMORIAL HOSPI	14S191	16974	4	01/01/1984	N	P	O	4.00
5.00	Subprovider - IRF		REHAB UNIT OF INGALLS MEMORIAL HOSPI	14T191	16974	5	11/02/1989	N	P	O	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLT										11.00
12.00	Hospital-Based HHA		INGALLS HOME CARE	147435	16974		07/24/1985	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		INGALLS HOME CARE HOSPICE	141535	16974		02/28/1990				14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2019	06/30/2020		20.00	
21.00	Type of Control (see instructions)						2			21.00	
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N			23.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
11/24/2020 11:09 am

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00 If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,777	3,676	0	0	15,456	310	24.00
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	72	570	0	0	695		25.00
					Urban/Rural S	Date of Geogr	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	Y	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					Y	Y	N
46.00 Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00 Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					N		
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0191		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 11:09 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.		Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.00	1		60.01	
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.01	1		60.02	
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.02	1		60.03	
			Y/N	IME	Direct GME	IME	Direct GME	
			1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)							61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)							61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)							61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).							61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)							61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)							61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
			1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20	
							1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)								
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings								
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
11/24/2020 11:09 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0191	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 11:09 am	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			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)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0191		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 11:09 am	
				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00	
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
		1.00	2.00	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:	0		0		21,873,825118.01	
				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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0191		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 11:09 am	
		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	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.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name		County		State	
		0		1.00		2.00	
				3.00		4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	
						169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0191	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 11:09 am
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0191	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/24/2020 11:09 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.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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	09/17/2020	Y 09/17/2020
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
11/24/2020 11:09 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TONY	LEONE		41.00
42.00	Enter the employer/company name of the cost report preparer.	TONY LEONE, CPA			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	847/275-1023	TONY@LEONE-CONSULTING.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part II
Date/Time Prepared:
11/24/2020 11:09 am

		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.	CONSULTANT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/24/2020 11:09 am

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	243	88,938	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)		243	88,938	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	25	9,150	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		268	98,088	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	16	5,856		0	16.00
17.00 SUBPROVIDER - IRF	41.00	42	15,372		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	9	3,294			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)		335			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: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/24/2020 11:09 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)	17,577	3,870	53,961			1.00
2.00	HMO and other (see instructions)	8,843	15,758				2.00
3.00	HMO IPF Subprovider	343	754				3.00
4.00	HMO IRF Subprovider	830	680				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)	17,577	3,870	53,961			7.00
8.00	INTENSIVE CARE UNIT	1,750	462	4,364			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		1,129	2,053			13.00
14.00	Total (see instructions)	19,327	5,461	60,378	0.00	1,400.63	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	650	231	2,210	0.00	11.36	16.00
17.00	SUBPROVIDER - IRF	4,431	764	8,200	0.00	45.28	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	16,384	0	33,829	0.00	80.77	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	1,156	156	1,465	0.00	22.33	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	1,560.37	27.00
28.00	Observation Bed Days		0	4,805			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	259	321			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: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/24/2020 11:09 am

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	3,626	1,263	12,194	1.00
2.00 HMO and other (see instructions)			1,579	3,673		2.00
3.00 HMO IPF Subprovider				122		3.00
4.00 HMO IRF Subprovider				50		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	3,626	1,263	12,194	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	68	34	294	16.00
17.00 SUBPROVIDER - IRF	0.00	0	306	40	550	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/24/2020 11:09 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	108,460,245	0	108,460,245	3,031,131.00	35.78
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	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)		11,506,541	822,048	12,328,589	365,399.00	33.74
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		15,409,343	0	15,409,343	199,710.00	77.16
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		2,924,973	0	2,924,973	19,500.00	150.00
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		2,037,801	0	2,037,801	26,951.00	75.61
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)		22,991,951	0	22,991,951		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,643,074	0	2,643,074		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		149,699	0	149,699		
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: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/24/2020 11:09 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	376,103	0	376,103	9,940.00	37.84	26.00
27.00	Administrative & General	5.00	16,188,819	-4,015	16,184,804	464,175.00	34.87	27.00
28.00	Administrative & General under contract (see inst.)		7,992,356	0	7,992,356	95,374.00	83.80	28.00
29.00	Maintenance & Repairs	6.00	207	0	207	5.00	41.40	29.00
30.00	Operation of Plant	7.00	2,793,262	-77,721	2,715,541	98,975.00	27.44	30.00
31.00	Laundry & Linen Service	8.00	98,963	0	98,963	5,267.00	18.79	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		4,478,495	0	4,478,495	217,486.00	20.59	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		2,886,785	0	2,886,785	127,252.00	22.69	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,673,105	0	3,673,105	117,948.00	31.14	38.00
39.00	Central Services and Supply	14.00	461,337	0	461,337	25,330.00	18.21	39.00
40.00	Pharmacy	15.00	4,092,091	-147,770	3,944,321	92,696.00	42.55	40.00
41.00	Medical Records & Medical Records Library	16.00	2,499,364	0	2,499,364	86,913.00	28.76	41.00
42.00	Social Service	17.00	322,244	0	322,244	10,000.00	32.22	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
11/24/2020 11:09 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)	123,817,881	0	123,817,881	3,471,243.00	35.67	1.00
2.00	Excluded area salaries (see instructions)	11,506,541	822,048	12,328,589	365,399.00	33.74	2.00
3.00	Subtotal salaries (line 1 minus line 2)	112,311,340	-822,048	111,489,292	3,105,844.00	35.90	3.00
4.00	Subtotal other wages & related costs (see inst.)	20,372,117	0	20,372,117	246,161.00	82.76	4.00
5.00	Subtotal wage-related costs (see inst.)	23,141,650	0	23,141,650	0.00	20.76	5.00
6.00	Total (sum of lines 3 thru 5)	155,825,107	-822,048	155,003,059	3,352,005.00	46.24	6.00
7.00	Total overhead cost (see instructions)	45,863,131	-229,506	45,633,625	1,351,361.00	33.77	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0191	Period: From 07/01/2019 To 06/30/2020	Worksheet S-3 Part IV Date/Time Prepared: 11/24/2020 11:09 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			2,783,376 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			0 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			0 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			12,372,119 8.02
8.03	Health Insurance (Purchased)			75,868 8.03
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			346,075 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			20,016 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			181,337 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,257,483 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			7,955,001 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			387,841 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			255,909 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			25,635,025 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COST			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part V
Date/Time Prepared:
11/24/2020 11:09 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	15,409,343	25,635,025	1.00
2.00	Hospital	15,409,343	22,991,951	2.00
3.00	Subprovider - IPF	0	180,687	3.00
4.00	Subprovider - IRF	0	763,952	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	1,111,098	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	206,727	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	380,610	18.00

Health Financial Systems		INGALLS MEMORIAL HOSPITAL			In Lieu of Form CMS-2552-10		
HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN: 14-0191 Component CCN: 14-7435		Period: From 07/01/2019 To 06/30/2020	
				Home Health Agency I		Worksheet S-4 Date/Time Prepared: 11/24/2020 11:09 am	
						PPS	
				1.00			
0.00 County				COOK COUNTY		0.00	
				Title V	Title XVIII	Title XIX	Other
				1.00	2.00	3.00	4.00
				Total		5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	283	0	180	463	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	996.00	0.00	920.00	1,830.00	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)			0.99	0.00	0.99	4.00
5.00	Other Administrative Personnel			19.99	0.00	19.99	5.00
6.00	Direct Nursing Service			39.21	0.00	39.21	6.00
7.00	Nursing Supervisor			9.56	0.00	9.56	7.00
8.00	Physical Therapy Service			5.22	0.00	5.22	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.33	0.00	1.33	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.26	0.00	0.26	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.00	0.00	1.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.19	0.00	2.19	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	OTHER			0.02	0.00	0.02	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	16974					20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	8,497	501	329	84	9,411	21.00
22.00	Skilled Nursing Visit Charges	1,622,830	95,970	62,630	16,000	1,797,430	22.00
23.00	Physical Therapy Visits	4,667	160	61	91	4,979	23.00
24.00	Physical Therapy Visit Charges	886,730	30,400	11,590	17,290	946,010	24.00
25.00	Occupational Therapy Visits	1,132	74	7	27	1,240	25.00
26.00	Occupational Therapy Visit Charges	215,030	14,060	1,330	5,130	235,550	26.00
27.00	Speech Pathology Visits	227	41	2	0	270	27.00
28.00	Speech Pathology Visit Charges	43,130	7,790	380	0	51,300	28.00
29.00	Medical Social Service Visits	116	11	5	4	136	29.00
30.00	Medical Social Service Visit Charges	26,100	2,475	1,125	900	30,600	30.00
31.00	Home Health Aide Visits	293	52	0	3	348	31.00
32.00	Home Health Aide Visit Charges	38,090	6,760	0	390	45,240	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	14,932	839	404	209	16,384	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,831,910	157,455	77,055	39,710	3,106,130	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,229		186	20	1,435	36.00
37.00	Total Number of Outlier Episodes		39		0	39	37.00
38.00	Total Non-Routine Medical Supply Charges	225,007	22,002	12,050	2,669	261,728	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 14-0191

Period:

Worksheet S-9

Hospice CCN: 14-1535

From 07/01/2019
To 06/30/2020PARTS I THROUGH IV
Date/Time Prepared:
11/24/2020 11:09 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	11,155	977	1,130	13,262	11.00
12.00	Hospice Inpatient Respite Care	135	21	23	179	12.00
13.00	Hospice General Inpatient Care	1,156	156	153	1,465	13.00
14.00	Total Hospice Days	12,446	1,154	1,306	14,906	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: 14-0191

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

Worksheet S-10

Date/Time Prepared:
11/24/2020 11:09 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)		0.209369	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		50,326,835	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		376,440,732	6.00
7.00	Medicaid cost (line 1 times line 6)		78,815,020	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)		28,488,185	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)		28,488,185	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)	29,975,606	6,077,288	36,052,894
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	6,275,963	6,077,288	12,353,251
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	6,275,963	6,077,288	12,353,251
			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)		26,599,058	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,471,893	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,264,451	27.01
28.00	Non-Medicare bad debt expense (see instructions)		24,334,607	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		5,887,470	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		18,240,721	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		46,728,906	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0191

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

Worksheet A

Date/Time Prepared:
11/24/2020 11:09 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		6,907,147	6,907,147	7,096,883	14,004,030	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		8,697,606	8,697,606	0	8,697,606	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	376,103	25,552,742	25,928,845	1,130,768	27,059,613	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	16,188,819	65,412,430	81,601,249	-3,639,431	77,961,818	5.00
6.00	00600	MAINTENANCE & REPAIRS	207	4,230,303	4,230,510	-45,097	4,185,413	6.00
7.00	00700	OPERATION OF PLANT	2,793,262	7,101,833	9,895,095	-106,078	9,789,017	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	98,963	1,232,080	1,331,043	0	1,331,043	8.00
9.00	00900	HOUSEKEEPING	0	5,448,101	5,448,101	-321,965	5,126,136	9.00
10.00	01000	DIETARY	0	5,345,863	5,345,863	-2,295,670	3,050,193	10.00
11.00	01100	CAFETERIA	0	0	0	2,207,335	2,207,335	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,673,105	1,599,361	5,272,466	0	5,272,466	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	461,337	908,403	1,369,740	-677,842	691,898	14.00
15.00	01500	PHARMACY	4,092,091	22,045,427	26,137,518	-21,886,193	4,251,325	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,499,364	586,661	3,086,025	0	3,086,025	16.00
17.00	01700	SOCIAL SERVICE	322,244	7	322,251	0	322,251	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	0	0	0	189,642	189,642	23.00
23.01	02301	PARAMED ED PRGM - EMS	151,255	61,311	212,566	456,941	669,507	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	97,384	37,269	134,653	96,203	230,856	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,807,122	11,984,115	31,791,237	-4,550,126	27,241,111	30.00
31.00	03100	INTENSIVE CARE UNIT	3,210,817	2,313,385	5,524,202	-36,361	5,487,841	31.00
40.00	04000	SUBPROVIDER - IPF	659,548	1,111,331	1,770,879	0	1,770,879	40.00
41.00	04100	SUBPROVIDER - IRF	3,124,136	957,552	4,081,688	0	4,081,688	41.00
43.00	04300	NURSERY	883,748	1,429,787	2,313,535	360,521	2,674,056	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,266,640	12,928,515	16,195,155	-8,026,672	8,168,483	50.00
51.00	05100	RECOVERY ROOM	607,160	102,124	709,284	0	709,284	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	858,679	858,679	52.00
53.00	05300	ANESTHESIOLOGY	41,524	1,569,287	1,610,811	0	1,610,811	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,300,082	3,801,606	6,101,688	0	6,101,688	54.00
54.01	03630	ULTRA SOUND	1,123,277	176,304	1,299,581	0	1,299,581	54.01
54.02	05401	SPECIAL PROCEDURES	962,283	1,932,472	2,894,755	-208,422	2,686,333	54.02
56.00	05600	RADIOISOTOPE	477,856	487,092	964,948	0	964,948	56.00
57.00	05700	CT SCAN	801,404	364,297	1,165,701	0	1,165,701	57.00
58.00	05800	MRI	431,696	76,367	508,063	0	508,063	58.00
59.00	05900	CARDIAC CATHETERIZATION	745,529	2,157,466	2,902,995	-954,412	1,948,583	59.00
60.00	06000	LABORATORY	5,233,082	5,314,117	10,547,199	-87,719	10,459,480	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	290,540	940,520	1,231,060	87,719	1,318,779	63.00
65.00	06500	RESPIRATORY THERAPY	1,359,766	1,164,594	2,524,360	-22,635	2,501,725	65.00
65.01	03560	PULMONARY FUNCTION TESTING	21,638	722	22,360	0	22,360	65.01
66.00	06600	PHYSICAL THERAPY	1,783,090	152,454	1,935,544	-23,140	1,912,404	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,126,846	156,479	1,283,325	0	1,283,325	67.00
68.00	06800	SPEECH PATHOLOGY	435,711	6,054	441,765	0	441,765	68.00
69.00	06900	ELECTROCARDIOLOGY	1,049,856	612,010	1,661,866	0	1,661,866	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	138,595	185,975	324,570	0	324,570	70.00
70.01	03280	SLEEP LAB	98,148	3,620	101,768	0	101,768	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	1,585,696	1,585,696	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,997,425	3,997,425	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,507,180	6,507,180	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	21,655,257	21,655,257	73.00
73.01	03190	INFUSION THERAPY	304,416	79,378	383,794	0	383,794	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	41,294	41,294	73.03
73.04	03480	FCC INFUSION THERAPY	516,771	108,010	624,781	0	624,781	73.04
74.00	07400	RENAL DIALYSIS	517,629	293,400	811,029	0	811,029	74.00
76.97	07697	CARDIAC REHABILITATION	299,083	77,146	376,229	-3,853	372,376	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	650,036	346,079	996,115	-2,390	993,725	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	832,519	832,519	329,949	1,162,468	90.02
90.03	09002	RETINAL VASCULAR	185,417	61,005	246,422	0	246,422	90.03
91.00	09100	EMERGENCY	4,359,902	3,634,316	7,994,218	405,609	8,399,827	91.00
91.01	09101	IFCC	13,418,545	10,374,008	23,792,553	-1,299,700	22,492,853	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 14-0191	Period: From 07/01/2019 To 06/30/2020	Worksheet A Date/Time Prepared: 11/24/2020 11:09 am	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
	OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	5,888,697	2,306,498	8,195,195	-131,597	8,063,598	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		4,460,638	4,460,638	-4,460,638	0	113.00
116.00	11600	HOSPICE	1,533,943	1,239,549	2,773,492	0	2,773,492	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	108,408,667	228,907,335	337,316,002	-1,772,840	335,543,162	118.00
	NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	49,020	61,465	110,485	1,772,840	1,883,325	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	2,558	28	2,586	0	2,586	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204	AMBULANCE	0	-234,807	-234,807	0	-234,807	192.04
200.00		TOTAL (SUM OF LINES 118 through 199)	108,460,245	228,734,021	337,194,266	0	337,194,266	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0191

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

Worksheet A

Date/Time Prepared:
11/24/2020 11:09 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	393,382	14,397,412	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	8,697,606	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-720	27,058,893	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-20,995,611	56,966,207	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	4,185,413	6.00
7.00	00700	OPERATION OF PLANT	-47,467	9,741,550	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,331,043	8.00
9.00	00900	HOUSEKEEPING	0	5,126,136	9.00
10.00	01000	DIETARY	-673,680	2,376,513	10.00
11.00	01100	CAFETERIA	0	2,207,335	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-3,681	5,268,785	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	691,898	14.00
15.00	01500	PHARMACY	-328,400	3,922,925	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,086,025	16.00
17.00	01700	SOCIAL SERVICE	0	322,251	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	189,642	23.00
23.01	02301	PARAMED ED PRGM - EMS	-149,044	520,463	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	-113,085	117,771	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,902,996	25,338,115	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,487,841	31.00
40.00	04000	SUBPROVIDER - IPF	-453,460	1,317,419	40.00
41.00	04100	SUBPROVIDER - IRF	-540,700	3,540,988	41.00
43.00	04300	NURSERY	-1,396,646	1,277,410	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-353,597	7,814,886	50.00
51.00	05100	RECOVERY ROOM	0	709,284	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	858,679	52.00
53.00	05300	ANESTHESIOLOGY	-1,250,000	360,811	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,049,904	5,051,784	54.00
54.01	03630	ULTRA SOUND	0	1,299,581	54.01
54.02	05401	SPECIAL PROCEDURES	0	2,686,333	54.02
56.00	05600	RADIOISOTOPE	0	964,948	56.00
57.00	05700	CT SCAN	0	1,165,701	57.00
58.00	05800	MRI	0	508,063	58.00
59.00	05900	CARDIAC CATHETERIZATION	-33,600	1,914,983	59.00
60.00	06000	LABORATORY	-20,473	10,439,007	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,318,779	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,501,725	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	22,360	65.01
66.00	06600	PHYSICAL THERAPY	0	1,912,404	66.00
67.00	06700	OCCUPATIONAL THERAPY	-8,513	1,274,812	67.00
68.00	06800	SPEECH PATHOLOGY	0	441,765	68.00
69.00	06900	ELECTROCARDIOLOGY	-101,096	1,560,770	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-158,188	166,382	70.00
70.01	03280	SLEEP LAB	0	101,768	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,585,696	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,997,425	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,507,180	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21,655,257	73.00
73.01	03190	INFUSION THERAPY	-400	383,394	73.01
73.03	07301	PHARMACY VACCINE	0	41,294	73.03
73.04	03480	FCC INFUSION THERAPY	0	624,781	73.04
74.00	07400	RENAL DIALYSIS	-2,166	808,863	74.00
76.97	07697	CARDIAC REHABILITATION	-3,781	368,595	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	-300	993,425	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001	PSYCH ANCILLARY	0	1,162,468	90.02
90.03	09002	RETINAL VASCULAR	-5,904	240,518	90.03
91.00	09100	EMERGENCY	-1,699,463	6,700,364	91.00
91.01	09101	IFCC	-3,708,284	18,784,569	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	8,063,598	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0191

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

Worksheet A

Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	2,773,492	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-34,607,777	300,935,385	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,119,103	3,002,428	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	OP PHARMACY	0	2,586	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	192.03
192.04	19204	AMBULANCE	0	-234,807	192.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-33,488,674	303,705,592	200.00

RECLASSIFICATIONS

Provider CCN: 14-0191

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

Worksheet A-6

Date/Time Prepared:
11/24/2020 11:09 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - RECLASS NON CAP INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,636,245		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,130,768		2.00
	TOTALS		0	3,767,013		
	B - RECALLS CAFETERIA COSTS					
1.00	CAFETERIA	11.00	0	2,207,335		1.00
	TOTALS		0	2,207,335		
	C - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,460,638		1.00
	TOTALS		0	4,460,638		
	D - RECLASS CHARGEABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,997,425		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
	TOTALS		0	3,997,425		
	E - RECALSS DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	21,696,551		1.00
	TOTALS		0	21,696,551		
	F - POB COST OFFSET					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	77,721	395,419		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		77,721	395,419		
	G - LAB ADMIN					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	27,377	60,342		1.00
	TOTALS		27,377	60,342		
	H - RECLASS RECOVERY COSTS					
1.00	OPERATING ROOM	50.00	402,621	204,561		1.00
	TOTALS		402,621	204,561		
	I - RECLASS EMT PRECEPTOR COSTS					
1.00	PARAMED ED PRGM - EMS	23.01	456,941	0		1.00
2.00		0.00	0	0		2.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
	TOTALS		456,941	0		
	J - RECLASS PSYCH ANCILLARY SERVICES					
1.00	PSYCH ANCILLARY	90.02	86,088	243,861		1.00
2.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	70.02	912,945	672,751		2.00
	TOTALS		999,033	916,612		
	K - RECLASS VACCINE DRUG COSTS					
1.00	PHARMACY VACCINE	73.03	0	41,294		1.00
	TOTALS		0	41,294		
	M - RECLASS FCC ADMIN COSTS					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	131,748	1,167,952		1.00
	TOTALS		131,748	1,167,952		
	N - PHARMACY RESIDENCY					
1.00	PARAMED ED PRGM-PHARMACY	23.00	147,770	41,872		1.00
	TOTALS		147,770	41,872		
	O - RECLASS LABOR AND DELIVERY EXPENSES					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	729,447	129,232		1.00
2.00	NURSERY	43.00	306,262	54,259		2.00
3.00	EMERGENCY	91.00	578,155	102,429		3.00
	TOTALS		1,613,864	285,920		
	P - IMPLANT RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,507,180		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		0	6,507,180		
	Q - HHA MANAGEMENT FEE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	131,597		1.00
	TOTALS		0	131,597		
	R - DIETARY INTERNS					
1.00	PARAMED ED PRGM - DIETETICS	23.02	7,868	88,335		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		7,868	88,335		

RECLASSIFICATIONS

Provider CCN: 14-0191

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

Worksheet A-6

Date/Time Prepared:
11/24/2020 11:09 am

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
500.00	Grand Total: Increases	3,864,943	45,970,046			500.00

RECLASSIFICATIONS

Provider CCN: 14-0191

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

Worksheet A-6

Date/Time Prepared:
11/24/2020 11:09 am

	Decreases						11/24/2020 11:09 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS NON CAP INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,767,013	9		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	3,767,013			
	B - RECALLS CAFETERIA COSTS						
1.00	DIETARY	10.00	0	2,207,335	0		1.00
	TOTALS		0	2,207,335			
	C - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	4,460,638	11		1.00
	TOTALS		0	4,460,638			
	D - RECLASS CHARGEABLE MEDICAL SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	677,842	0		1.00
2.00	OPERATING ROOM	50.00	0	2,973,930	0		2.00
3.00	SPECIAL PROCEDURES	54.02	0	208,422	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	98,650	0		4.00
5.00	RESPIRATORY THERAPY	65.00	0	15,441	0		5.00
6.00	PHYSICAL THERAPY	66.00	0	23,140	0		6.00
	TOTALS		0	3,997,425			
	E - RECALSS DRUGS CHARGED TO PATIENTS						
1.00	PHARMACY	15.00	0	21,696,551	0		1.00
	TOTALS		0	21,696,551			
	F - POB COST OFFSET						
1.00	MAINTENANCE & REPAIRS	6.00	0	45,097	0		1.00
2.00	OPERATION OF PLANT	7.00	77,721	28,357	0		2.00
3.00	HOUSEKEEPING	9.00	0	321,965	0		3.00
	TOTALS		77,721	395,419			
	G - LAB ADMIN						
1.00	LABORATORY	60.00	27,377	60,342	0		1.00
	TOTALS		27,377	60,342			
	H - RECLASS RECOVERY COSTS						
1.00	ADULTS & PEDIATRICS	30.00	402,621	204,561	0		1.00
	TOTALS		402,621	204,561			
	I - RECLASS EMT PRECEPTOR COSTS						
1.00	ADULTS & PEDIATRICS	30.00	127,515	0	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	36,361	0	0		2.00
4.00	RESPIRATORY THERAPY	65.00	7,194	0	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	10,896	0	0		5.00
6.00	EMERGENCY	91.00	274,975	0	0		6.00
	TOTALS		456,941	0			
	J - RECLASS PSYCH ANCILLARY SERVICES						
1.00	ADULTS & PEDIATRICS	30.00	999,033	916,612	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		999,033	916,612			
	K - RECLASS VACCINE DRUG COSTS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	41,294	0		1.00
	TOTALS		0	41,294			
	M - RECLASS FCC ADMIN COSTS						
1.00	IFCC	91.01	131,748	1,167,952	0		1.00
	TOTALS		131,748	1,167,952			
	N - PHARMACY RESIDENCY						
1.00	PHARMACY	15.00	147,770	41,872	0		1.00
	TOTALS		147,770	41,872			
	O - RECLASS LABOR AND DELIVERY EXPENSES						
1.00	ADULTS & PEDIATRICS	30.00	1,613,864	285,920	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		1,613,864	285,920			
	P - IMPLANT RECLASS						
1.00	OPERATING ROOM	50.00	0	5,659,924	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	844,866	0		2.00
3.00	HYPERBARIC OXYGEN THERAPY	76.98	0	2,390	0		3.00
	TOTALS		0	6,507,180			
	Q - HHA MANAGEMENT FEE						
1.00	HOME HEALTH AGENCY	101.00	0	131,597	0		1.00
	TOTALS		0	131,597			
	R - DIETARY INTERNS						
1.00	DIETARY	10.00	0	88,335	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	4,015	0	0		2.00
3.00	CARDIAC REHABILITATION	76.97	3,853	0	0		3.00
	TOTALS		7,868	88,335			
500.00	Grand Total: Decreases		3,864,943	45,970,046			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
11/24/2020 11:09 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	6,464,807	0	0	0	0	1.00
2.00	Land Improvements	3,214,188	0	0	0	0	2.00
3.00	Buildings and Fixtures	158,734,101	11,279,144	0	11,279,144	977,869	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	63,797,038	3,997,938	0	3,997,938	2,338,736	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	232,210,134	15,277,082	0	15,277,082	3,316,605	8.00
9.00	Reconciling Items	6,314,313	3,363,161	0	3,363,161	0	9.00
10.00	Total (line 8 minus line 9)	225,895,821	11,913,921	0	11,913,921	3,316,605	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,464,807	0				1.00
2.00	Land Improvements	3,214,188	0				2.00
3.00	Buildings and Fixtures	169,035,376	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	65,456,240	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	244,170,611	0				8.00
9.00	Reconciling Items	9,677,474	0				9.00
10.00	Total (line 8 minus line 9)	234,493,137	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
11/24/2020 11:09 am

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	6,907,147	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	8,697,606	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	15,604,753	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	6,907,147				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	8,697,606				2.00
3.00	Total (sum of lines 1-2)	0	15,604,753				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
11/24/2020 11:09 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	179,854,846	0	179,854,846	0.736595	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	64,315,765	0	64,315,765	0.263405	0	2.00
3.00	Total (sum of lines 1-2)	244,170,611	0	244,170,611	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	9,543,392	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,697,606	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	18,240,998	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	4,854,020	0	0	0	14,397,412	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	8,697,606	2.00
3.00	Total (sum of lines 1-2)	4,854,020	0	0	0	23,095,018	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0191

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

Worksheet A-8

Date/Time Prepared:
11/24/2020 11:09 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	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
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)	B	-47,467	OPERATION OF PLANT	7.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-11,447,114			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	1,913,489			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0	0.00	0	32.00
33.00	MISC REVENUE	B	-941,976	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0191

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

Worksheet A-8

Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
1.00	2.00	3.00	4.00	5.00		
34.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.00
34.01 MISC REVENUE	B	-673,680	DIETARY	10.00	0	34.01
34.02 MISC REVENUE	B	-3,681	NURSING ADMINISTRATION	13.00	0	34.02
34.03 MISC REVENUE	B	-328,400	PHARMACY	15.00	0	34.03
34.04 MISC REVENUE	B	-149,044	PARAMED ED PRGM - EMS	23.01	0	34.04
34.05 MISC REVENUE	B	-113,085	PARAMED ED PRGM - DIETETICS	23.02	0	34.05
34.06 MISC REVENUE	B	-1,300	ADULTS & PEDIATRICS	30.00	0	34.06
34.07 MISC REVENUE	B	-3,807	OPERATING ROOM	50.00	0	34.07
34.08 MISC REVENUE	B	-400	INFUSION THERAPY	73.01	0	34.08
34.09 MISC REVENUE	B	-2,901	CARDIAC REHABILITATION	76.97	0	34.09
34.10 MISC REVENUE	B	-5,904	RETINAL VASCULAR	90.03	0	34.10
34.11 MISC REVENUE	B	-2,026,758	IFCC	91.01	0	34.11
34.12 OFFSET PRO FEES	A	-4,078	PHYSICIANS' PRIVATE OFFICES	192.00	0	34.12
34.13 LOSS ON REFINANCING THRU 2020	A	393,382	CAP REL COSTS-BLDG & FIXT	1.00	11	34.13
34.14 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.14
34.15 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.15
34.16 ALCOHOL OFFSET	A	-1,050	ADMINISTRATIVE & GENERAL	5.00	0	34.16
34.17 REMOVE LOBBYING EXPENSE	A	-31,558	ADMINISTRATIVE & GENERAL	5.00	0	34.17
34.18 MEDICAID PROVIDER TAX	A	-17,121,881	ADMINISTRATIVE & GENERAL	5.00	0	34.18
34.19 NONALLOWABLE MARKETING EXPENSE		0		0.00	0	34.19
34.20 NONALLOWABLE MARKETING EXPENSE		0		0.00	0	34.20
36.00 NONALLOWABLE MARKETING EXPENSE	A	-720	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	36.00
36.01 NONALLOWABLE MARKETING EXPENSE	A	-2,881,253	ADMINISTRATIVE & GENERAL	5.00	0	36.01
37.00 NONALLOWABLE MARKETING EXPENSE	A	-8,513	OCCUPATIONAL THERAPY	67.00	0	37.00
38.00 NONALLOWABLE MARKETING EXPENSE	A	-880	CARDIAC REHABILITATION	76.97	0	38.00
39.00 NONALLOWABLE MARKETING EXPENSE	A	-95	IFCC	91.01	0	39.00
40.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	40.00
41.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.00
42.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	42.00
43.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	43.00
44.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	44.00
45.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.00
45.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.01
45.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	45.02
46.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	46.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-33,488,674				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0191

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

Worksheet A-8-1

Date/Time Prepared:
11/24/2020 11:09 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	5.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEE	5,126,921	4,336,613	1.00
2.00	192.00	PHYSICIANS' PRIVATE OFFICES	REAL ESTATE TAXES	534,952	0	2.00
3.00	192.00	PHYSICIANS' PRIVATE OFFICES	REAL ESTATE TAXES	588,229	0	3.00
3.01	0.00			0	0	3.01
3.02	0.00			0	0	3.02
3.03	0.00			0	0	3.03
3.04	0.00			0	0	3.04
3.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	U OF C CHARGEBACKS	1,039,115	1,039,115	3.05
3.06	5.00	ADMINISTRATIVE & GENERAL	U OF C CHARGEBACKS	2,862,970	2,862,970	3.06
3.07	7.00	OPERATION OF PLANT	U OF C CHARGEBACKS	587,333	587,333	3.07
3.08	13.00	NURSING ADMINISTRATION	U OF C CHARGEBACKS	575,974	575,974	3.08
3.09	50.00	OPERATING ROOM	U OF C CHARGEBACKS	366,010	366,010	3.09
3.10	54.00	RADIOLOGY-DIAGNOSTIC	U OF C CHARGEBACKS	664,750	664,750	3.10
3.11	60.00	LABORATORY	U OF C CHARGEBACKS	87,421	87,421	3.11
3.12	0.00			0	0	3.12
4.00	0.00			0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			12,433,675	10,520,186	5.00

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

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

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

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

6.00			0.00		0.00	6.00
7.00	B	INGALLS HEALTH SYSTEM	100.00	INGALLS MEMORIA	100.00	7.00
8.00	C	INGALLS MEMORIA	100.00	INGALLS HOME CARE	100.00	8.00
9.00	C	U OF C HOSPITAL	100.00	U OF C HOSPITAL	100.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0191

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

Worksheet A-8-1

Date/Time Prepared:
11/24/2020 11:09 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	790,308	0		1.00
2.00	534,952	0		2.00
3.00	588,229	0		3.00
3.01	0	0		3.01
3.02	0	0		3.02
3.03	0	0		3.03
3.04	0	0		3.04
3.05	0	0		3.05
3.06	0	0		3.06
3.07	0	0		3.07
3.08	0	0		3.08
3.09	0	0		3.09
3.10	0	0		3.10
3.11	0	0		3.11
3.12	0	0		3.12
4.00	0	0		4.00
5.00	1,913,489			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00			6.00
7.00	ACUTE		7.00
8.00	HOME CARE		8.00
9.00	HEALTHCARE		9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0191

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

Worksheet A-8-2

Date/Time Prepared:
11/24/2020 11:09 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	5.00	ADMINISTRATIVE & GENERAL	2,508,946	0	2,508,946	211,500	16,726	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,901,696	1,901,696	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	540,700	540,700	0	0	0	3.00
4.00	43.00	NURSERY	1,396,646	1,396,646	0	0	0	4.00
5.00	50.00	OPERATING ROOM	349,790	349,790	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	1,250,000	1,250,000	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	1,049,904	1,049,904	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	33,600	33,600	0	0	0	8.00
9.00	60.00	LABORATORY	20,473	20,473	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	313,816	0	313,816	211,500	2,092	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	158,188	158,188	0	0	0	11.00
12.00	74.00	RENAL DIALYSIS	2,166	2,166	0	0	0	12.00
13.00	76.98	HYPERBARIC OXYGEN THERAPY	300	300	0	0	0	13.00
14.00	91.00	EMERGENCY	1,699,463	1,699,463	0	0	0	14.00
15.00	91.01	IFCC	1,681,431	1,681,431	0	0	0	15.00
16.00	40.00	SUBPROVIDER - IPF	453,460	453,460	0	0	0	16.00
200.00			13,360,579	10,537,817	2,822,762		18,818	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	1,700,745	85,037	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	3.00
4.00	43.00	NURSERY	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	0	0	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	212,720	10,636	0	0	0	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	11.00
12.00	74.00	RENAL DIALYSIS	0	0	0	0	0	12.00
13.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	13.00
14.00	91.00	EMERGENCY	0	0	0	0	0	14.00
15.00	91.01	IFCC	0	0	0	0	0	15.00
16.00	40.00	SUBPROVIDER - IPF	0	0	0	0	0	16.00
200.00			1,913,465	95,673	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	1,700,745	808,201	808,201		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,901,696		2.00
3.00	41.00	SUBPROVIDER - IRF	0	0	0	540,700		3.00
4.00	43.00	NURSERY	0	0	0	1,396,646		4.00
5.00	50.00	OPERATING ROOM	0	0	0	349,790		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	1,250,000		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,049,904		7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	0	0	33,600		8.00
9.00	60.00	LABORATORY	0	0	0	20,473		9.00
10.00	69.00	ELECTROCARDIOLOGY	0	212,720	101,096	101,096		10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	158,188		11.00
12.00	74.00	RENAL DIALYSIS	0	0	0	2,166		12.00
13.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	300		13.00
14.00	91.00	EMERGENCY	0	0	0	1,699,463		14.00
15.00	91.01	IFCC	0	0	0	1,681,431		15.00
16.00	40.00	SUBPROVIDER - IPF	0	0	0	453,460		16.00
200.00			0	1,913,465	909,297	11,447,114		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 11:09 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	14,397,412	14,397,412			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	8,697,606		8,697,606		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	27,058,893	77,869	0	27,136,762	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	56,966,207	4,401,352	2,638,304	4,063,535	5.00
6.00	00600	MAINTENANCE & REPAIRS	4,185,413	367,690	6,853	52	6.00
7.00	00700	OPERATION OF PLANT	9,741,550	1,046,720	42,234	681,794	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,331,043	72,110	950	24,847	8.00
9.00	00900	HOUSEKEEPING	5,126,136	85,522	26,004	0	9.00
10.00	01000	DIETARY	2,376,513	262,425	43,794	0	10.00
11.00	01100	CAFETERIA	2,207,335	125,246	711	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,268,785	50,808	1,616,064	922,210	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	691,898	94,694	63,587	115,828	14.00
15.00	01500	PHARMACY	3,922,925	136,686	202,714	990,305	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,086,025	198,145	3,673	627,518	16.00
17.00	01700	SOCIAL SERVICE	322,251	0	0	80,906	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	189,642	2,959	0	37,101	23.00
23.01	02301	PARAMED ED PRGM - EMS	520,463	14,793	14,128	152,700	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	117,771	45,621	0	26,426	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	25,338,115	2,606,849	310,386	4,183,839	30.00
31.00	03100	INTENSIVE CARE UNIT	5,487,841	250,906	98,390	797,014	31.00
40.00	04000	SUBPROVIDER - IPF	1,317,419	78,777	5,085	165,593	40.00
41.00	04100	SUBPROVIDER - IRF	3,540,988	996,740	7,621	784,380	41.00
43.00	04300	NURSERY	1,277,410	117,356	5,723	298,777	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,814,886	872,776	406,863	921,245	50.00
51.00	05100	RECOVERY ROOM	709,284	65,621	22,963	152,440	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	858,679	0	0	183,143	52.00
53.00	05300	ANESTHESIOLOGY	360,811	8,501	58,723	10,425	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,051,784	518,459	513,344	577,484	54.00
54.01	03630	ULTRA SOUND	1,299,581	56,272	51,927	282,022	54.01
54.02	05401	SPECIAL PROCEDURES	2,686,333	36,154	137,927	241,601	54.02
56.00	05600	RADIOISOTOPE	964,948	37,968	38,736	119,976	56.00
57.00	05700	CT SCAN	1,165,701	40,532	68,515	201,209	57.00
58.00	05800	MRI	508,063	107,041	18,334	108,386	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,914,983	72,386	284,687	184,445	59.00
60.00	06000	LABORATORY	10,439,007	271,616	163,826	1,307,002	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,318,779	10,355	1,748	79,820	63.00
65.00	06500	RESPIRATORY THERAPY	2,501,725	32,524	40,643	339,592	65.00
65.01	03560	PULMONARY FUNCTION TESTING	22,360	15,661	4,153	5,433	65.01
66.00	06600	PHYSICAL THERAPY	1,912,404	125,699	43,618	447,682	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,274,812	20,868	1,007	282,918	67.00
68.00	06800	SPEECH PATHOLOGY	441,765	14,280	7,762	109,394	68.00
69.00	06900	ELECTROCARDIOLOGY	1,560,770	74,004	116,787	263,588	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	166,382	40,256	17,809	34,797	70.00
70.01	03280	SLEEP LAB	101,768	0	10,568	24,642	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,585,696	0	0	229,214	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,997,425	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,507,180	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,655,257	0	0	0	73.00
73.01	03190	INFUSION THERAPY	383,394	30,651	1,951	76,430	73.01
73.03	07301	PHARMACY VACCINE	41,294	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	624,781	12,722	0	129,746	73.04
74.00	07400	RENAL DIALYSIS	808,863	35,522	19,271	129,962	74.00
76.97	07697	CARDIAC REHABILITATION	368,595	40,217	10,903	74,124	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	993,425	0	1,527	163,205	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	1,162,468	276,113	0	21,614	90.02
90.03	09002	RETINAL VASCULAR	240,518	213,884	14,985	46,553	90.03
91.00	09100	EMERGENCY	6,700,364	184,851	66,728	1,170,765	91.00
91.01	09101	IFCC	18,784,569	0	1,484,409	3,335,929	91.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS					0	92.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	8,063,598	121,913	0	1,478,481	9,663,992	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,773,492	0	0	385,129	3,158,621	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	300,935,385	14,370,114	8,695,935	27,071,221	300,840,875	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,002,428	0	1,671	64,899	3,068,998	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	2,586	17,436	0	642	20,664	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	9,862	0	0	9,862	192.03
192.04	19204	AMBULANCE	-234,807	0	0	0	-234,807	192.04
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	303,705,592	14,397,412	8,697,606	27,136,762	303,705,592	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	68,069,398					5.00
6.00	00600	MAINTENANCE & REPAIRS	1,315,959	5,875,967				6.00
7.00	00700	OPERATION OF PLANT	3,322,300	643,997	15,478,595			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	412,376	44,366	131,255	2,016,947		8.00
9.00	00900	HOUSEKEEPING	1,511,521	52,618	155,668	0	6,957,469	9.00
10.00	01000	DIETARY	774,202	161,457	477,666	0	218,761	10.00
11.00	01100	CAFETERIA	673,358	77,058	227,973	0	104,407	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,267,678	31,260	92,482	0	42,355	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	278,777	58,261	172,362	0	78,938	14.00
15.00	01500	PHARMACY	1,515,841	84,096	248,795	0	113,943	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,129,922	121,909	360,664	0	165,176	16.00
17.00	01700	SOCIAL SERVICE	116,346	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	66,289	1,820	5,385	0	2,466	23.00
23.01	02301	PARAMED ED PRGM - EMS	202,612	9,101	26,926	0	12,332	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	54,779	28,068	83,040	0	38,030	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,361,623	1,603,870	4,744,995	1,537,499	2,173,106	30.00
31.00	03100	INTENSIVE CARE UNIT	1,914,530	154,370	456,699	124,342	209,159	31.00
40.00	04000	SUBPROVIDER - IPF	452,179	48,468	143,389	62,969	65,669	40.00
41.00	04100	SUBPROVIDER - IRF	1,538,091	613,247	1,814,268	233,641	830,897	41.00
43.00	04300	NURSERY	490,386	72,204	213,612	58,496	97,830	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,890,421	536,978	1,588,629	0	727,559	50.00
51.00	05100	RECOVERY ROOM	274,247	40,373	119,443	0	54,703	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	300,656	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	126,534	5,230	15,473	0	7,087	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,922,298	318,983	943,699	0	432,195	54.00
54.01	03630	ULTRA SOUND	487,655	34,621	102,426	0	46,909	54.01
54.02	05401	SPECIAL PROCEDURES	895,201	22,244	65,807	0	30,138	54.02
56.00	05600	RADIOISOTOPE	335,231	23,360	69,110	0	31,651	56.00
57.00	05700	CT SCAN	425,942	24,938	73,777	0	33,788	57.00
58.00	05800	MRI	214,081	65,857	194,836	0	89,231	58.00
59.00	05900	CARDIAC CATHETERIZATION	708,914	44,536	131,757	0	60,342	59.00
60.00	06000	LABORATORY	3,515,408	167,112	494,396	0	226,423	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	407,110	6,371	18,848	0	8,632	63.00
65.00	06500	RESPIRATORY THERAPY	841,082	20,011	59,201	0	27,113	65.00
65.01	03560	PULMONARY FUNCTION TESTING	13,739	9,635	28,506	0	13,055	65.01
66.00	06600	PHYSICAL THERAPY	729,953	77,337	228,798	0	104,785	66.00
67.00	06700	OCCUPATIONAL THERAPY	455,853	12,839	37,983	0	17,396	67.00
68.00	06800	SPEECH PATHOLOGY	165,418	8,786	25,992	0	11,904	68.00
69.00	06900	ELECTROCARDIOLOGY	581,546	45,531	134,701	0	61,690	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	74,814	24,768	73,274	0	33,558	70.00
70.01	03280	SLEEP LAB	39,530	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	523,759	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,153,605	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,877,888	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,249,426	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	142,108	18,858	55,790	0	25,551	73.01
73.03	07301	PHARMACY VACCINE	11,917	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	221,418	7,827	23,156	0	10,605	73.04
74.00	07400	RENAL DIALYSIS	286,745	21,855	64,658	0	29,612	74.00
76.97	07697	CARDIAC REHABILITATION	142,516	24,743	73,203	0	33,525	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	334,229	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	421,393	169,879	502,581	0	230,172	90.02
90.03	09002	RETINAL VASCULAR	148,894	131,593	389,313	0	178,297	90.03
91.00	09100	EMERGENCY	2,344,108	113,730	336,466	0	154,095	91.00
91.01	09101	IFCC	6,812,069	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	2,788,902	75,007	221,905	0	101,628	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	911,537	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	67,174,916	5,859,172	15,428,907	2,016,947	6,934,713	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	885,673	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	5,963	10,727	31,737	0	14,535	192.02
192.03	19203	RETINAL VASCULAR GRANTS	2,846	6,068	17,951	0	8,221	192.03
192.04	19204	AMBULANCE	0	0	0	0	0	192.04
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)	68,069,398	5,875,967	15,478,595	2,016,947	6,957,469	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	4,314,818					10.00
11.00	01100	CAFETERIA	0	3,416,088				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	198,825	0	10,490,467		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	42,699	0	0	1,597,044	14.00
15.00	01500	PHARMACY	0	156,257	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	146,509	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	16,857	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	8,206	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - EMS	0	50,898	0	316,778	0	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	27,173	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,438,302	830,846	0	5,171,017	0	30.00
31.00	03100	INTENSIVE CARE UNIT	138,210	130,647	0	813,117	0	31.00
40.00	04000	SUBPROVIDER - IPF	139,991	39,840	0	247,955	0	40.00
41.00	04100	SUBPROVIDER - IRF	519,403	158,757	0	988,073	0	41.00
43.00	04300	NURSERY	0	48,093	0	299,321	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	188,121	0	1,170,823	0	50.00
51.00	05100	RECOVERY ROOM	0	21,494	0	133,776	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	31,324	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,408	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	109,530	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	43,260	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	38,837	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	19,153	0	0	0	56.00
57.00	05700	CT SCAN	0	38,228	0	0	0	57.00
58.00	05800	MRI	0	19,642	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	26,157	0	0	0	59.00
60.00	06000	LABORATORY	0	315,027	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	16,474	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	70,169	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	1,146	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	87,282	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	69,695	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	17,961	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	48,669	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,463	0	0	0	70.00
70.01	03280	SLEEP LAB	0	4,095	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	53,120	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,082,671	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	514,373	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0	13,910	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	19,650	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	19,067	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	14,687	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	31,283	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	4,076	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	11,682	0	0	0	90.03
91.00	09100	EMERGENCY	78,912	216,847	0	1,349,607	0	91.00
91.01	09101	IFCC	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,314,818	3,416,064	0	10,490,467	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	24	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	192.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,314,818	3,416,088	0	10,490,467	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	7,371,562					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,839,541				16.00
17.00	01700	SOCIAL SERVICE	0	0	536,360			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0			23.00
23.01	02301	PARAMED ED PRGM - EMS	0	0	0			23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	0	0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	434,711	408,862	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	64,366	33,066	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	19,885	16,745	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	51,825	62,131	0	0	41.00
43.00	04300	NURSERY	0	20,588	15,556	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	379,240	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	55,386	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	13,077	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	75,811	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	143,612	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	71,601	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	92,342	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	31,682	0	0	0	56.00
57.00	05700	CT SCAN	0	432,290	0	0	0	57.00
58.00	05800	MRI	0	69,953	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	75,323	0	0	0	59.00
60.00	06000	LABORATORY	0	748,341	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	39,523	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	111,492	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	2,855	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	70,229	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	33,389	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	15,464	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	98,219	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,101	0	0	0	70.00
70.01	03280	SLEEP LAB	0	4,339	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	25,298	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	50,729	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	57,298	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,371,562	719,800	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0	18,874	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	3,085	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	42,681	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	25,769	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	2,733	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	29,016	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	24,049	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	3,289	0	0	0	90.03
91.00	09100	EMERGENCY	0	532,292	0	0	0	91.00
91.01	09101	IFCC	0	1,144,984	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,371,562	5,839,541	536,360	0	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	192.04
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,371,562	5,839,541	536,360	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM - EMS	PARAMED ED PRGM - DIETETICS	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY			313,868			23.00
23.01	02301	PARAMED ED PRGM - EMS				1,320,731		23.01
23.02	02302	PARAMED ED PRGM - DIETETICS					420,908	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	360,199	223,887	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	96,053	55,972	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	33,583	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	98,510	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
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
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	0	0	54.02
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	24,013	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	24,013	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	4,478	70.02
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	313,868	0	0	73.00
73.01	03190	INFUSION THERAPY	0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	816,453	4,478	91.00
91.01	09101	IFCC	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM - EMS	PARAMED ED PRGM - DIETETICS	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
	OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE			0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	313,868	1,320,731	420,908	118.00
	NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	0	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	0	192.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	313,868	1,320,731	420,908	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 11:09 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
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY				23.00
23.01	02301	PARAMED ED PRGM - EMS				23.01
23.02	02302	PARAMED ED PRGM - DIETETICS				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	62,728,106	0	62,728,106	30.00
31.00	03100	INTENSIVE CARE UNIT	10,824,682	0	10,824,682	31.00
40.00	04000	SUBPROVIDER - IPF	2,837,547	0	2,837,547	40.00
41.00	04100	SUBPROVIDER - IRF	12,238,572	0	12,238,572	41.00
43.00	04300	NURSERY	3,015,352	0	3,015,352	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	17,497,541	0	17,497,541	50.00
51.00	05100	RECOVERY ROOM	1,649,730	0	1,649,730	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,386,879	0	1,386,879	52.00
53.00	05300	ANESTHESIOLOGY	672,003	0	672,003	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,531,388	0	10,531,388	54.00
54.01	03630	ULTRA SOUND	2,476,274	0	2,476,274	54.01
54.02	05401	SPECIAL PROCEDURES	4,246,584	0	4,246,584	54.02
56.00	05600	RADIOISOTOPE	1,671,815	0	1,671,815	56.00
57.00	05700	CT SCAN	2,504,920	0	2,504,920	57.00
58.00	05800	MRI	1,395,424	0	1,395,424	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,527,543	0	3,527,543	59.00
60.00	06000	LABORATORY	17,648,158	0	17,648,158	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,907,660	0	1,907,660	63.00
65.00	06500	RESPIRATORY THERAPY	4,067,565	0	4,067,565	65.00
65.01	03560	PULMONARY FUNCTION TESTING	116,543	0	116,543	65.01
66.00	06600	PHYSICAL THERAPY	3,827,787	0	3,827,787	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,206,760	0	2,206,760	67.00
68.00	06800	SPEECH PATHOLOGY	818,726	0	818,726	68.00
69.00	06900	ELECTROCARDIOLOGY	2,985,505	0	2,985,505	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	476,222	0	476,222	70.00
70.01	03280	SLEEP LAB	184,942	0	184,942	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,421,565	0	2,421,565	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,284,430	0	6,284,430	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,956,739	0	8,956,739	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,309,913	0	36,309,913	73.00
73.01	03190	INFUSION THERAPY	767,517	0	767,517	73.01
73.03	07301	PHARMACY VACCINE	56,296	0	56,296	73.03
73.04	03480	FCC INFUSION THERAPY	1,092,586	0	1,092,586	73.04
74.00	07400	RENAL DIALYSIS	1,441,324	0	1,441,324	74.00
76.97	07697	CARDIAC REHABILITATION	785,246	0	785,246	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,552,685	0	1,552,685	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	2,812,345	0	2,812,345	90.02
90.03	09002	RETINAL VASCULAR	1,379,008	0	1,379,008	90.03
91.00	09100	EMERGENCY	14,069,696	0	14,069,696	91.00
91.01	09101	IFCC	31,561,960	0	31,561,960	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
OTHER REIMBURSABLE COST CENTERS					
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	12,851,434	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	4,070,158	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	299,857,130	0	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,954,671	0	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	OP PHARMACY	83,650	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	44,948	0	192.03
192.04	19204	AMBULANCE	-234,807	0	192.04
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	303,705,592	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/24/2020 11:09 am

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	21,770	77,869	0	99,639	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	110,143	4,401,352	2,638,304	7,149,799	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	367,690	6,853	374,543	6.00
7.00	00700	OPERATION OF PLANT	266	1,046,720	42,234	1,089,220	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	72,110	950	73,060	8.00
9.00	00900	HOUSEKEEPING	920	85,522	26,004	112,446	9.00
10.00	01000	DIETARY	0	262,425	43,794	306,219	10.00
11.00	01100	CAFETERIA	0	125,246	711	125,957	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	50,808	1,616,064	1,666,872	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,705	94,694	63,587	174,986	14.00
15.00	01500	PHARMACY	20	136,686	202,714	339,420	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,760	198,145	3,673	207,578	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	297	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	2,959	0	2,959	23.00
23.01	02301	PARAMED ED PRGM - EMS	0	14,793	14,128	28,921	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	45,621	0	45,621	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	835	2,606,849	310,386	2,918,070	30.00
31.00	03100	INTENSIVE CARE UNIT	0	250,906	98,390	349,296	31.00
40.00	04000	SUBPROVIDER - IPF	0	78,777	5,085	83,862	40.00
41.00	04100	SUBPROVIDER - IRF	60	996,740	7,621	1,004,421	41.00
43.00	04300	NURSERY	0	117,356	5,723	123,079	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	35,190	872,776	406,863	1,314,829	50.00
51.00	05100	RECOVERY ROOM	0	65,621	22,963	88,584	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	673	52.00
53.00	05300	ANESTHESIOLOGY	60	8,501	58,723	67,284	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,779	518,459	513,344	1,052,582	54.00
54.01	03630	ULTRA SOUND	0	56,272	51,927	108,199	54.01
54.02	05401	SPECIAL PROCEDURES	0	36,154	137,927	174,081	54.02
56.00	05600	RADIOISOTOPE	0	37,968	38,736	76,704	56.00
57.00	05700	CT SCAN	0	40,532	68,515	109,047	57.00
58.00	05800	MRI	0	107,041	18,334	125,375	58.00
59.00	05900	CARDIAC CATHETERIZATION	40	72,386	284,687	357,113	59.00
60.00	06000	LABORATORY	200	271,616	163,826	435,642	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,355	1,748	12,103	63.00
65.00	06500	RESPIRATORY THERAPY	37,921	32,524	40,643	111,088	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	15,661	4,153	19,814	65.01
66.00	06600	PHYSICAL THERAPY	20	125,699	43,618	169,337	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	20,868	1,007	21,875	67.00
68.00	06800	SPEECH PATHOLOGY	0	14,280	7,762	22,042	68.00
69.00	06900	ELECTROCARDIOLOGY	40	74,004	116,787	190,831	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	40,256	17,809	58,065	70.00
70.01	03280	SLEEP LAB	0	0	10,568	10,568	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	842	70.02
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
73.01	03190	INFUSION THERAPY	24,633	30,651	1,951	57,235	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	12,722	0	12,722	73.04
74.00	07400	RENAL DIALYSIS	11,449	35,522	19,271	66,242	74.00
76.97	07697	CARDIAC REHABILITATION	37,042	40,217	10,903	88,162	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	1,527	1,527	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	0	276,113	0	276,113	90.02
90.03	09002	RETINAL VASCULAR	50,000	213,884	14,985	278,869	90.03
91.00	09100	EMERGENCY	40	184,851	66,728	251,619	91.00
91.01	09101	IFCC	839,652	0	1,484,409	2,324,061	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	121,913	0	5,429	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	1,414	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,213,545	14,370,114	8,695,935	24,279,594	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,671	238	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	17,436	0	2	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	9,862	0	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	192.04
200.00		Cross Foot Adjustments			0	0	200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,213,545	14,397,412	8,697,606	24,308,563	99,639

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,164,721					5.00
6.00	00600	MAINTENANCE & REPAIRS	138,515	513,058				6.00
7.00	00700	OPERATION OF PLANT	349,698	56,230	1,497,652			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	43,406	3,874	12,700	133,131		8.00
9.00	00900	HOUSEKEEPING	159,099	4,594	15,062	0	291,201	9.00
10.00	01000	DIETARY	81,491	14,098	46,217	0	9,156	10.00
11.00	01100	CAFETERIA	70,876	6,728	22,058	0	4,370	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	238,691	2,729	8,948	0	1,773	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	29,343	5,087	16,677	0	3,304	14.00
15.00	01500	PHARMACY	159,554	7,343	24,073	0	4,769	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	118,933	10,644	34,896	0	6,913	16.00
17.00	01700	SOCIAL SERVICE	12,246	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	6,977	159	521	0	103	23.00
23.01	02301	PARAMED ED PRGM - EMS	21,327	795	2,605	0	516	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	5,766	2,451	8,035	0	1,592	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	985,274	140,043	459,107	101,485	90,952	30.00
31.00	03100	INTENSIVE CARE UNIT	201,519	13,479	44,189	8,207	8,754	31.00
40.00	04000	SUBPROVIDER - IPF	47,595	4,232	13,874	4,156	2,749	40.00
41.00	04100	SUBPROVIDER - IRF	161,896	53,545	175,542	15,422	34,777	41.00
43.00	04300	NURSERY	51,617	6,304	20,668	3,861	4,095	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	304,239	46,886	153,710	0	30,452	50.00
51.00	05100	RECOVERY ROOM	28,867	3,525	11,557	0	2,290	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,646	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	13,319	457	1,497	0	297	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	202,337	27,852	91,309	0	18,089	54.00
54.01	03630	ULTRA SOUND	51,329	3,023	9,910	0	1,963	54.01
54.02	05401	SPECIAL PROCEDURES	94,227	1,942	6,367	0	1,261	54.02
56.00	05600	RADIOISOTOPE	35,286	2,040	6,687	0	1,325	56.00
57.00	05700	CT SCAN	44,834	2,177	7,138	0	1,414	57.00
58.00	05800	MRI	22,534	5,750	18,852	0	3,735	58.00
59.00	05900	CARDIAC CATHETERIZATION	74,619	3,889	12,748	0	2,526	59.00
60.00	06000	LABORATORY	370,024	14,591	47,836	0	9,477	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	42,851	556	1,824	0	361	63.00
65.00	06500	RESPIRATORY THERAPY	88,530	1,747	5,728	0	1,135	65.00
65.01	03560	PULMONARY FUNCTION TESTING	1,446	841	2,758	0	546	65.01
66.00	06600	PHYSICAL THERAPY	76,833	6,753	22,138	0	4,386	66.00
67.00	06700	OCCUPATIONAL THERAPY	47,982	1,121	3,675	0	728	67.00
68.00	06800	SPEECH PATHOLOGY	17,412	767	2,515	0	498	68.00
69.00	06900	ELECTROCARDIOLOGY	61,212	3,976	13,033	0	2,582	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,875	2,163	7,090	0	1,405	70.00
70.01	03280	SLEEP LAB	4,161	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	55,130	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	121,426	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	197,662	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	657,800	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	14,958	1,647	5,398	0	1,069	73.01
73.03	07301	PHARMACY VACCINE	1,254	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	23,306	683	2,241	0	444	73.04
74.00	07400	RENAL DIALYSIS	30,182	1,908	6,256	0	1,239	74.00
76.97	07697	CARDIAC REHABILITATION	15,001	2,160	7,083	0	1,403	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	35,180	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	44,355	14,833	48,628	0	9,634	90.02
90.03	09002	RETINAL VASCULAR	15,672	11,490	37,668	0	7,463	90.03
91.00	09100	EMERGENCY	246,735	9,930	32,555	0	6,450	91.00
91.01	09101	IFCC	717,023	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	293,553	6,549	21,471	0	4,254	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	95,946	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,070,569	511,591	1,492,844	133,131	290,249	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	93,224	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	628	937	3,071	0	608	192.02
192.03	19203	RETINAL VASCULAR GRANTS	300	530	1,737	0	344	192.03
192.04	19204	AMBULANCE	0	0	0	0	0	192.04
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)	7,164,721	513,058	1,497,652	133,131	291,201	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	457,181					10.00
11.00	01100	CAFETERIA	0	229,989				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	13,386	0	1,935,786		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,875	0	0	232,697	14.00
15.00	01500	PHARMACY	0	10,520	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9,864	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,135	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	552	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - EMS	0	3,427	0	58,454	0	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	1,829	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	364,309	55,940	0	954,199	0	30.00
31.00	03100	INTENSIVE CARE UNIT	14,644	8,796	0	150,043	0	31.00
40.00	04000	SUBPROVIDER - IPF	14,833	2,682	0	45,755	0	40.00
41.00	04100	SUBPROVIDER - IRF	55,034	10,688	0	182,327	0	41.00
43.00	04300	NURSERY	0	3,238	0	55,233	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	12,665	0	216,050	0	50.00
51.00	05100	RECOVERY ROOM	0	1,447	0	24,685	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,109	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	229	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,374	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	2,912	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	2,615	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	1,289	0	0	0	56.00
57.00	05700	CT SCAN	0	2,574	0	0	0	57.00
58.00	05800	MRI	0	1,322	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,761	0	0	0	59.00
60.00	06000	LABORATORY	0	21,209	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,109	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,724	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	77	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	5,876	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,692	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,209	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,277	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	435	0	0	0	70.00
70.01	03280	SLEEP LAB	0	276	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	3,576	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	157,754	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	74,943	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0	937	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	1,323	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	1,284	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	989	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	2,106	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	274	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	786	0	0	0	90.03
91.00	09100	EMERGENCY	8,361	14,599	0	249,040	0	91.00
91.01	09101	IFCC	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	457,181	229,987	0	1,935,786	232,697
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	2	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	192.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	457,181	229,989	0	1,935,786	232,697

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	549,316					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	391,132				16.00
17.00	01700	SOCIAL SERVICE	0	0	13,678			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0	0			23.00
23.01	02301	PARAMED ED PRGM - EMS	0	0	0			23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	0	0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	29,127	10,427			30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,313	843			31.00
40.00	04000	SUBPROVIDER - IPF	0	1,332	427			40.00
41.00	04100	SUBPROVIDER - IRF	0	3,472	1,584			41.00
43.00	04300	NURSERY	0	1,379	397			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	25,410	0			50.00
51.00	05100	RECOVERY ROOM	0	3,711	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	876	0			52.00
53.00	05300	ANESTHESIOLOGY	0	5,080	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,622	0			54.00
54.01	03630	ULTRA SOUND	0	4,797	0			54.01
54.02	05401	SPECIAL PROCEDURES	0	6,187	0			54.02
56.00	05600	RADIOISOTOPE	0	2,123	0			56.00
57.00	05700	CT SCAN	0	28,965	0			57.00
58.00	05800	MRI	0	4,687	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,047	0			59.00
60.00	06000	LABORATORY	0	50,141	0			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,648	0			63.00
65.00	06500	RESPIRATORY THERAPY	0	7,470	0			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	191	0			65.01
66.00	06600	PHYSICAL THERAPY	0	4,706	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,237	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	1,036	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,581	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	275	0			70.00
70.01	03280	SLEEP LAB	0	291	0			70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,695	0			70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,399	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,839	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	549,316	48,229	0			73.00
73.01	03190	INFUSION THERAPY	0	1,265	0			73.01
73.03	07301	PHARMACY VACCINE	0	207	0			73.03
73.04	03480	FCC INFUSION THERAPY	0	2,860	0			73.04
74.00	07400	RENAL DIALYSIS	0	1,727	0			74.00
76.97	07697	CARDIAC REHABILITATION	0	183	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,944	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	1,611	0			90.02
90.03	09002	RETINAL VASCULAR	0	220	0			90.03
91.00	09100	EMERGENCY	0	35,665	0			91.00
91.01	09101	IFCC	0	76,584	0			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	549,316	391,132	13,678	0	118.00
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
192.01	19201	REFERENCE LAB	0	0	0		192.01
192.02	19202	OP PHARMACY	0	0	0		192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0		192.03
192.04	19204	AMBULANCE	0	0	0		192.04
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	549,316	391,132	13,678	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM - EMS	PARAMED ED PRGM - DIETETICS	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY			11,407			23.00
23.01	02301	PARAMED ED PRGM - EMS				116,606		23.01
23.02	02302	PARAMED ED PRGM - DIETETICS					65,391	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
43.00	04300	NURSERY						43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
54.01	03630	ULTRA SOUND						54.01
54.02	05401	SPECIAL PROCEDURES						54.02
56.00	05600	RADIOISOTOPE						56.00
57.00	05700	CT SCAN						57.00
58.00	05800	MRI						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.						62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
65.00	06500	RESPIRATORY THERAPY						65.00
65.01	03560	PULMONARY FUNCTION TESTING						65.01
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
70.01	03280	SLEEP LAB						70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES						70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
73.01	03190	INFUSION THERAPY						73.01
73.03	07301	PHARMACY VACCINE						73.03
73.04	03480	FCC INFUSION THERAPY						73.04
74.00	07400	RENAL DIALYSIS						74.00
76.97	07697	CARDIAC REHABILITATION						76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY						76.98
76.99	07699	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY						90.02
90.03	09002	RETINAL VASCULAR						90.03
91.00	09100	EMERGENCY						91.00
91.01	09101	IFCC						91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM - EMS	PARAMED ED PRGM - DIETETICS	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
	OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
101.00	10100	HOME HEALTH AGENCY						101.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201	REFERENCE LAB						192.01
192.02	19202	OP PHARMACY						192.02
192.03	19203	RETINAL VASCULAR GRANTS						192.03
192.04	19204	AMBULANCE						192.04
200.00		Cross Foot Adjustments	0	0	11,407	116,606	65,391	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	11,407	116,606	65,391	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/24/2020 11:09 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
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY				23.00
23.01	02301	PARAMED ED PRGM - EMS				23.01
23.02	02302	PARAMED ED PRGM - DIETETICS				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,124,286	0	6,124,286	30.00
31.00	03100	INTENSIVE CARE UNIT	807,010	0	807,010	31.00
40.00	04000	SUBPROVIDER - IPF	222,105	0	222,105	40.00
41.00	04100	SUBPROVIDER - IRF	1,701,588	0	1,701,588	41.00
43.00	04300	NURSERY	270,968	0	270,968	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,107,624	0	2,107,624	50.00
51.00	05100	RECOVERY ROOM	165,226	0	165,226	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,304	0	35,304	52.00
53.00	05300	ANESTHESIOLOGY	88,201	0	88,201	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,411,286	0	1,411,286	54.00
54.01	03630	ULTRA SOUND	183,169	0	183,169	54.01
54.02	05401	SPECIAL PROCEDURES	287,567	0	287,567	54.02
56.00	05600	RADIOISOTOPE	125,895	0	125,895	56.00
57.00	05700	CT SCAN	196,888	0	196,888	57.00
58.00	05800	MRI	182,653	0	182,653	58.00
59.00	05900	CARDIAC CATHETERIZATION	458,380	0	458,380	59.00
60.00	06000	LABORATORY	953,720	0	953,720	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	61,745	0	61,745	63.00
65.00	06500	RESPIRATORY THERAPY	221,669	0	221,669	65.00
65.01	03560	PULMONARY FUNCTION TESTING	25,693	0	25,693	65.01
66.00	06600	PHYSICAL THERAPY	291,673	0	291,673	66.00
67.00	06700	OCCUPATIONAL THERAPY	83,349	0	83,349	67.00
68.00	06800	SPEECH PATHOLOGY	45,881	0	45,881	68.00
69.00	06900	ELECTROCARDIOLOGY	282,460	0	282,460	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	77,436	0	77,436	70.00
70.01	03280	SLEEP LAB	15,386	0	15,386	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	61,243	0	61,243	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	282,579	0	282,579	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	276,444	0	276,444	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,255,345	0	1,255,345	73.00
73.01	03190	INFUSION THERAPY	82,790	0	82,790	73.01
73.03	07301	PHARMACY VACCINE	1,461	0	1,461	73.03
73.04	03480	FCC INFUSION THERAPY	44,055	0	44,055	73.04
74.00	07400	RENAL DIALYSIS	109,315	0	109,315	74.00
76.97	07697	CARDIAC REHABILITATION	115,253	0	115,253	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	41,356	0	41,356	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	395,527	0	395,527	90.02
90.03	09002	RETINAL VASCULAR	352,339	0	352,339	90.03
91.00	09100	EMERGENCY	859,253	0	859,253	91.00
91.01	09101	IFCC	3,129,918	0	3,129,918	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0		92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
OTHER REIMBURSABLE COST CENTERS					
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	453,169	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	97,360	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,984,569	0	118.00
NONREIMBURSABLE COST CENTERS					
192.00	19200	PHYSICIANS' PRIVATE OFFICES	95,133	0	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	OP PHARMACY	22,684	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	12,773	0	192.03
192.04	19204	AMBULANCE	0	0	192.04
200.00		Cross Foot Adjustments	193,404	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	24,308,563	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
11/24/2020 11:09 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	729,953					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		10,386,830				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,948	0	108,084,142			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	223,150	3,150,711	16,184,804	-68,069,398	235,871,001	5.00
6.00	00600	MAINTENANCE & REPAIRS	18,642	8,184	207	0	4,560,008	6.00
7.00	00700	OPERATION OF PLANT	53,069	50,437	2,715,541	0	11,512,298	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,656	1,135	98,963	0	1,428,950	8.00
9.00	00900	HOUSEKEEPING	4,336	31,054	0	0	5,237,662	9.00
10.00	01000	DIETARY	13,305	52,299	0	0	2,682,732	10.00
11.00	01100	CAFETERIA	6,350	849	0	0	2,333,292	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,576	1,929,930	3,673,105	0	7,857,867	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,801	75,937	461,337	0	966,007	14.00
15.00	01500	PHARMACY	6,930	242,084	3,944,321	0	5,252,630	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,046	4,386	2,499,364	0	3,915,361	16.00
17.00	01700	SOCIAL SERVICE	0	0	322,244	0	403,157	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	150	0	147,770	0	229,702	23.00
23.01	02301	PARAMED ED PRGM - EMS	750	16,872	608,196	0	702,084	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	2,313	0	105,252	0	189,818	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	132,168	370,668	16,664,089	0	32,439,189	30.00
31.00	03100	INTENSIVE CARE UNIT	12,721	117,499	3,174,456	0	6,634,151	31.00
40.00	04000	SUBPROVIDER - IPF	3,994	6,072	659,548	0	1,566,874	40.00
41.00	04100	SUBPROVIDER - IRF	50,535	9,101	3,124,136	0	5,329,729	41.00
43.00	04300	NURSERY	5,950	6,834	1,190,010	0	1,699,266	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	44,250	485,883	3,669,261	0	10,015,770	50.00
51.00	05100	RECOVERY ROOM	3,327	27,423	607,160	0	950,308	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	729,447	0	1,041,822	52.00
53.00	05300	ANESTHESIOLOGY	431	70,128	41,524	0	438,460	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,286	613,044	2,300,082	0	6,661,071	54.00
54.01	03630	ULTRA SOUND	2,853	62,012	1,123,277	0	1,689,802	54.01
54.02	05401	SPECIAL PROCEDURES	1,833	164,715	962,283	0	3,102,015	54.02
56.00	05600	RADIOISOTOPE	1,925	46,259	477,856	0	1,161,628	56.00
57.00	05700	CT SCAN	2,055	81,822	801,404	0	1,475,957	57.00
58.00	05800	MRI	5,427	21,895	431,696	0	741,824	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,670	339,978	734,633	0	2,456,501	59.00
60.00	06000	LABORATORY	13,771	195,644	5,205,705	0	12,181,451	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	525	2,087	317,917	0	1,410,702	63.00
65.00	06500	RESPIRATORY THERAPY	1,649	48,536	1,352,572	0	2,914,484	65.00
65.01	03560	PULMONARY FUNCTION TESTING	794	4,960	21,638	0	47,607	65.01
66.00	06600	PHYSICAL THERAPY	6,373	52,089	1,783,090	0	2,529,403	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,058	1,203	1,126,846	0	1,579,605	67.00
68.00	06800	SPEECH PATHOLOGY	724	9,270	435,711	0	573,201	68.00
69.00	06900	ELECTROCARDIOLOGY	3,752	139,469	1,049,856	0	2,015,149	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,041	21,268	138,595	0	259,244	70.00
70.01	03280	SLEEP LAB	0	12,620	98,148	0	136,978	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	912,945	0	1,814,910	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	3,997,425	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,507,180	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	21,655,257	73.00
73.01	03190	INFUSION THERAPY	1,554	2,330	304,416	0	492,426	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	41,294	73.03
73.04	03480	FCC INFUSION THERAPY	645	0	516,771	0	767,249	73.04
74.00	07400	RENAL DIALYSIS	1,801	23,014	517,629	0	993,618	74.00
76.97	07697	CARDIAC REHABILITATION	2,039	13,021	295,230	0	493,839	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,824	650,036	0	1,158,157	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	13,999	0	86,088	0	1,460,195	90.02
90.03	09002	RETINAL VASCULAR	10,844	17,895	185,417	0	515,940	90.03
91.00	09100	EMERGENCY	9,372	79,688	4,663,082	0	8,122,708	91.00
91.01	09101	IFCC	0	1,772,706	13,286,797	0	23,604,907	91.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
11/24/2020 11:09 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	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	6,181	0	5,888,697	0	9,663,992	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	1,533,943	0	3,158,621	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	728,569	10,384,835	107,823,095	-68,069,398	232,771,477	118.00
NONREIMBURSABLE COST CENTERS								
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,995	258,489	0	3,068,998	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	884	0	2,558	0	20,664	192.02
192.03	19203	RETINAL VASCULAR GRANTS	500	0	0	0	9,862	192.03
192.04	19204	AMBULANCE	0	0	0	234,807	0	192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	14,397,412	8,697,606	27,136,762		68,069,398	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.723752	0.837369	0.251071		0.288587	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			99,639		7,164,721	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000922		0.030376	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: 14-0191

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

Worksheet B-1

Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATI ENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	484,213					6.00
7.00	00700	OPERATION OF PLANT	53,069	431,144				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,656	3,656	70,788			8.00
9.00	00900	HOUSEKEEPING	4,336	4,336	0	423,152		9.00
10.00	01000	DIETARY	13,305	13,305	0	13,305	315,003	10.00
11.00	01100	CAFETERIA	6,350	6,350	0	6,350	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,576	2,576	0	2,576	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,801	4,801	0	4,801	0	14.00
15.00	01500	PHARMACY	6,930	6,930	0	6,930	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,046	10,046	0	10,046	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	150	150	0	150	0	23.00
23.01	02301	PARAMED ED PRGM - EMS	750	750	0	750	0	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	2,313	2,313	0	2,313	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	132,168	132,168	53,961	132,168	251,013	30.00
31.00	03100	INTENSIVE CARE UNIT	12,721	12,721	4,364	12,721	10,090	31.00
40.00	04000	SUBPROVIDER - IPF	3,994	3,994	2,210	3,994	10,220	40.00
41.00	04100	SUBPROVIDER - IRF	50,535	50,535	8,200	50,535	37,919	41.00
43.00	04300	NURSERY	5,950	5,950	2,053	5,950	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	44,250	44,250	0	44,250	0	50.00
51.00	05100	RECOVERY ROOM	3,327	3,327	0	3,327	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	431	431	0	431	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,286	26,286	0	26,286	0	54.00
54.01	03630	ULTRA SOUND	2,853	2,853	0	2,853	0	54.01
54.02	05401	SPECIAL PROCEDURES	1,833	1,833	0	1,833	0	54.02
56.00	05600	RADIOISOTOPE	1,925	1,925	0	1,925	0	56.00
57.00	05700	CT SCAN	2,055	2,055	0	2,055	0	57.00
58.00	05800	MRI	5,427	5,427	0	5,427	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,670	3,670	0	3,670	0	59.00
60.00	06000	LABORATORY	13,771	13,771	0	13,771	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	525	525	0	525	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,649	1,649	0	1,649	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	794	794	0	794	0	65.01
66.00	06600	PHYSICAL THERAPY	6,373	6,373	0	6,373	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,058	1,058	0	1,058	0	67.00
68.00	06800	SPEECH PATHOLOGY	724	724	0	724	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,752	3,752	0	3,752	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,041	2,041	0	2,041	0	70.00
70.01	03280	SLEEP LAB	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	70.02
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
73.01	03190	INFUSION THERAPY	1,554	1,554	0	1,554	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	645	645	0	645	0	73.04
74.00	07400	RENAL DIALYSIS	1,801	1,801	0	1,801	0	74.00
76.97	07697	CARDIAC REHABILITATION	2,039	2,039	0	2,039	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	13,999	13,999	0	13,999	0	90.02
90.03	09002	RETINAL VASCULAR	10,844	10,844	0	10,844	0	90.03
91.00	09100	EMERGENCY	9,372	9,372	0	9,372	5,761	91.00
91.01	09101	IFCC	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATI ENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
101.00	10100	HOME HEALTH AGENCY	6,181	6,181	0	6,181	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	482,829	429,760	70,788	421,768	315,003	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	884	884	0	884	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	500	500	0	500	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	0	192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,875,967	15,478,595	2,016,947	6,957,469	4,314,818	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.135087	35.901219	28.492781	16.442009	13.697704	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	513,058	1,497,652	133,131	291,201	457,181	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.059571	3.473670	1.880700	0.688171	1.451354	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: 14-0191

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

Worksheet B-1

Date/Time Prepared:

11/24/2020 11:09 am

Cost Center Description			CAFETERIA (FTES/HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,026,513					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	117,948	0	999,908			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25,330	0	0	20,203,820		14.00
15.00	01500	PHARMACY	92,696	0	0	0	21,696,551	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	86,913	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	10,000	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	4,868	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - EMS	30,194	0	30,194	0	0	23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	16,120	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	492,880	0	492,880	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	77,503	0	77,503	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	23,634	0	23,634	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	94,179	0	94,179	0	0	41.00
43.00	04300	NURSERY	28,530	0	28,530	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	111,598	0	111,598	0	0	50.00
51.00	05100	RECOVERY ROOM	12,751	0	12,751	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,582	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,022	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	64,976	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	25,663	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	23,039	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	11,362	0	0	0	0	56.00
57.00	05700	CT SCAN	22,678	0	0	0	0	57.00
58.00	05800	MRI	11,652	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,517	0	0	0	0	59.00
60.00	06000	LABORATORY	186,882	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,773	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	41,626	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	680	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	51,778	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	41,345	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	10,655	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	28,872	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,834	0	0	0	0	70.00
70.01	03280	SLEEP LAB	2,429	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	31,512	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,696,641	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,507,179	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	21,696,551	73.00
73.01	03190	INFUSION THERAPY	8,252	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	11,657	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	11,311	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	8,713	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	18,558	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	2,418	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	6,930	0	0	0	0	90.03
91.00	09100	EMERGENCY	128,639	0	128,639	0	0	91.00
91.01	09101	IFCC	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description		CAFETERIA (FTES/HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,026,499	0	999,908	20,203,820	21,696,551
NONREIMBURSABLE COST CENTERS							
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	OP PHARMACY	14	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	192.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,416,088	0	10,490,467	1,597,044	7,371,562
203.00		Unit cost multiplier (Wkst. B, Part I)	1.685698	0.000000	10.491432	0.079047	0.339757
204.00		Cost to be allocated (per Wkst. B, Part II)	229,989	0	1,935,786	232,697	549,316
205.00		Unit cost multiplier (Wkst. B, Part II)	0.113490	0.000000	1.935964	0.011517	0.025318
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: 14-0191

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

Worksheet B-1

Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (WS C CHARGES)	SOCIAL SERVICE (TOTAL PATI ENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
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	1,402,447,727					16.00
17.00	01700	SOCIAL SERVICE	0	70,788				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY	0	0				23.00
23.01	02301	PARAMED ED PRGM - EMS	0	0				23.01
23.02	02302	PARAMED ED PRGM - DIETETICS	0	0				23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	104,397,365	53,961	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	15,457,701	4,364	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	4,775,338	2,210	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	12,446,057	8,200	0	0	0	41.00
43.00	04300	NURSERY	4,944,233	2,053	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	91,075,883	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	13,301,176	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,140,504	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	18,206,208	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,488,833	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	17,195,134	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	22,176,364	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	7,608,477	0	0	0	0	56.00
57.00	05700	CT SCAN	103,815,979	0	0	0	0	57.00
58.00	05800	MRI	16,799,549	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,089,058	0	0	0	0	59.00
60.00	06000	LABORATORY	179,716,783	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,491,552	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	26,775,312	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	685,589	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	16,865,718	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,018,379	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,713,665	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	23,587,601	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	984,881	0	0	0	0	70.00
70.01	03280	SLEEP LAB	1,042,022	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,075,420	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,182,644	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,760,422	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	172,862,738	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	4,532,618	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	740,902	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	10,249,888	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	6,188,516	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	656,264	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	6,968,202	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	5,775,451	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	789,946	0	0	0	0	90.03
91.00	09100	EMERGENCY	127,831,898	0	0	0	0	91.00
91.01	09101	IFCC	275,033,457	0	0	0	0	91.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (WS C CHARGES)	SOCIAL SERVICE (TOTAL PATI ENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0		0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,402,447,727	70,788	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	OP PHARMACY	0	0	0	0	0	192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0	0	192.03
192.04	19204	AMBULANCE	0	0	0	0	0	192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,839,541	536,360	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.004164	7.576990	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	391,132	13,678	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000279	0.193225	0.000000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM - EMS (TIME SPENT)	PARAMED ED PRGM - DIETETICS (ASSIGNED TIME)	
			SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
			22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0				22.00
23.00	02300	PARAMED ED PRGM-PHARMACY		100			23.00
23.01	02301	PARAMED ED PRGM - EMS			220		23.01
23.02	02302	PARAMED ED PRGM - DIETETICS				188	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	60	100	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	16	25	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	15	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	44	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	4	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	4	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	2	70.02
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	100	0	0	73.00
73.01	03190	INFUSION THERAPY	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	136	2	91.00
91.01	09101	IFCC	0	0	0	0	91.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0191

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

Worksheet B-1

Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM - EMS (TIME SPENT)	PARAMED ED PRGM - DIETETICS (ASSIGNED TIME)		
			SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
			22.00	23.00	23.01	23.02		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE		0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	100	220	188		118.00
		NONREIMBURSABLE COST CENTERS						
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	REFERENCE LAB	0	0	0	0		192.01
192.02	19202	OP PHARMACY	0	0	0	0		192.02
192.03	19203	RETINAL VASCULAR GRANTS	0	0	0	0		192.03
192.04	19204	AMBULANCE	0	0	0	0		192.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	313,868	1,320,731	420,908		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	3,138.680000	6,003.322727	2,238.872340		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	11,407	116,606	65,391		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	114.070000	530.027273	347.824468		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	0	0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	0.000000	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 11:09 am

			Title XVIII		Hospital		PPS
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	62,728,106		62,728,106	0	62,728,106
31.00	03100	INTENSIVE CARE UNIT	10,824,682		10,824,682	0	10,824,682
40.00	04000	SUBPROVIDER - IPF	2,837,547		2,837,547	0	2,837,547
41.00	04100	SUBPROVIDER - IRF	12,238,572		12,238,572	0	12,238,572
43.00	04300	NURSERY	3,015,352		3,015,352	0	3,015,352
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17,497,541		17,497,541	0	17,497,541
51.00	05100	RECOVERY ROOM	1,649,730		1,649,730	0	1,649,730
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,386,879		1,386,879	0	1,386,879
53.00	05300	ANESTHESIOLOGY	672,003		672,003	0	672,003
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,531,388		10,531,388	0	10,531,388
54.01	03630	ULTRA SOUND	2,476,274		2,476,274	0	2,476,274
54.02	05401	SPECIAL PROCEDURES	4,246,584		4,246,584	0	4,246,584
56.00	05600	RADIOISOTOPE	1,671,815		1,671,815	0	1,671,815
57.00	05700	CT SCAN	2,504,920		2,504,920	0	2,504,920
58.00	05800	MRI	1,395,424		1,395,424	0	1,395,424
59.00	05900	CARDIAC CATHETERIZATION	3,527,543		3,527,543	0	3,527,543
60.00	06000	LABORATORY	17,648,158		17,648,158	0	17,648,158
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0		0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,907,660		1,907,660	0	1,907,660
65.00	06500	RESPIRATORY THERAPY	4,067,565	0	4,067,565	0	4,067,565
65.01	03560	PULMONARY FUNCTION TESTING	116,543	0	116,543	0	116,543
66.00	06600	PHYSICAL THERAPY	3,827,787	0	3,827,787	0	3,827,787
67.00	06700	OCCUPATIONAL THERAPY	2,206,760	0	2,206,760	0	2,206,760
68.00	06800	SPEECH PATHOLOGY	818,726	0	818,726	0	818,726
69.00	06900	ELECTROCARDIOLOGY	2,985,505		2,985,505	101,096	3,086,601
70.00	07000	ELECTROENCEPHALOGRAPHY	476,222		476,222	0	476,222
70.01	03280	SLEEP LAB	184,942		184,942	0	184,942
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,421,565		2,421,565	0	2,421,565
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,284,430		6,284,430	0	6,284,430
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,956,739		8,956,739	0	8,956,739
73.00	07300	DRUGS CHARGED TO PATIENTS	36,309,913		36,309,913	0	36,309,913
73.01	03190	INFUSION THERAPY	767,517		767,517	0	767,517
73.03	07301	PHARMACY VACCINE	56,296		56,296	0	56,296
73.04	03480	FCC INFUSION THERAPY	1,092,586		1,092,586	0	1,092,586
74.00	07400	RENAL DIALYSIS	1,441,324		1,441,324	0	1,441,324
76.97	07697	CARDIAC REHABILITATION	785,246		785,246	0	785,246
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,552,685		1,552,685	0	1,552,685
76.99	07699	LITHOTRIPSY	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	2,812,345		2,812,345	0	2,812,345
90.03	09002	RETINAL VASCULAR	1,379,008		1,379,008	0	1,379,008
91.00	09100	EMERGENCY	14,069,696		14,069,696	0	14,069,696
91.01	09101	IFCC	31,561,960		31,561,960	0	31,561,960
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,128,953		5,128,953		5,128,953
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0
101.00	10100	HOME HEALTH AGENCY	12,851,434		12,851,434		12,851,434
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	4,070,158		4,070,158		4,070,158
200.00		Subtotal (see instructions)	304,986,083	0	304,986,083	101,096	305,087,179
201.00		Less Observation Beds	5,128,953		5,128,953		5,128,953
202.00		Total (see instructions)	299,857,130	0	299,857,130	101,096	299,958,226

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 11:09 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	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	104,397,365		104,397,365		30.00
31.00	03100	INTENSIVE CARE UNIT	15,457,701		15,457,701		31.00
40.00	04000	SUBPROVIDER - IPF	4,775,338		4,775,338		40.00
41.00	04100	SUBPROVIDER - IRF	12,446,057		12,446,057		41.00
43.00	04300	NURSERY	4,944,233		4,944,233		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	46,191,949	44,883,934	91,075,883	0.192120	0.000000
51.00	05100	RECOVERY ROOM	6,320,783	6,980,393	13,301,176	0.124029	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,793,674	346,830	3,140,504	0.441610	0.000000
53.00	05300	ANESTHESIOLOGY	10,829,506	7,376,702	18,206,208	0.036911	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,376,634	26,112,199	34,488,833	0.305356	0.000000
54.01	03630	ULTRA SOUND	4,580,637	12,614,497	17,195,134	0.144010	0.000000
54.02	05401	SPECIAL PROCEDURES	10,901,934	11,274,430	22,176,364	0.191491	0.000000
56.00	05600	RADIOISOTOPE	3,024,080	4,584,397	7,608,477	0.219731	0.000000
57.00	05700	CT SCAN	36,106,234	67,709,745	103,815,979	0.024128	0.000000
58.00	05800	MRI	7,791,542	9,008,007	16,799,549	0.083063	0.000000
59.00	05900	CARDIAC CATHETERIZATION	9,609,889	8,479,169	18,089,058	0.195010	0.000000
60.00	06000	LABORATORY	68,077,382	111,639,401	179,716,783	0.098200	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0.000000	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,571,529	2,920,023	9,491,552	0.200985	0.000000
65.00	06500	RESPIRATORY THERAPY	23,743,207	3,032,105	26,775,312	0.151915	0.000000
65.01	03560	PULMONARY FUNCTION TESTING	46,818	638,771	685,589	0.169990	0.000000
66.00	06600	PHYSICAL THERAPY	8,381,781	8,483,937	16,865,718	0.226957	0.000000
67.00	06700	OCCUPATIONAL THERAPY	7,848,610	169,769	8,018,379	0.275213	0.000000
68.00	06800	SPEECH PATHOLOGY	3,558,111	155,554	3,713,665	0.220463	0.000000
69.00	06900	ELECTROCARDIOLOGY	13,405,187	10,182,414	23,587,601	0.126571	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	720,719	264,162	984,881	0.483533	0.000000
70.01	03280	SLEEP LAB	846,864	195,158	1,042,022	0.177484	0.000000
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,075,420	0	6,075,420	0.398584	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,617,824	5,564,820	12,182,644	0.515851	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,326,544	5,433,878	13,760,422	0.650906	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	50,052,039	122,810,699	172,862,738	0.210051	0.000000
73.01	03190	INFUSION THERAPY	21,246	4,511,372	4,532,618	0.169332	0.000000
73.03	07301	PHARMACY VACCINE	518,353	222,549	740,902	0.075983	0.000000
73.04	03480	FCC INFUSION THERAPY	47,661	10,202,227	10,249,888	0.106595	0.000000
74.00	07400	RENAL DIALYSIS	5,779,417	409,099	6,188,516	0.232903	0.000000
76.97	07697	CARDIAC REHABILITATION	29,551	626,713	656,264	1.196540	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	862,095	6,106,107	6,968,202	0.222824	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	10,402	5,765,049	5,775,451	0.486948	0.000000
90.03	09002	RETINAL VASCULAR	6,235	783,711	789,946	1.745699	0.000000
91.00	09100	EMERGENCY	24,273,591	103,558,307	127,831,898	0.110064	0.000000
91.01	09101	IFCC	6,696,892	268,336,565	275,033,457	0.114757	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,969,168	9,554,499	15,523,667	0.330396	0.000000
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	9,050,668	9,050,668		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	5,171,829	5,171,829		116.00
200.00		Subtotal (see instructions)	537,034,202	895,159,689	1,432,193,891		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	537,034,202	895,159,689	1,432,193,891		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 11:09 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
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.192120			50.00
51.00	05100	RECOVERY ROOM	0.124029			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.441610			52.00
53.00	05300	ANESTHESIOLOGY	0.036911			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.305356			54.00
54.01	03630	ULTRA SOUND	0.144010			54.01
54.02	05401	SPECIAL PROCEDURES	0.191491			54.02
56.00	05600	RADIOISOTOPE	0.219731			56.00
57.00	05700	CT SCAN	0.024128			57.00
58.00	05800	MRI	0.083063			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.195010			59.00
60.00	06000	LABORATORY	0.098200			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.200985			63.00
65.00	06500	RESPIRATORY THERAPY	0.151915			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.169990			65.01
66.00	06600	PHYSICAL THERAPY	0.226957			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.275213			67.00
68.00	06800	SPEECH PATHOLOGY	0.220463			68.00
69.00	06900	ELECTROCARDIOLOGY	0.130857			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.483533			70.00
70.01	03280	SLEEP LAB	0.177484			70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.398584			70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.515851			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.650906			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.210051			73.00
73.01	03190	INFUSION THERAPY	0.169332			73.01
73.03	07301	PHARMACY VACCINE	0.075983			73.03
73.04	03480	FCC INFUSION THERAPY	0.106595			73.04
74.00	07400	RENAL DIALYSIS	0.232903			74.00
76.97	07697	CARDIAC REHABILITATION	1.196540			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.222824			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0.486948			90.02
90.03	09002	RETINAL VASCULAR	1.745699			90.03
91.00	09100	EMERGENCY	0.110064			91.00
91.01	09101	IFCC	0.114757			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.330396			92.00
OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 11:09 am

			Title XIX		Hospital		Cost
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	62,728,106		62,728,106	0	62,728,106
31.00	03100	INTENSIVE CARE UNIT	10,824,682		10,824,682	0	10,824,682
40.00	04000	SUBPROVIDER - IPF	2,837,547		2,837,547	0	2,837,547
41.00	04100	SUBPROVIDER - IRF	12,238,572		12,238,572	0	12,238,572
43.00	04300	NURSERY	3,015,352		3,015,352	0	3,015,352
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17,497,541		17,497,541	0	17,497,541
51.00	05100	RECOVERY ROOM	1,649,730		1,649,730	0	1,649,730
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,386,879		1,386,879	0	1,386,879
53.00	05300	ANESTHESIOLOGY	672,003		672,003	0	672,003
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,531,388		10,531,388	0	10,531,388
54.01	03630	ULTRA SOUND	2,476,274		2,476,274	0	2,476,274
54.02	05401	SPECIAL PROCEDURES	4,246,584		4,246,584	0	4,246,584
56.00	05600	RADIOISOTOPE	1,671,815		1,671,815	0	1,671,815
57.00	05700	CT SCAN	2,504,920		2,504,920	0	2,504,920
58.00	05800	MRI	1,395,424		1,395,424	0	1,395,424
59.00	05900	CARDIAC CATHETERIZATION	3,527,543		3,527,543	0	3,527,543
60.00	06000	LABORATORY	17,648,158		17,648,158	0	17,648,158
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0		0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,907,660		1,907,660	0	1,907,660
65.00	06500	RESPIRATORY THERAPY	4,067,565	0	4,067,565	0	4,067,565
65.01	03560	PULMONARY FUNCTION TESTING	116,543	0	116,543	0	116,543
66.00	06600	PHYSICAL THERAPY	3,827,787	0	3,827,787	0	3,827,787
67.00	06700	OCCUPATIONAL THERAPY	2,206,760	0	2,206,760	0	2,206,760
68.00	06800	SPEECH PATHOLOGY	818,726	0	818,726	0	818,726
69.00	06900	ELECTROCARDIOLOGY	2,985,505		2,985,505	101,096	3,086,601
70.00	07000	ELECTROENCEPHALOGRAPHY	476,222		476,222	0	476,222
70.01	03280	SLEEP LAB	184,942		184,942	0	184,942
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,421,565		2,421,565	0	2,421,565
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,284,430		6,284,430	0	6,284,430
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,956,739		8,956,739	0	8,956,739
73.00	07300	DRUGS CHARGED TO PATIENTS	36,309,913		36,309,913	0	36,309,913
73.01	03190	INFUSION THERAPY	767,517		767,517	0	767,517
73.03	07301	PHARMACY VACCINE	56,296		56,296	0	56,296
73.04	03480	FCC INFUSION THERAPY	1,092,586		1,092,586	0	1,092,586
74.00	07400	RENAL DIALYSIS	1,441,324		1,441,324	0	1,441,324
76.97	07697	CARDIAC REHABILITATION	785,246		785,246	0	785,246
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,552,685		1,552,685	0	1,552,685
76.99	07699	LITHOTRIPSY	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	2,812,345		2,812,345	0	2,812,345
90.03	09002	RETINAL VASCULAR	1,379,008		1,379,008	0	1,379,008
91.00	09100	EMERGENCY	14,069,696		14,069,696	0	14,069,696
91.01	09101	IFCC	31,561,960		31,561,960	0	31,561,960
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,128,953		5,128,953	0	5,128,953
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0
101.00	10100	HOME HEALTH AGENCY	12,851,434		12,851,434		12,851,434
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	4,070,158		4,070,158		4,070,158
200.00		Subtotal (see instructions)	304,986,083	0	304,986,083	101,096	305,087,179
201.00		Less Observation Beds	5,128,953		5,128,953		5,128,953
202.00		Total (see instructions)	299,857,130	0	299,857,130	101,096	299,958,226

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 11:09 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	104,397,365		104,397,365		30.00
31.00	03100	INTENSIVE CARE UNIT	15,457,701		15,457,701		31.00
40.00	04000	SUBPROVIDER - IPF	4,775,338		4,775,338		40.00
41.00	04100	SUBPROVIDER - IRF	12,446,057		12,446,057		41.00
43.00	04300	NURSERY	4,944,233		4,944,233		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	46,191,949	44,883,934	91,075,883	0.192120	0.000000
51.00	05100	RECOVERY ROOM	6,320,783	6,980,393	13,301,176	0.124029	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,793,674	346,830	3,140,504	0.441610	0.000000
53.00	05300	ANESTHESIOLOGY	10,829,506	7,376,702	18,206,208	0.036911	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,376,634	26,112,199	34,488,833	0.305356	0.000000
54.01	03630	ULTRA SOUND	4,580,637	12,614,497	17,195,134	0.144010	0.000000
54.02	05401	SPECIAL PROCEDURES	10,901,934	11,274,430	22,176,364	0.191491	0.000000
56.00	05600	RADIOISOTOPE	3,024,080	4,584,397	7,608,477	0.219731	0.000000
57.00	05700	CT SCAN	36,106,234	67,709,745	103,815,979	0.024128	0.000000
58.00	05800	MRI	7,791,542	9,008,007	16,799,549	0.083063	0.000000
59.00	05900	CARDIAC CATHETERIZATION	9,609,889	8,479,169	18,089,058	0.195010	0.000000
60.00	06000	LABORATORY	68,077,382	111,639,401	179,716,783	0.098200	0.000000
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0.000000	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,571,529	2,920,023	9,491,552	0.200985	0.000000
65.00	06500	RESPIRATORY THERAPY	23,743,207	3,032,105	26,775,312	0.151915	0.000000
65.01	03560	PULMONARY FUNCTION TESTING	46,818	638,771	685,589	0.169990	0.000000
66.00	06600	PHYSICAL THERAPY	8,381,781	8,483,937	16,865,718	0.226957	0.000000
67.00	06700	OCCUPATIONAL THERAPY	7,848,610	169,769	8,018,379	0.275213	0.000000
68.00	06800	SPEECH PATHOLOGY	3,558,111	155,554	3,713,665	0.220463	0.000000
69.00	06900	ELECTROCARDIOLOGY	13,405,187	10,182,414	23,587,601	0.126571	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	720,719	264,162	984,881	0.483533	0.000000
70.01	03280	SLEEP LAB	846,864	195,158	1,042,022	0.177484	0.000000
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	6,075,420	0	6,075,420	0.398584	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,617,824	5,564,820	12,182,644	0.515851	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,326,544	5,433,878	13,760,422	0.650906	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	50,052,039	122,810,699	172,862,738	0.210051	0.000000
73.01	03190	INFUSION THERAPY	21,246	4,511,372	4,532,618	0.169332	0.000000
73.03	07301	PHARMACY VACCINE	518,353	222,549	740,902	0.075983	0.000000
73.04	03480	FCC INFUSION THERAPY	47,661	10,202,227	10,249,888	0.106595	0.000000
74.00	07400	RENAL DIALYSIS	5,779,417	409,099	6,188,516	0.232903	0.000000
76.97	07697	CARDIAC REHABILITATION	29,551	626,713	656,264	1.196540	0.000000
76.98	07698	HYPERBARIC OXYGEN THERAPY	862,095	6,106,107	6,968,202	0.222824	0.000000
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	10,402	5,765,049	5,775,451	0.486948	0.000000
90.03	09002	RETINAL VASCULAR	6,235	783,711	789,946	1.745699	0.000000
91.00	09100	EMERGENCY	24,273,591	103,558,307	127,831,898	0.110064	0.000000
91.01	09101	IFCC	6,696,892	268,336,565	275,033,457	0.114757	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,969,168	9,554,499	15,523,667	0.330396	0.000000
OTHER REIMBURSABLE COST CENTERS							
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	9,050,668	9,050,668		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	5,171,829	5,171,829		116.00
200.00		Subtotal (see instructions)	537,034,202	895,159,689	1,432,193,891		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	537,034,202	895,159,689	1,432,193,891		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 11:09 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
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
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
54.01	03630	ULTRA SOUND	0.000000			54.01
54.02	05401	SPECIAL PROCEDURES	0.000000			54.02
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
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000			62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000			65.01
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	03280	SLEEP LAB	0.000000			70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			70.02
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
73.01	03190	INFUSION THERAPY	0.000000			73.01
73.03	07301	PHARMACY VACCINE	0.000000			73.03
73.04	03480	FCC INFUSION THERAPY	0.000000			73.04
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.02	09001	PSYCH ANCILLARY	0.000000			90.02
90.03	09002	RETINAL VASCULAR	0.000000			90.03
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	IFCC	0.000000			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE				116.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
11/24/2020 11:09 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	6,124,286	0	6,124,286	58,766	104.21	30.00	
31.00	INTENSIVE CARE UNIT	807,010		807,010	4,364	184.92	31.00	
40.00	SUBPROVIDER - IPF	222,105	0	222,105	2,210	100.50	40.00	
41.00	SUBPROVIDER - IRF	1,701,588	0	1,701,588	8,200	207.51	41.00	
43.00	NURSERY	270,968		270,968	2,053	131.99	43.00	
200.00	Total (lines 30 through 199)	9,125,957		9,125,957	75,593		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	17,577	1,831,699					30.00
31.00	INTENSIVE CARE UNIT	1,750	323,610					31.00
40.00	SUBPROVIDER - IPF	650	65,325					40.00
41.00	SUBPROVIDER - IRF	4,431	919,477					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	24,408	3,140,111					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0191	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part II Date/Time Prepared: 11/24/2020 11:09 am		
				Title XVIII		Hospital		PPS
	Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,107,624	91,075,883	0.023141	18,259,814	422,550	50.00
51.00	05100	RECOVERY ROOM	165,226	13,301,176	0.012422	2,417,353	30,028	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,304	3,140,504	0.011242	0	0	52.00
53.00	05300	ANESTHESIOLOGY	88,201	18,206,208	0.004845	2,903,386	14,067	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,411,286	34,488,833	0.040920	3,577,115	146,376	54.00
54.01	03630	ULTRA SOUND	183,169	17,195,134	0.010652	1,742,988	18,566	54.01
54.02	05401	SPECIAL PROCEDURES	287,567	22,176,364	0.012967	4,901,282	63,555	54.02
56.00	05600	RADIOISOTOPE	125,895	7,608,477	0.016547	1,267,134	20,967	56.00
57.00	05700	CT SCAN	196,888	103,815,979	0.001897	16,001,738	30,355	57.00
58.00	05800	MRI	182,653	16,799,549	0.010872	3,047,348	33,131	58.00
59.00	05900	CARDIAC CATHETERIZATION	458,380	18,089,058	0.025340	3,653,646	92,583	59.00
60.00	06000	LABORATORY	953,720	179,716,783	0.005307	25,964,151	137,792	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	61,745	9,491,552	0.006505	2,411,218	15,685	63.00
65.00	06500	RESPIRATORY THERAPY	221,669	26,775,312	0.008279	9,053,707	74,956	65.00
65.01	03560	PULMONARY FUNCTION TESTING	25,693	685,589	0.037476	18,772	703	65.01
66.00	06600	PHYSICAL THERAPY	291,673	16,865,718	0.017294	1,394,626	24,119	66.00
67.00	06700	OCCUPATIONAL THERAPY	83,349	8,018,379	0.010395	1,051,081	10,926	67.00
68.00	06800	SPEECH PATHOLOGY	45,881	3,713,665	0.012355	700,442	8,654	68.00
69.00	06900	ELECTROCARDIOLOGY	282,460	23,587,601	0.011975	5,431,076	65,037	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	77,436	984,881	0.078625	317,466	24,961	70.00
70.01	03280	SLEEP LAB	15,386	1,042,022	0.014766	323,491	4,777	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	61,243	6,075,420	0.010080	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	282,579	12,182,644	0.023195	2,749,731	63,780	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	276,444	13,760,422	0.020090	3,432,091	68,951	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,255,345	172,862,738	0.007262	18,384,358	133,507	73.00
73.01	03190	INFUSION THERAPY	82,790	4,532,618	0.018265	17,819	325	73.01
73.03	07301	PHARMACY VACCINE	1,461	740,902	0.001972	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	44,055	10,249,888	0.004298	24,248	104	73.04
74.00	07400	RENAL DIALYSIS	109,315	6,188,516	0.017664	2,475,741	43,731	74.00
76.97	07697	CARDIAC REHABILITATION	115,253	656,264	0.175620	9,030	1,586	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	41,356	6,968,202	0.005935	327,259	1,942	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
90.02	09001	PSYCH ANCILLARY	395,527	5,775,451	0.068484	3,333	228	90.02
90.03	09002	RETINAL VASCULAR	352,339	789,946	0.446029	1,730	772	90.03
91.00	09100	EMERGENCY	859,253	127,831,898	0.006722	11,235,608	75,526	91.00
91.01	09101	IFCC	3,129,918	275,033,457	0.011380	2,463,299	28,032	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	500,750	15,523,667	0.032257	3,044,236	98,198	92.00
200.00		Total (lines 50 through 199)	14,808,833	1,275,950,700		148,606,317	1,756,470	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0191		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 11/24/2020 11:09 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	584,086	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	152,025	0	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	33,583	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	98,510	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00	Total (lines 30 through 199)		0	0	0	868,204	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	584,086	58,766	9.94	17,577	30.00		
31.00	03100	INTENSIVE CARE UNIT		152,025	4,364	34.84	1,750	31.00		
40.00	04000	SUBPROVIDER - IPF	0	33,583	2,210	15.20	650	40.00		
41.00	04100	SUBPROVIDER - IRF	0	98,510	8,200	12.01	4,431	41.00		
43.00	04300	NURSERY		0	2,053	0.00	0	43.00		
200.00	Total (lines 30 through 199)			868,204	75,593		24,408	200.00		
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	174,715						30.00	
31.00	03100	INTENSIVE CARE UNIT	60,970						31.00	
40.00	04000	SUBPROVIDER - IPF	9,880						40.00	
41.00	04100	SUBPROVIDER - IRF	53,216						41.00	
43.00	04300	NURSERY	0						43.00	
200.00	Total (lines 30 through 199)		298,781						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 11:09 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
54.01	03630	ULTRA SOUND		0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES		0	0	0	0	0	54.02
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	24,013	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	24,013	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
70.01	03280	SLEEP LAB		0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	4,478	70.02
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	313,868	73.00
73.01	03190	INFUSION THERAPY		0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE		0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY		0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY		0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR		0	0	0	0	0	90.03
91.00	09100	EMERGENCY		0	0	0	0	820,931	91.00
91.01	09101	IFCC		0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	47,756	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	1,235,059	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0191		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 11:09 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	91,075,883	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	13,301,176	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,140,504	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	18,206,208	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	34,488,833	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	17,195,134	0.000000	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	22,176,364	0.000000	54.02
56.00	05600	RADIOISOTOPE	0	0	0	7,608,477	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	103,815,979	0.000000	57.00
58.00	05800	MRI	0	0	0	16,799,549	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	24,013	24,013	18,089,058	0.001327	59.00
60.00	06000	LABORATORY	0	0	0	179,716,783	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	9,491,552	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	24,013	24,013	26,775,312	0.000897	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	685,589	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	16,865,718	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,018,379	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,713,665	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	23,587,601	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	984,881	0.000000	70.00
70.01	03280	SLEEP LAB	0	0	0	1,042,022	0.000000	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	4,478	4,478	6,075,420	0.000737	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12,182,644	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,760,422	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	313,868	313,868	172,862,738	0.001816	73.00
73.01	03190	INFUSION THERAPY	0	0	0	4,532,618	0.000000	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	740,902	0.000000	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	10,249,888	0.000000	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	6,188,516	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	656,264	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	6,968,202	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	0	0	5,775,451	0.000000	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	789,946	0.000000	90.03
91.00	09100	EMERGENCY	0	820,931	820,931	127,831,898	0.006422	91.00
91.01	09101	IFCC	0	0	0	275,033,457	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	47,756	47,756	15,523,667	0.003076	92.00
200.00		Total (lines 50 through 199)	0	1,235,059	1,235,059	1,275,950,700		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 11:09 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000		18,259,814	0	11,274,543	0	50.00
51.00	05100	RECOVERY ROOM	0.000000		2,417,353	0	1,703,848	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000		2,903,386	0	1,805,444	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		3,577,115	0	4,576,114	0	54.00
54.01	03630	ULTRA SOUND	0.000000		1,742,988	0	1,759,328	0	54.01
54.02	05401	SPECIAL PROCEDURES	0.000000		4,901,282	0	6,913,596	0	54.02
56.00	05600	RADIOISOTOPE	0.000000		1,267,134	0	1,138,381	0	56.00
57.00	05700	CT SCAN	0.000000		16,001,738	0	11,814,269	0	57.00
58.00	05800	MRI	0.000000		3,047,348	0	2,610,790	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.001327		3,653,646	4,848	3,413,788	4,530	59.00
60.00	06000	LABORATORY	0.000000		25,964,151	0	10,893,744	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000		0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		2,411,218	0	733,602	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000897		9,053,707	8,121	246,623	221	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000		18,772	0	250,132	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000		1,394,626	0	16,664	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		1,051,081	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		700,442	0	4,835	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		5,431,076	0	1,972,086	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		317,466	0	54,656	0	70.00
70.01	03280	SLEEP LAB	0.000000		323,491	0	44,412	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000737		0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		2,749,731	0	2,685,023	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		3,432,091	0	2,147,738	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001816		18,384,358	33,386	50,235,648	91,228	73.00
73.01	03190	INFUSION THERAPY	0.000000		17,819	0	2,116,157	0	73.01
73.03	07301	PHARMACY VACCINE	0.000000		0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.000000		24,248	0	4,269,822	0	73.04
74.00	07400	RENAL DIALYSIS	0.000000		2,475,741	0	96,567	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000		9,030	0	246,097	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		327,259	0	2,114,506	0	76.98
76.99	07699	LITHOTRIPSY	0.000000		0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	0.000000		3,333	0	358,799	0	90.02
90.03	09002	RETINAL VASCULAR	0.000000		1,730	0	315,936	0	90.03
91.00	09100	EMERGENCY	0.006422		11,235,608	72,155	9,010,641	57,866	91.00
91.01	09101	IFCC	0.000000		2,463,299	0	37,694,756	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.003076		3,044,236	9,364	1,316,312	4,049	92.00
200.00		Total (lines 50 through 199)			148,606,317	127,874	173,834,857	157,894	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0191		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 11/24/2020 11:09 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.192120	11,274,543	0	2	2,166,065	50.00
51.00	05100	RECOVERY ROOM		0.124029	1,703,848	0	0	211,327	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.441610	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.036911	1,805,444	0	0	66,641	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.305356	4,576,114	0	1	1,397,344	54.00
54.01	03630	ULTRA SOUND		0.144010	1,759,328	0	0	253,361	54.01
54.02	05401	SPECIAL PROCEDURES		0.191491	6,913,596	0	2	1,323,891	54.02
56.00	05600	RADIOISOTOPE		0.219731	1,138,381	0	1	250,138	56.00
57.00	05700	CT SCAN		0.024128	11,814,269	0	41	285,055	57.00
58.00	05800	MRI		0.083063	2,610,790	0	14	216,860	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.195010	3,413,788	0	3	665,723	59.00
60.00	06000	LABORATORY		0.098200	10,893,744	0	0	1,069,766	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.200985	733,602	0	0	147,443	63.00
65.00	06500	RESPIRATORY THERAPY		0.151915	246,623	0	0	37,466	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0.169990	250,132	0	0	42,520	65.01
66.00	06600	PHYSICAL THERAPY		0.226957	16,664	0	0	3,782	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.275213	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.220463	4,835	0	0	1,066	68.00
69.00	06900	ELECTROCARDIOLOGY		0.126571	1,972,086	0	0	249,609	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.483533	54,656	0	0	26,428	70.00
70.01	03280	SLEEP LAB		0.177484	44,412	0	0	7,882	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.398584	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.515851	2,685,023	0	0	1,385,072	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.650906	2,147,738	0	0	1,397,976	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.210051	50,235,648	0	17,067	10,552,048	73.00
73.01	03190	INFUSION THERAPY		0.169332	2,116,157	0	0	358,333	73.01
73.03	07301	PHARMACY VACCINE		0.075983	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY		0.106595	4,269,822	0	0	455,142	73.04
74.00	07400	RENAL DIALYSIS		0.232903	96,567	0	0	22,491	74.00
76.97	07697	CARDIAC REHABILITATION		1.196540	246,097	0	0	294,465	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.222824	2,114,506	0	0	471,163	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY		0.486948	358,799	0	0	174,716	90.02
90.03	09002	RETINAL VASCULAR		1.745699	315,936	0	0	551,529	90.03
91.00	09100	EMERGENCY		0.110064	9,010,641	0	0	991,747	91.00
91.01	09101	IFCC		0.114757	37,694,756	0	65	4,325,737	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.330396	1,316,312	0	0	434,904	92.00
200.00		Subtotal (see instructions)			173,834,857	0	17,196	29,837,690	200.00
201.00		Less PBP Clinic Lab. Services-Program				0	0		201.00
201.00		Only Charges							
202.00		Net Charges (line 200 - line 201)			173,834,857	0	17,196	29,837,690	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part V
Date/Time Prepared:
11/24/2020 11:09 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
54.01	03630	ULTRA SOUND	0	0		54.01
54.02	05401	SPECIAL PROCEDURES	0	0		54.02
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	1		57.00
58.00	05800	MRI	0	1		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1		59.00
60.00	06000	LABORATORY	0	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0		62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0		65.01
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	03280	SLEEP LAB	0	0		70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		70.02
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	3,585		73.00
73.01	03190	INFUSION THERAPY	0	0		73.01
73.03	07301	PHARMACY VACCINE	0	0		73.03
73.04	03480	FCC INFUSION THERAPY	0	0		73.04
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0		76.99
	OUTPATIENT SERVICE COST CENTERS					
90.02	09001	PSYCH ANCILLARY	0	0		90.02
90.03	09002	RETINAL VASCULAR	0	0		90.03
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	IFCC	0	7		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	3,595		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	3,595		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0191

Period:

Worksheet D

Component CCN: 14-S191

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/24/2020 11:09 am

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,107,624	91,075,883	0.023141	0	0	50.00
51.00	05100 RECOVERY ROOM	165,226	13,301,176	0.012422	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	35,304	3,140,504	0.011242	0	0	52.00
53.00	05300 ANESTHESIOLOGY	88,201	18,206,208	0.004845	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,411,286	34,488,833	0.040920	6,173	253	54.00
54.01	03630 ULTRA SOUND	183,169	17,195,134	0.010652	1,283	14	54.01
54.02	05401 SPECIAL PROCEDURES	287,567	22,176,364	0.012967	0	0	54.02
56.00	05600 RADIOISOTOPE	125,895	7,608,477	0.016547	0	0	56.00
57.00	05700 CT SCAN	196,888	103,815,979	0.001897	44,597	85	57.00
58.00	05800 MRI	182,653	16,799,549	0.010872	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	458,380	18,089,058	0.025340	0	0	59.00
60.00	06000 LABORATORY	953,720	179,716,783	0.005307	201,116	1,067	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	61,745	9,491,552	0.006505	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	221,669	26,775,312	0.008279	15,271	126	65.00
65.01	03560 PULMONARY FUNCTION TESTING	25,693	685,589	0.037476	0	0	65.01
66.00	06600 PHYSICAL THERAPY	291,673	16,865,718	0.017294	1,255	22	66.00
67.00	06700 OCCUPATIONAL THERAPY	83,349	8,018,379	0.010395	836	9	67.00
68.00	06800 SPEECH PATHOLOGY	45,881	3,713,665	0.012355	1,340	17	68.00
69.00	06900 ELECTROCARDIOLOGY	282,460	23,587,601	0.011975	24,800	297	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	77,436	984,881	0.078625	1,208	95	70.00
70.01	03280 SLEEP LAB	15,386	1,042,022	0.014766	0	0	70.01
70.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	61,243	6,075,420	0.010080	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	282,579	12,182,644	0.023195	20	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	276,444	13,760,422	0.020090	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,255,345	172,862,738	0.007262	64,521	469	73.00
73.01	03190 INFUSION THERAPY	82,790	4,532,618	0.018265	0	0	73.01
73.03	07301 PHARMACY VACCINE	1,461	740,902	0.001972	0	0	73.03
73.04	03480 FCC INFUSION THERAPY	44,055	10,249,888	0.004298	0	0	73.04
74.00	07400 RENAL DIALYSIS	109,315	6,188,516	0.017664	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	115,253	656,264	0.175620	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	41,356	6,968,202	0.005935	682	4	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001 PSYCH ANCILLARY	395,527	5,775,451	0.068484	1,181	81	90.02
90.03	09002 RETINAL VASCULAR	352,339	789,946	0.446029	0	0	90.03
91.00	09100 EMERGENCY	859,253	127,831,898	0.006722	101,999	686	91.00
91.01	09101 IFCC	3,129,918	275,033,457	0.011380	350	4	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	15,523,667	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	14,308,083	1,275,950,700		466,632	3,229	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-S191		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 11:09 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
54.01	03630	ULTRA SOUND		0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES		0	0	0	0	0	54.02
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	24,013	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	24,013	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
70.01	03280	SLEEP LAB		0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	4,478	70.02
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	313,868	73.00
73.01	03190	INFUSION THERAPY		0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE		0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY		0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY		0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR		0	0	0	0	0	90.03
91.00	09100	EMERGENCY		0	0	0	0	820,931	91.00
91.01	09101	IFCC		0	0	0	0	0	91.01
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	1,187,303	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-S191		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 11:09 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	91,075,883	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	13,301,176	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	3,140,504	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	18,206,208	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	34,488,833	0.000000	54.00
54.01	03630	ULTRA SOUND		0	0	0	17,195,134	0.000000	54.01
54.02	05401	SPECIAL PROCEDURES		0	0	0	22,176,364	0.000000	54.02
56.00	05600	RADIOISOTOPE		0	0	0	7,608,477	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	103,815,979	0.000000	57.00
58.00	05800	MRI		0	0	0	16,799,549	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	24,013	24,013	18,089,058	0.001327	59.00
60.00	06000	LABORATORY		0	0	0	179,716,783	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	9,491,552	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	24,013	24,013	26,775,312	0.000897	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	685,589	0.000000	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	16,865,718	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	8,018,379	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	3,713,665	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	23,587,601	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	984,881	0.000000	70.00
70.01	03280	SLEEP LAB		0	0	0	1,042,022	0.000000	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	4,478	4,478	6,075,420	0.000737	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	12,182,644	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	13,760,422	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	313,868	313,868	172,862,738	0.001816	73.00
73.01	03190	INFUSION THERAPY		0	0	0	4,532,618	0.000000	73.01
73.03	07301	PHARMACY VACCINE		0	0	0	740,902	0.000000	73.03
73.04	03480	FCC INFUSION THERAPY		0	0	0	10,249,888	0.000000	73.04
74.00	07400	RENAL DIALYSIS		0	0	0	6,188,516	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	656,264	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	6,968,202	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY		0	0	0	5,775,451	0.000000	90.02
90.03	09002	RETINAL VASCULAR		0	0	0	789,946	0.000000	90.03
91.00	09100	EMERGENCY		0	820,931	820,931	127,831,898	0.006422	91.00
91.01	09101	IFCC		0	0	0	275,033,457	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	15,523,667	0.000000	92.00
200.00		Total (lines 50 through 199)		0	1,187,303	1,187,303	1,275,950,700		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-S191		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 11:09 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	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	6,173	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0.000000	1,283	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0.000000	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	44,597	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.001327	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	201,116	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000897	15,271	14	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	1,255	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	836	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	1,340	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	24,800	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	1,208	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0.000000	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000737	0	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	20	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001816	64,521	117	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0.000000	0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0.000000	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.000000	0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	682	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	0.000000	1,181	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0.000000	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.006422	101,999	655	0	0	0	91.00
91.01	09101	IFCC	0.000000	350	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		466,632	786	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0191

Period:

Worksheet D

Component CCN: 14-T191

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/24/2020 11:09 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,107,624	91,075,883	0.023141	73,446	1,700	50.00
51.00	05100 RECOVERY ROOM	165,226	13,301,176	0.012422	20,883	259	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	35,304	3,140,504	0.011242	0	0	52.00
53.00	05300 ANESTHESIOLOGY	88,201	18,206,208	0.004845	17,040	83	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,411,286	34,488,833	0.040920	209,040	8,554	54.00
54.01	03630 ULTRA SOUND	183,169	17,195,134	0.010652	106,344	1,133	54.01
54.02	05401 SPECIAL PROCEDURES	287,567	22,176,364	0.012967	142,088	1,842	54.02
56.00	05600 RADIOISOTOPE	125,895	7,608,477	0.016547	3,023	50	56.00
57.00	05700 CT SCAN	196,888	103,815,979	0.001897	292,970	556	57.00
58.00	05800 MRI	182,653	16,799,549	0.010872	47,883	521	58.00
59.00	05900 CARDIAC CATHETERIZATION	458,380	18,089,058	0.025340	0	0	59.00
60.00	06000 LABORATORY	953,720	179,716,783	0.005307	1,142,962	6,066	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	61,745	9,491,552	0.006505	110,032	716	63.00
65.00	06500 RESPIRATORY THERAPY	221,669	26,775,312	0.008279	541,394	4,482	65.00
65.01	03560 PULMONARY FUNCTION TESTING	25,693	685,589	0.037476	387	15	65.01
66.00	06600 PHYSICAL THERAPY	291,673	16,865,718	0.017294	2,903,409	50,212	66.00
67.00	06700 OCCUPATIONAL THERAPY	83,349	8,018,379	0.010395	3,014,121	31,332	67.00
68.00	06800 SPEECH PATHOLOGY	45,881	3,713,665	0.012355	1,054,964	13,034	68.00
69.00	06900 ELECTROCARDIOLOGY	282,460	23,587,601	0.011975	49,078	588	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	77,436	984,881	0.078625	5,686	447	70.00
70.01	03280 SLEEP LAB	15,386	1,042,022	0.014766	0	0	70.01
70.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	61,243	6,075,420	0.010080	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	282,579	12,182,644	0.023195	85,379	1,980	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	276,444	13,760,422	0.020090	13,812	277	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,255,345	172,862,738	0.007262	1,481,644	10,760	73.00
73.01	03190 INFUSION THERAPY	82,790	4,532,618	0.018265	2,322	42	73.01
73.03	07301 PHARMACY VACCINE	1,461	740,902	0.001972	0	0	73.03
73.04	03480 FCC INFUSION THERAPY	44,055	10,249,888	0.004298	0	0	73.04
74.00	07400 RENAL DIALYSIS	109,315	6,188,516	0.017664	474,807	8,387	74.00
76.97	07697 CARDIAC REHABILITATION	115,253	656,264	0.175620	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	41,356	6,968,202	0.005935	78,047	463	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.02	09001 PSYCH ANCILLARY	395,527	5,775,451	0.068484	0	0	90.02
90.03	09002 RETINAL VASCULAR	352,339	789,946	0.446029	506	226	90.03
91.00	09100 EMERGENCY	859,253	127,831,898	0.006722	18,314	123	91.00
91.01	09101 IFCC	3,129,918	275,033,457	0.011380	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	15,523,667	0.000000	0	0	92.00
200.00	Total (lines 50 through 199)	14,308,083	1,275,950,700		11,889,581	143,848	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-T191		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 11:09 am	
				Title XVIII		Subprovider - IRF		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
54.01	03630	ULTRA SOUND		0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES		0	0	0	0	0	54.02
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	24,013	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	24,013	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
70.01	03280	SLEEP LAB		0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	4,478	70.02
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	313,868	73.00
73.01	03190	INFUSION THERAPY		0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE		0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY		0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY		0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR		0	0	0	0	0	90.03
91.00	09100	EMERGENCY		0	0	0	0	820,931	91.00
91.01	09101	IFCC		0	0	0	0	0	91.01
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	1,187,303	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0191 Component CCN: 14-T191		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 11:09 am	
			Title XVIII		Subprovider - IRF		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	91,075,883	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	13,301,176	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,140,504	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	18,206,208	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	34,488,833	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	17,195,134	0.000000	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	22,176,364	0.000000	54.02
56.00	05600	RADIOISOTOPE	0	0	0	7,608,477	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	103,815,979	0.000000	57.00
58.00	05800	MRI	0	0	0	16,799,549	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	24,013	24,013	18,089,058	0.001327	59.00
60.00	06000	LABORATORY	0	0	0	179,716,783	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	9,491,552	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	24,013	24,013	26,775,312	0.000897	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	685,589	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	16,865,718	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,018,379	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,713,665	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	23,587,601	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	984,881	0.000000	70.00
70.01	03280	SLEEP LAB	0	0	0	1,042,022	0.000000	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	4,478	4,478	6,075,420	0.000737	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12,182,644	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,760,422	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	313,868	313,868	172,862,738	0.001816	73.00
73.01	03190	INFUSION THERAPY	0	0	0	4,532,618	0.000000	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	740,902	0.000000	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	10,249,888	0.000000	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	6,188,516	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	656,264	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	6,968,202	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	0	0	5,775,451	0.000000	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	789,946	0.000000	90.03
91.00	09100	EMERGENCY	0	820,931	820,931	127,831,898	0.006422	91.00
91.01	09101	IFCC	0	0	0	275,033,457	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	15,523,667	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,187,303	1,187,303	1,275,950,700		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-T191		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 11:09 am	
				Title XVIII		Subprovider - IRF		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		73,446		0		0 50.00
51.00	05100	RECOVERY ROOM	0.000000		20,883		0		0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		0		0		0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000		17,040		0		0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		209,040		0		0 54.00
54.01	03630	ULTRA SOUND	0.000000		106,344		0		0 54.01
54.02	05401	SPECIAL PROCEDURES	0.000000		142,088		0		0 54.02
56.00	05600	RADIOISOTOPE	0.000000		3,023		0		0 56.00
57.00	05700	CT SCAN	0.000000		292,970		0		0 57.00
58.00	05800	MRI	0.000000		47,883		0		0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.001327		0		0		0 59.00
60.00	06000	LABORATORY	0.000000		1,142,962		0		0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000		0		0		0 62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		110,032		0		0 63.00
65.00	06500	RESPIRATORY THERAPY	0.000897		541,394	486	0		0 65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000		387		0		0 65.01
66.00	06600	PHYSICAL THERAPY	0.000000		2,903,409		0		0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		3,014,121		0		0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		1,054,964		0		0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		49,078		0		0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		5,686		0		0 70.00
70.01	03280	SLEEP LAB	0.000000		0		0		0 70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000737		0		0		0 70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		85,379		0		0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		13,812		0		0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001816		1,481,644	2,691	0		0 73.00
73.01	03190	INFUSION THERAPY	0.000000		2,322		0		0 73.01
73.03	07301	PHARMACY VACCINE	0.000000		0		0		0 73.03
73.04	03480	FCC INFUSION THERAPY	0.000000		0		0		0 73.04
74.00	07400	RENAL DIALYSIS	0.000000		474,807		0		0 74.00
76.97	07697	CARDIAC REHABILITATION	0.000000		0		0		0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		78,047		0		0 76.98
76.99	07699	LITHOTRIPSY	0.000000		0		0		0 76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	0.000000		0		0		0 90.02
90.03	09002	RETINAL VASCULAR	0.000000		506		0		0 90.03
91.00	09100	EMERGENCY	0.006422		18,314	118	0		0 91.00
91.01	09101	IFCC	0.000000		0		0		0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		0		0		0 92.00
200.00		Total (lines 50 through 199)			11,889,581	3,295	0		0 200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0191 Component CCN: 14-T191		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 11/24/2020 11:09 am	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.192120	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.124029	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.441610	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.036911	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.305356	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0.144010	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0.191491	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.219731	0	0	0	0	56.00
57.00	05700	CT SCAN	0.024128	0	0	0	0	57.00
58.00	05800	MRI	0.083063	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.195010	0	0	0	0	59.00
60.00	06000	LABORATORY	0.098200	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.200985	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.151915	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.169990	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.226957	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.275213	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.220463	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.126571	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.483533	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0.177484	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.398584	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.515851	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.650906	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.210051	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0.169332	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0.075983	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.106595	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0.232903	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	1.196540	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.222824	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0.486948	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	1.745699	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.110064	0	0	0	0	91.00
91.01	09101	IFCC	0.114757	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.330396	0	0	0	0	92.00
200.00		Subtotal (see instructions)		0	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0191 Component CCN: 14-T191		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 11/24/2020 11:09 am		
			Title XVIII		Subprovider - IRF		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
54.01	03630	ULTRA SOUND	0	0					54.01
54.02	05401	SPECIAL PROCEDURES	0	0					54.02
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
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0					62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0					63.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0					65.01
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
70.01	03280	SLEEP LAB	0	0					70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0					70.02
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
73.01	03190	INFUSION THERAPY	0	0					73.01
73.03	07301	PHARMACY VACCINE	0	0					73.03
73.04	03480	FCC INFUSION THERAPY	0	0					73.04
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	0	0					90.02
90.03	09002	RETINAL VASCULAR	0	0					90.03
91.00	09100	EMERGENCY	0	0					91.00
91.01	09101	IFCC	0	0					91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
200.00		Subtotal (see instructions)	0	0					200.00
201.00		Less PBP Clinic Lab. Services-Program	0						201.00
		Only Charges							
202.00		Net Charges (line 200 - line 201)	0	0					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0191		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 11/24/2020 11:09 am	
					Title XIX		Hospital		Cost	
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	584,086	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	152,025	0	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	33,583	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	98,510	0	41.00		
43.00	04300	NURSERY	0	0	0	0	0	43.00		
200.00	Total (lines 30 through 199)		0	0	0	868,204	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	584,086	58,766	9.94	3,870	30.00		
31.00	03100	INTENSIVE CARE UNIT		152,025	4,364	34.84	462	31.00		
40.00	04000	SUBPROVIDER - IPF	0	33,583	2,210	15.20	231	40.00		
41.00	04100	SUBPROVIDER - IRF	0	98,510	8,200	12.01	764	41.00		
43.00	04300	NURSERY		0	2,053	0.00	1,129	43.00		
200.00	Total (lines 30 through 199)			868,204	75,593		6,456	200.00		
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
					9.00					
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	38,468						30.00	
31.00	03100	INTENSIVE CARE UNIT	16,096						31.00	
40.00	04000	SUBPROVIDER - IPF	3,511						40.00	
41.00	04100	SUBPROVIDER - IRF	9,176						41.00	
43.00	04300	NURSERY	0						43.00	
200.00	Total (lines 30 through 199)		67,251						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 11:09 am	
				Title XIX		Hospital		Cost	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
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
54.01	03630	ULTRA SOUND		0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES		0	0	0	0	0	54.02
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	24,013	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	24,013	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
70.01	03280	SLEEP LAB		0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	4,478	70.02
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	313,868	73.00
73.01	03190	INFUSION THERAPY		0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE		0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY		0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY		0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR		0	0	0	0	0	90.03
91.00	09100	EMERGENCY		0	0	0	0	820,931	91.00
91.01	09101	IFCC		0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	47,756	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	1,235,059	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0191		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 11:09 am	
			Title XIX		Hospital		Cost	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	91,075,883	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	13,301,176	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,140,504	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	18,206,208	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	34,488,833	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	17,195,134	0.000000	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	22,176,364	0.000000	54.02
56.00	05600	RADIOISOTOPE	0	0	0	7,608,477	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	103,815,979	0.000000	57.00
58.00	05800	MRI	0	0	0	16,799,549	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	24,013	24,013	18,089,058	0.001327	59.00
60.00	06000	LABORATORY	0	0	0	179,716,783	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	9,491,552	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	24,013	24,013	26,775,312	0.000897	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	685,589	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	16,865,718	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,018,379	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,713,665	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	23,587,601	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	984,881	0.000000	70.00
70.01	03280	SLEEP LAB	0	0	0	1,042,022	0.000000	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	4,478	4,478	6,075,420	0.000737	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12,182,644	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,760,422	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	313,868	313,868	172,862,738	0.001816	73.00
73.01	03190	INFUSION THERAPY	0	0	0	4,532,618	0.000000	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	740,902	0.000000	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	10,249,888	0.000000	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	6,188,516	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	656,264	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	6,968,202	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	0	0	5,775,451	0.000000	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	789,946	0.000000	90.03
91.00	09100	EMERGENCY	0	820,931	820,931	127,831,898	0.006422	91.00
91.01	09101	IFCC	0	0	0	275,033,457	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	47,756	47,756	15,523,667	0.003076	92.00
200.00		Total (lines 50 through 199)	0	1,235,059	1,235,059	1,275,950,700		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part IV
Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description		Title XIX			Hospital		Cost	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	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	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0.000000	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0.000000	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.001327	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000897	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0.000000	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000737	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001816	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0.000000	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0.000000	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.000000	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0.000000	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.006422	0	0	0	0	91.00
91.01	09101	IFCC	0.000000	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.003076	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-S191		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 11:09 am	
				Title XIX		Subprovider - IPF		Cost	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
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
54.01	03630	ULTRA SOUND		0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES		0	0	0	0	0	54.02
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	24,013	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	24,013	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
70.01	03280	SLEEP LAB		0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	4,478	70.02
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	313,868	73.00
73.01	03190	INFUSION THERAPY		0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE		0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY		0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY		0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR		0	0	0	0	0	90.03
91.00	09100	EMERGENCY		0	0	0	0	820,931	91.00
91.01	09101	IFCC		0	0	0	0	0	91.01
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	1,187,303	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0191 Component CCN: 14-S191		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 11:09 am	
			Title XIX		Subprovider - IPF		Cost	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	91,075,883	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	13,301,176	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,140,504	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	18,206,208	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	34,488,833	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	17,195,134	0.000000	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	22,176,364	0.000000	54.02
56.00	05600	RADIOISOTOPE	0	0	0	7,608,477	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	103,815,979	0.000000	57.00
58.00	05800	MRI	0	0	0	16,799,549	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	24,013	24,013	18,089,058	0.001327	59.00
60.00	06000	LABORATORY	0	0	0	179,716,783	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	9,491,552	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	24,013	24,013	26,775,312	0.000897	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	685,589	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	16,865,718	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,018,379	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,713,665	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	23,587,601	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	984,881	0.000000	70.00
70.01	03280	SLEEP LAB	0	0	0	1,042,022	0.000000	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	4,478	4,478	6,075,420	0.000737	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12,182,644	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,760,422	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	313,868	313,868	172,862,738	0.001816	73.00
73.01	03190	INFUSION THERAPY	0	0	0	4,532,618	0.000000	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	740,902	0.000000	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	10,249,888	0.000000	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	6,188,516	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	656,264	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	6,968,202	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	0	0	5,775,451	0.000000	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	789,946	0.000000	90.03
91.00	09100	EMERGENCY	0	820,931	820,931	127,831,898	0.006422	91.00
91.01	09101	IFCC	0	0	0	275,033,457	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	15,523,667	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,187,303	1,187,303	1,275,950,700		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-S191		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 11:09 am	
				Title XIX		Subprovider - IPF		Cost	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0.000000	0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0.000000	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.001327	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000897	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0.000000	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000737	0	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001816	0	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0.000000	0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0.000000	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.000000	0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	0.000000	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0.000000	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.006422	0	0	0	0	0	91.00
91.01	09101	IFCC	0.000000	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	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: 14-0191 Component CCN: 14-T191		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 11:09 am	
				Title XIX		Subprovider - IRF		Cost	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
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
54.01	03630	ULTRA SOUND		0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES		0	0	0	0	0	54.02
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	24,013	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.		0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	24,013	65.00
65.01	03560	PULMONARY FUNCTION TESTING		0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
70.01	03280	SLEEP LAB		0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	0	4,478	70.02
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	313,868	73.00
73.01	03190	INFUSION THERAPY		0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE		0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY		0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY		0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR		0	0	0	0	0	90.03
91.00	09100	EMERGENCY		0	0	0	0	820,931	91.00
91.01	09101	IFCC		0	0	0	0	0	91.01
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	1,187,303	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0191 Component CCN: 14-T191		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 11:09 am	
			Title XIX		Subprovider - IRF		Cost	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	91,075,883	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	13,301,176	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,140,504	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	18,206,208	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	34,488,833	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	17,195,134	0.000000	54.01
54.02	05401	SPECIAL PROCEDURES	0	0	0	22,176,364	0.000000	54.02
56.00	05600	RADIOISOTOPE	0	0	0	7,608,477	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	103,815,979	0.000000	57.00
58.00	05800	MRI	0	0	0	16,799,549	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	24,013	24,013	18,089,058	0.001327	59.00
60.00	06000	LABORATORY	0	0	0	179,716,783	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	9,491,552	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	24,013	24,013	26,775,312	0.000897	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	685,589	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	16,865,718	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,018,379	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,713,665	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	23,587,601	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	984,881	0.000000	70.00
70.01	03280	SLEEP LAB	0	0	0	1,042,022	0.000000	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	4,478	4,478	6,075,420	0.000737	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	12,182,644	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,760,422	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	313,868	313,868	172,862,738	0.001816	73.00
73.01	03190	INFUSION THERAPY	0	0	0	4,532,618	0.000000	73.01
73.03	07301	PHARMACY VACCINE	0	0	0	740,902	0.000000	73.03
73.04	03480	FCC INFUSION THERAPY	0	0	0	10,249,888	0.000000	73.04
74.00	07400	RENAL DIALYSIS	0	0	0	6,188,516	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	656,264	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	6,968,202	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.02	09001	PSYCH ANCILLARY	0	0	0	5,775,451	0.000000	90.02
90.03	09002	RETINAL VASCULAR	0	0	0	789,946	0.000000	90.03
91.00	09100	EMERGENCY	0	820,931	820,931	127,831,898	0.006422	91.00
91.01	09101	IFCC	0	0	0	275,033,457	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	15,523,667	0.000000	92.00
200.00		Total (lines 50 through 199)	0	1,187,303	1,187,303	1,275,950,700		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0191 Component CCN: 14-T191		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 11:09 am	
				Title XIX		Subprovider - IRF		Cost	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0.000000	0	0	0	0	0	54.01
54.02	05401	SPECIAL PROCEDURES	0.000000	0	0	0	0	0	54.02
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.001327	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000897	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.000000	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00
70.01	03280	SLEEP LAB	0.000000	0	0	0	0	0	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000737	0	0	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001816	0	0	0	0	0	73.00
73.01	03190	INFUSION THERAPY	0.000000	0	0	0	0	0	73.01
73.03	07301	PHARMACY VACCINE	0.000000	0	0	0	0	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.000000	0	0	0	0	0	73.04
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.02	09001	PSYCH ANCILLARY	0.000000	0	0	0	0	0	90.02
90.03	09002	RETINAL VASCULAR	0.000000	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.006422	0	0	0	0	0	91.00
91.01	09101	IFCC	0.000000	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/24/2020 11:09 am
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		58,766	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		58,766	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)		53,961	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)		17,577	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)		62,728,106	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)		62,728,106	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)		62,728,106	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)		1,067.42	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		18,762,041	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)		18,762,041	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0191

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

Worksheet D-1

Date/Time Prepared:
11/24/2020 11:09 am

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	10,824,682	4,364	2,480.45	1,750	4,340,788
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					24,631,538
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					47,734,367
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,390,994
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,884,344
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,275,338
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					43,459,029
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					4,805
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,067.42
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,128,953

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0191

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

Worksheet D-1

Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description		Title XVIII		Hospital		PPS	
		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	6,124,286	62,728,106	0.097632	5,128,953	500,750	90.00
91.00	Nursing School cost	0	62,728,106	0.000000	5,128,953	0	91.00
92.00	Allied health cost	584,086	62,728,106	0.009311	5,128,953	47,756	92.00
93.00	All other Medical Education	0	62,728,106	0.000000	5,128,953	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/24/2020 11:09 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)		2,210	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,210	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,210	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)		650	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)		2,837,547	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)		2,837,547	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)		2,837,547	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)		1,283.96	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		834,574	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)		834,574	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0191	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1		
				Component CCN: 14-S191		Date/Time Prepared: 11/24/2020 11:09 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		42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT		0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
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)						55,411	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						889,985	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)						75,205	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						4,015	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						79,220	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						810,765	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: 14-0191 Component CCN: 14-S191		Period: From 07/01/2019 To 06/30/2020		Worksheet D-1 Date/Time Prepared: 11/24/2020 11:09 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	222,105	2,837,547	0.078274	0	0	90.00
91.00	Nursing School cost	0	2,837,547	0.000000	0	0	91.00
92.00	Allied health cost	33,583	2,837,547	0.011835	0	0	92.00
93.00	All other Medical Education	0	2,837,547	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/24/2020 11:09 am
		Title XVIII	Subprovider - IRF	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)		8,200	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,200	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)		8,200	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)		4,431	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)		12,238,572	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)		12,238,572	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)		12,238,572	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)		1,492.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,613,312	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)		6,613,312	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0191	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1		
				Component CCN: 14-T191		Date/Time Prepared: 11/24/2020 11:09 am		
				Title XVIII		Subprovider - IRF	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		42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT		0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
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)						2,577,808	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						9,191,120	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)						972,693	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						147,143	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						1,119,836	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						8,071,284	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: 14-0191 Component CCN: 14-T191		Period: From 07/01/2019 To 06/30/2020		Worksheet D-1 Date/Time Prepared: 11/24/2020 11:09 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,701,588	12,238,572	0.139035	0	0	90.00
91.00	Nursing School cost	0	12,238,572	0.000000	0	0	91.00
92.00	Allied health cost	98,510	12,238,572	0.008049	0	0	92.00
93.00	All other Medical Education	0	12,238,572	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/24/2020 11:09 am
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		58,766	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		58,766	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)		53,961	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)		3,870	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)		2,053	15.00
16.00	Nursery days (title V or XIX only)		1,129	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)		62,728,106	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)		62,728,106	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)		62,728,106	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)		1,067.42	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,130,915	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)		4,130,915	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0191

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

Worksheet D-1

Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description		Title XIX			Hospital	Cost	
		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)	3,015,352	2,053	1,468.75	1,129	1,658,219	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	10,824,682	4,364	2,480.45	462	1,145,968	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
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)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,935,102	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	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)					4,805	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,067.42	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,128,953	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0191

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

Worksheet D-1

Date/Time Prepared:
11/24/2020 11:09 am

		Title XIX		Hospital		Cost	
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	6,124,286	62,728,106	0.097632	5,128,953	500,750	90.00
91.00	Nursing School cost	0	62,728,106	0.000000	5,128,953	0	91.00
92.00	Allied health cost	584,086	62,728,106	0.009311	5,128,953	47,756	92.00
93.00	All other Medical Education	0	62,728,106	0.000000	5,128,953	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/24/2020 11:09 am
		Title XIX	Subprovider - IPF	Cost
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,210	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,210	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,210	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)		231	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)		2,053	15.00
16.00	Nursery days (title V or XIX only)		1,129	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)		2,837,547	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)		2,837,547	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)		2,837,547	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)		1,283.96	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		296,595	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)		296,595	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0191	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1	
				Component CCN: 14-S191		Date/Time Prepared: 11/24/2020 11:09 am	
				Title XIX		Subprovider - IPF	Cost
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						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)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					296,595	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	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: 14-0191 Component CCN: 14-S191		Period: From 07/01/2019 To 06/30/2020		Worksheet D-1 Date/Time Prepared: 11/24/2020 11:09 am	
		Title XIX		Subprovider - IPF		Cost	
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	222,105	2,837,547	0.078274	0	0	90.00
91.00	Nursing School cost	0	2,837,547	0.000000	0	0	91.00
92.00	Allied health cost	33,583	2,837,547	0.011835	0	0	92.00
93.00	All other Medical Education	0	2,837,547	0.000000	0	0	93.00

Health Financial Systems		INGALLS MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0191	Period: From 07/01/2019	Worksheet D-1	
		Component CCN: 14-T191	To 06/30/2020	Date/Time Prepared: 11/24/2020 11:09 am	
		Title XIX	Subprovider - IRF	Cost	
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)		8,200	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,200	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)		8,200	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)		764	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)		2,053	15.00	
16.00	Nursery days (title V or XIX only)		1,129	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)		12,238,572	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)		12,238,572	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)		12,238,572	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)		1,492.51	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,140,278	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)		1,140,278	41.00	

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0191	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1	
				Component CCN: 14-T191		Date/Time Prepared: 11/24/2020 11:09 am	
				Title XIX		Subprovider - IRF	Cost
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		42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
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)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,140,278	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	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: 14-0191 Component CCN: 14-T191		Period: From 07/01/2019 To 06/30/2020		Worksheet D-1 Date/Time Prepared: 11/24/2020 11:09 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,701,588	12,238,572	0.139035	0	0	90.00
91.00	Nursing School cost	0	12,238,572	0.000000	0	0	91.00
92.00	Allied health cost	98,510	12,238,572	0.008049	0	0	92.00
93.00	All other Medical Education	0	12,238,572	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0191	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/24/2020 11:09 am	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		35,035,953	30.00
31.00	03100	INTENSIVE CARE UNIT		6,169,156	31.00
40.00	04000	SUBPROVIDER - IPF		104,319	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.192120	18,259,814	50.00
51.00	05100	RECOVERY ROOM	0.124029	2,417,353	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.441610	0	52.00
53.00	05300	ANESTHESIOLOGY	0.036911	2,903,386	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.305356	3,577,115	54.00
54.01	03630	ULTRA SOUND	0.144010	1,742,988	54.01
54.02	05401	SPECIAL PROCEDURES	0.191491	4,901,282	54.02
56.00	05600	RADIOISOTOPE	0.219731	1,267,134	56.00
57.00	05700	CT SCAN	0.024128	16,001,738	57.00
58.00	05800	MRI	0.083063	3,047,348	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.195010	3,653,646	59.00
60.00	06000	LABORATORY	0.098200	25,964,151	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPH.	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.200985	2,411,218	63.00
65.00	06500	RESPIRATORY THERAPY	0.151915	9,053,707	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.169990	18,772	65.01
66.00	06600	PHYSICAL THERAPY	0.226957	1,394,626	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.275213	1,051,081	67.00
68.00	06800	SPEECH PATHOLOGY	0.220463	700,442	68.00
69.00	06900	ELECTROCARDIOLOGY	0.130857	5,431,076	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.483533	317,466	70.00
70.01	03280	SLEEP LAB	0.177484	323,491	70.01
70.02	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.398584	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.515851	2,749,731	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.650906	3,432,091	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.210051	18,384,358	73.00
73.01	03190	INFUSION THERAPY	0.169332	17,819	73.01
73.03	07301	PHARMACY VACCINE	0.075983	0	73.03
73.04	03480	FCC INFUSION THERAPY	0.106595	24,248	73.04
74.00	07400	RENAL DIALYSIS	0.232903	2,475,741	74.00
76.97	07697	CARDIAC REHABILITATION	1.196540	9,030	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.222824	327,259	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001	PSYCH ANCILLARY	0.486948	3,333	90.02
90.03	09002	RETINAL VASCULAR	1.745699	1,730	90.03
91.00	09100	EMERGENCY	0.110064	11,235,608	91.00
91.01	09101	IFCC	0.114757	2,463,299	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.330396	3,044,236	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		148,606,317	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)		148,606,317	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/24/2020 11:09 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
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		1,494,646		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.192120	0	0	50.00
51.00	05100 RECOVERY ROOM	0.124029	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.441610	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.036911	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.305356	6,173	1,885	54.00
54.01	03630 ULTRA SOUND	0.144010	1,283	185	54.01
54.02	05401 SPECIAL PROCEDURES	0.191491	0	0	54.02
56.00	05600 RADIOISOTOPE	0.219731	0	0	56.00
57.00	05700 CT SCAN	0.024128	44,597	1,076	57.00
58.00	05800 MRI	0.083063	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.195010	0	0	59.00
60.00	06000 LABORATORY	0.098200	201,116	19,750	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.200985	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.151915	15,271	2,320	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.169990	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.226957	1,255	285	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.275213	836	230	67.00
68.00	06800 SPEECH PATHOLOGY	0.220463	1,340	295	68.00
69.00	06900 ELECTROCARDIOLOGY	0.130857	24,800	3,245	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.483533	1,208	584	70.00
70.01	03280 SLEEP LAB	0.177484	0	0	70.01
70.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.398584	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.515851	20	10	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.650906	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.210051	64,521	13,553	73.00
73.01	03190 INFUSION THERAPY	0.169332	0	0	73.01
73.03	07301 PHARMACY VACCINE	0.075983	0	0	73.03
73.04	03480 FCC INFUSION THERAPY	0.106595	0	0	73.04
74.00	07400 RENAL DIALYSIS	0.232903	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	1.196540	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.222824	682	152	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001 PSYCH ANCILLARY	0.486948	1,181	575	90.02
90.03	09002 RETINAL VASCULAR	1.745699	0	0	90.03
91.00	09100 EMERGENCY	0.110064	101,999	11,226	91.00
91.01	09101 IFCC	0.114757	350	40	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.330396	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		466,632	55,411	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)		466,632		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/24/2020 11:09 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		6,706,253		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.192120	73,446	14,110	50.00
51.00	05100 RECOVERY ROOM	0.124029	20,883	2,590	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.441610	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.036911	17,040	629	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.305356	209,040	63,832	54.00
54.01	03630 ULTRA SOUND	0.144010	106,344	15,315	54.01
54.02	05401 SPECIAL PROCEDURES	0.191491	142,088	27,209	54.02
56.00	05600 RADIOISOTOPE	0.219731	3,023	664	56.00
57.00	05700 CT SCAN	0.024128	292,970	7,069	57.00
58.00	05800 MRI	0.083063	47,883	3,977	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.195010	0	0	59.00
60.00	06000 LABORATORY	0.098200	1,142,962	112,239	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPH.	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.200985	110,032	22,115	63.00
65.00	06500 RESPIRATORY THERAPY	0.151915	541,394	82,246	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.169990	387	66	65.01
66.00	06600 PHYSICAL THERAPY	0.226957	2,903,409	658,949	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.275213	3,014,121	829,525	67.00
68.00	06800 SPEECH PATHOLOGY	0.220463	1,054,964	232,581	68.00
69.00	06900 ELECTROCARDIOLOGY	0.130857	49,078	6,422	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.483533	5,686	2,749	70.00
70.01	03280 SLEEP LAB	0.177484	0	0	70.01
70.02	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.398584	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.515851	85,379	44,043	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.650906	13,812	8,990	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.210051	1,481,644	311,221	73.00
73.01	03190 INFUSION THERAPY	0.169332	2,322	393	73.01
73.03	07301 PHARMACY VACCINE	0.075983	0	0	73.03
73.04	03480 FCC INFUSION THERAPY	0.106595	0	0	73.04
74.00	07400 RENAL DIALYSIS	0.232903	474,807	110,584	74.00
76.97	07697 CARDIAC REHABILITATION	1.196540	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.222824	78,047	17,391	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.02	09001 PSYCH ANCILLARY	0.486948	0	0	90.02
90.03	09002 RETINAL VASCULAR	1.745699	506	883	90.03
91.00	09100 EMERGENCY	0.110064	18,314	2,016	91.00
91.01	09101 IFCC	0.114757	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.330396	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		11,889,581	2,577,808	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)		11,889,581		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/24/2020 11:09 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)		8,814,999	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		26,438,796	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)		221,764	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		510,801	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)		254.87	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)		7.62	30.00
31.00	Percentage of Medicaid patient days (see instructions)		34.96	31.00
32.00	Sum of lines 30 and 31		42.58	32.00
33.00	Allowable disproportionate share percentage (see instructions)		24.34	33.00
34.00	Disproportionate share adjustment (see instructions)		2,145,194	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/24/2020 11:09 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)		0.000537712	0.000447990	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		4,448,423	3,740,985	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,121,247	2,800,629	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,921,876		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)		42,053,430		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			42,053,430	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			3,108,952	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			33,330	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).			235,685	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			127,874	58.00
59.00	Total (sum of amounts on lines 49 through 58)			45,559,271	59.00
60.00	Primary payer payments			4,232	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			45,555,039	61.00
62.00	Deductibles billed to program beneficiaries			3,414,884	62.00
63.00	Coinsurance billed to program beneficiaries			321,596	63.00
64.00	Allowable bad debts (see instructions)			1,307,662	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			849,980	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			586,235	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			42,668,539	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)			-41,009	70.93
70.94	HRR adjustment amount (see instructions)			-21,156	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/24/2020 11:09 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)			451,002	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			42,155,372	71.00
71.01	Sequestration adjustment (see instructions)			703,995	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			40,718,827	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)			732,550	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			1,246,074	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/24/2020 11:09 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,814,999	0	8,814,999		8,814,999
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	26,438,796	0		26,438,796	26,438,796
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	221,764	0	221,764		221,764
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	510,801	0		510,801	510,801
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2434	0.2434	0.2434	0.2434	
11.00	Disproportionate share adjustment (see instructions)	34.00	2,145,194	0	536,393	1,608,801	2,145,194
11.01	Uncompensated care payments	36.00	3,921,876	0	0	5,186,449	5,186,449
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	42,053,430	0	9,573,156	32,480,274	42,053,430
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	42,053,430	0	9,573,156	32,480,274	42,053,430
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,108,952	0	797,778	2,311,174	3,108,952

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/24/2020 11:09 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	10,370,934	34,791,448	45,162,382
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	2,796,844	0	717,140	2,079,704	2,796,844
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	60,392	0	16,095	44,297	60,392
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0900	0.0900	0.0900	0.0900	
25.00	Disproportionate share adjustment (see instructions)	11.00	251,716	0	64,543	187,173	251,716
26.00	Total prospective capital payments (see instructions)	12.00	3,108,952	0	797,778	2,311,174	3,108,952
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/24/2020 11:09 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	8,814,999	8,814,999		8,814,999	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	26,438,796		26,438,796	26,438,796	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	221,764	221,764		221,764	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	510,801		510,801	510,801	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2434	0.2434	0.2434		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,145,194	536,393	1,608,801	2,145,194	11.00
11.01	Uncompensated care payments	36.00	3,921,876	1,121,247	2,800,629	3,921,876	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	42,053,430	10,694,403	31,359,027	42,053,430	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	42,053,430	10,694,403	31,359,027	42,053,430	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,108,952	797,778	2,311,174	3,108,952	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			11,492,181	33,670,201	45,162,382	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5			Provider CCN: 14-0191		Period: From 07/01/2019 To 06/30/2020		Worksheet E Part A Exhibit 5 Date/Time Prepared: 11/24/2020 11:09 am	
			Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	2,796,844	717,140	2,079,704	2,796,844	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	60,392	16,095	44,297	60,392	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0900	0.0900	0.0900		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	251,716	64,543	187,173	251,716	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	3,108,952	797,778	2,311,174	3,108,952	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	-41,009	9,445	-50,454	-41,009	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-21,156	-7,934	-13,222	-21,156	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		114,937	336,065	451,002	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/24/2020 11:09 am
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,595	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		29,679,796	2.00
3.00	OPPS payments		24,249,923	3.00
4.00	Outlier payment (see instructions)		107,681	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		157,894	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,595	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		17,196	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)		17,196	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)		17,196	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		13,601	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)		3,595	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)		24,515,498	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)		4,656,319	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)		19,862,774	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)		19,862,774	30.00
31.00	Primary payer payments		1,842	31.00
32.00	Subtotal (line 30 minus line 31)		19,860,932	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)		887,155	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		576,651	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		368,436	36.00
37.00	Subtotal (see instructions)		20,437,583	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-23	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)		20,437,606	40.00
40.01	Sequestration adjustment (see instructions)		341,308	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		20,097,848	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)		-1,550	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		175,000	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

Health Financial Systems		INGALLS MEMORIAL HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191	Period: From 07/01/2019	Worksheet E	
		Component CCN: 14-T191	To 06/30/2020	Part B Date/Time Prepared: 11/24/2020 11:09 am	
		Title XVIII	Subprovider - IRF	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0	2.00
3.00	OPPS payments			0	3.00
4.00	Outlier payment (see instructions)			0	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)			0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			0	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)			0	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)			0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0	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)			0	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)			0	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)			0	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)			0	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)			0	30.00
31.00	Primary payer payments			0	31.00
32.00	Subtotal (line 30 minus line 31)			0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0	33.00
34.00	Allowable bad debts (see instructions)			0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	36.00
37.00	Subtotal (see instructions)			0	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)				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)			0	40.00
40.01	Sequestration adjustment (see instructions)			0	40.01
40.02	Demonstration payment adjustment amount after sequestration			0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs				40.03
41.00	Interim payments			0	41.00
41.01	Interim payments-PARHM				41.01
42.00	Tentative settlement (for contractors use only)			0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)				42.01
43.00	Balance due provider/program (see instructions)			0	43.00
43.01	Balance due provider/program-PARHM (see instructions)				43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	44.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)			0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0	91.00
92.00	The rate used to calculate the Time Value of Money			0.00	92.00
93.00	Time Value of Money (see instructions)			0	93.00
94.00	Total (sum of lines 91 and 93)			0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part I
Date/Time Prepared:
11/24/2020 11:09 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		39,548,279		19,361,888	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		1,433,106		942,312	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	02/12/2020	262,558	02/12/2020	206,352	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)		-262,558		-206,352	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)		40,718,827		20,097,848	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		732,550		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1,550	6.02
7.00	Total Medicare program liability (see instructions)		41,451,377		20,096,298	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: 14-0191

Period:

Worksheet E-1

Component CCN: 14-S191

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

11/24/2020 11:09 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		535,689		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		535,689		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		38,187		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		573,876		0	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: 14-0191

Period:

Worksheet E-1

Component CCN: 14-T191

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

11/24/2020 11:09 am

Title XVIII

Subprovider -
IRF

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		7,632,963		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	02/12/2020	48,339		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)		48,339		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)		7,681,302		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		262,471		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		7,943,773		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0191	Period: From 07/01/2019 To 06/30/2020	Worksheet E-1 Part II Date/Time Prepared: 11/24/2020 11:09 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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part II Date/Time Prepared: 11/24/2020 11:09 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)		602,851	1.00
2.00	Net IPF PPS Outlier Payments		10,453	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		6.038251	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)		613,304	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)		613,304	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		613,304	18.00
19.00	Deductibles		50,996	19.00
20.00	Subtotal (line 18 minus line 19)		562,308	20.00
21.00	Coinsurance		15,686	21.00
22.00	Subtotal (line 20 minus line 21)		546,622	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		40,514	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		26,334	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		572,956	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		10,666	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)		583,622	31.00
31.01	Sequestration adjustment (see instructions)		9,746	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		535,689	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)		38,187	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		10,453	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part III Date/Time Prepared: 11/24/2020 11:09 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			6,920,560 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0440 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			426,306 3.00
4.00	Outlier Payments			763,566 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	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 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	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 7.00
8.00	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 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			22.404372 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			8,110,432 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			8,110,432 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			8,110,432 19.00
20.00	Deductibles			16,632 20.00
21.00	Subtotal (line 19 minus line 20)			8,093,800 21.00
22.00	Coinsurance			90,552 22.00
23.00	Subtotal (line 21 minus line 22)			8,003,248 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			29,120 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			18,928 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			12,443 26.00
27.00	Subtotal (sum of lines 23 and 25)			8,022,176 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			56,511 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			8,078,687 32.00
32.01	Sequestration adjustment (see instructions)			134,914 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			7,681,302 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			262,471 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			20,094 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			763,566 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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VII Date/Time Prepared: 11/24/2020 11:09 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services	6,935,102			1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)	0			3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	6,935,102		0	4.00
5.00	Inpatient primary payer payments			0	5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	6,935,102		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts 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(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000		0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	6,935,102		0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)	6,935,102		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191 Component CCN: 14-S191	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VII Date/Time Prepared: 11/24/2020 11:09 am	
		Title XIX	Subprovider - IPF	Cost	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		296,595		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		296,595	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		296,595	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts 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(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		296,595	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		296,595	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0		41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191 Component CCN: 14-T191	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part VII Date/Time Prepared: 11/24/2020 11:09 am
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	1,140,278		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	1,140,278	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	1,140,278	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	0	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	0	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts 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(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	1,140,278	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	1,140,278	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	0	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2	0	0	43.00

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

Provider CCN: 14-0191

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

Worksheet G

Date/Time Prepared:
11/24/2020 11:09 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	112,929	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	135,063,653	0	0	0	4.00
5.00 Other receivable	2,831,998	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-99,581,365	0	0	0	6.00
7.00 Inventory	6,508,086	0	0	0	7.00
8.00 Prepaid expenses	3,323,607	0	0	0	8.00
9.00 Other current assets	130,659,358	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)	178,918,266	0	0	0	11.00
FIXED ASSETS					
12.00 Land	6,464,807	0	0	0	12.00
13.00 Land improvements	3,237,115	0	0	0	13.00
14.00 Accumulated depreciation	-1,187,204	0	0	0	14.00
15.00 Buildings	170,152,924	0	0	0	15.00
16.00 Accumulated depreciation	-21,931,163	0	0	0	16.00
17.00 Leasehold improvements	0	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	166,371	0	0	0	21.00
22.00 Accumulated depreciation	-124,849	0	0	0	22.00
23.00 Major movable equipment	54,082,574	0	0	0	23.00
24.00 Accumulated depreciation	-26,041,512	0	0	0	24.00
25.00 Minor equipment depreciable	10,202,306	0	0	0	25.00
26.00 Accumulated depreciation	-6,293,420	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)	188,727,949	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	153,013,322	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	3,793,562	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	156,806,884	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	524,453,099	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	18,064,492	0	0	0	37.00
38.00 Salaries, wages, and fees payable	9,566,854	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	3,475,000	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	42,812,617	0	0	0	42.00
43.00 Due to other funds	2,075,971	0	0	0	43.00
44.00 Other current liabilities	66,031,157	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	142,026,091	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	109,187,961	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	9,995,517	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	119,183,478	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	261,209,569	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	263,243,530	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	263,243,530	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	524,453,099	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0191

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

Worksheet G-1

Date/Time Prepared:
11/24/2020 11:09 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		284,478,039		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-20,872,717				2.00
3.00	Total (sum of line 1 and line 2)		263,605,322		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	ROUNDING	1		0		0	9.00
10.00	Total additions (sum of line 4-9)		1		0		10.00
11.00	Subtotal (line 3 plus line 10)		263,605,323		0		11.00
12.00	FUND BAL TEMP RESTRICTED TRANSFERS	361,793		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)		361,793		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		263,243,530		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	ROUNDING		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	FUND BAL TEMP RESTRICTED TRANSFERS		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: 14-0191

Period:
From 07/01/2019
To 06/30/2020Worksheet G-2
Parts I & II
Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	109,341,598		109,341,598	1.00
2.00	SUBPROVIDER - IPF	4,775,338		4,775,338	2.00
3.00	SUBPROVIDER - IRF	12,446,057		12,446,057	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	126,562,993		126,562,993	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	15,457,701		15,457,701	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	15,457,701		15,457,701	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	142,020,694		142,020,694	17.00
18.00	Ancillary services	395,013,508		395,013,508	18.00
19.00	Outpatient services	0	880,937,191	880,937,191	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		9,050,668	9,050,668	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	1,839,083	3,332,746	5,171,829	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
27.01	AMBULANCE REVENUE	0	795,640	795,640	27.01
27.02	MED/SERVICE CAR TRIPS	0	0	0	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	538,873,285	894,116,245	1,432,989,530	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		337,194,266		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)		337,194,266		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0191

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

Worksheet G-3

Date/Time Prepared:

11/24/2020 11:09 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,432,989,530	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,149,982,472	2.00
3.00	Net patient revenues (line 1 minus line 2)	283,007,058	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	337,194,266	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-54,187,208	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,135,073	6.00
7.00	Income from investments	1,442,689	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	42,897	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	673,680	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	22,853	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	2,934,751	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER MISC REVENUE	2,937,358	24.00
24.01	LOSS ON DISPOSAL OF ASSET	-300,750	24.01
24.02	LOSS ON REFINANCING	-1,062,131	24.02
24.15	HHA & HOSPICE OTHER OPERATING & INVE	538,467	24.15
24.50	COVID-19 PHE Funding	24,949,604	24.50
25.00	Total other income (sum of lines 6-24)	33,314,491	25.00
26.00	Total (line 5 plus line 25)	-20,872,717	26.00
27.00	RECONCILING ITEM	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)	-20,872,717	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 14-0191

Period:

Worksheet H

HHA CCN: 14-7435

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/24/2020 11:09 amHome Health
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00 Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00 Capital Related - Movable Equipment			0		0	0	2.00
3.00 Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00 Transportation	0	0	0	0	0	0	4.00
5.00 Administrative and General	2,116,279	590,910	0	11,527	712,858	3,431,574	5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	1,409,019	220,471	66,462	2,644	0	1,698,596	6.00
7.00 Physical Therapy	713,134	134,685	4,025	15,922	0	867,766	7.00
8.00 Occupational Therapy	181,415	34,248	0	6,332	0	221,995	8.00
9.00 Speech Pathology	31,476	25,065	0	19,590	0	76,131	9.00
10.00 Medical Social Services	71,444	12,283	-206	-1,560	0	81,961	10.00
11.00 Home Health Aide	10,696	1,147	-343	0	0	11,500	11.00
12.00 Supplies (see instructions)	0	0	0	0	240,079	240,079	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	1,355,234	190,748	1,569	0	18,042	1,565,593	17.00
18.00 Clinic	0	0	0	0	0	0	18.00
19.00 Health Promotion Activities	0	0	0	0	0	0	19.00
20.00 Day Care Program	0	0	0	0	0	0	20.00
21.00 Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00 Homemaker Service	0	0	0	0	0	0	22.00
23.00 All Others (specify)	0	0	0	0	0	0	23.00
23.50 Telemedicine	0	0	0	0	0	0	23.50
24.00 Total (sum of lines 1-23)	5,888,697	1,209,557	71,507	54,455	970,979	8,195,195	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	-131,597	3,299,977	0	3,299,977			5.00
HHA REIMBURSABLE SERVICES							
6.00 Skilled Nursing Care	0	1,698,596	0	1,698,596			6.00
7.00 Physical Therapy	0	867,766	0	867,766			7.00
8.00 Occupational Therapy	0	221,995	0	221,995			8.00
9.00 Speech Pathology	0	76,131	0	76,131			9.00
10.00 Medical Social Services	0	81,961	0	81,961			10.00
11.00 Home Health Aide	0	11,500	0	11,500			11.00
12.00 Supplies (see instructions)	0	240,079	0	240,079			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	1,565,593	0	1,565,593			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)	-131,597	8,063,598	0	8,063,598			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: 14-0191

Period:

Worksheet H-1

HHA CCN: 14-7435

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

11/24/2020 11:09 am

Home Health
Agency I

PPS

		Capital Related Costs		Agency 1						
								Capital Related Costs		
								Capital Related Costs		
		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Bldgs & Fixtures	Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)			
		0	1.00	2.00	3.00	4.00	4A.00			
GENERAL SERVICE COST CENTERS										
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00		
2.00	Capital Related - Movable Equipment	0		0			0	2.00		
3.00	Plant Operation & Maintenance	0	0	0	0		0	3.00		
4.00	Transportation	0	0	0	0	0		4.00		
5.00	Administrative and General	3,299,977	0	0	0	0	3,299,977	5.00		
HHA REIMBURSABLE SERVICES										
6.00	Skilled Nursing Care	1,698,596	0	0	0	0	1,698,596	6.00		
7.00	Physical Therapy	867,766	0	0	0	0	867,766	7.00		
8.00	Occupational Therapy	221,995	0	0	0	0	221,995	8.00		
9.00	Speech Pathology	76,131	0	0	0	0	76,131	9.00		
10.00	Medical Social Services	81,961	0	0	0	0	81,961	10.00		
11.00	Home Health Aide	11,500	0	0	0	0	11,500	11.00		
12.00	Supplies (see instructions)	240,079	0	0	0	0	240,079	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	1,565,593	0	0	0	0	1,565,593	17.00		
18.00	Clinic	0	0	0	0	0	0	18.00		
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00		
20.00	Day Care Program	0	0	0	0	0	0	20.00		
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00		
22.00	Homemaker Service	0	0	0	0	0	0	22.00		
23.00	All Others (specify)	0	0	0	0	0	0	23.00		
23.50	Telemedicine	0	0	0	0	0	0	23.50		
24.00	Total (sum of lines 1-23)	8,063,598	0	0	0	0	8,063,598	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	3,299,977						5.00		
HHA REIMBURSABLE SERVICES										
6.00	Skilled Nursing Care	966,668	2,665,264					6.00		
7.00	Physical Therapy	558,652	1,426,418					7.00		
8.00	Occupational Therapy	127,630	349,625					8.00		
9.00	Speech Pathology	23,828	99,959					9.00		
10.00	Medical Social Services	46,278	128,239					10.00		
11.00	Home Health Aide	40,635	52,135					11.00		
12.00	Supplies (see instructions)	133,448	373,527					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	1,402,838	2,968,431					17.00		
18.00	Clinic	0	0					18.00		
19.00	Health Promotion Activities	0	0					19.00		
20.00	Day Care Program	0	0					20.00		
21.00	Home Delivered Meals Program	0	0					21.00		
22.00	Homemaker Service	0	0					22.00		
23.00	All Others (specify)	0	0					23.00		
23.50	Telemedicine	0	0					23.50		
24.00	Total (sum of lines 1-23)		8,063,598					24.00		

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 14-0191

Period:

Worksheet H-1

HHA CCN: 14-7435

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/24/2020 11:09 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	-3,299,977	5,936,824
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	40,488	1,739,084
7.00	Physical Therapy	0	0	0	0	137,277	1,005,043
8.00	Occupational Therapy	0	0	0	0	7,618	229,613
9.00	Speech Pathology	0	0	0	0	-33,263	42,868
10.00	Medical Social Services	0	0	0	0	1,295	83,256
11.00	Home Health Aide	0	0	0	0	61,604	73,104
12.00	Supplies (see instructions)	0	0	0	0	0	240,079
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	958,184	2,523,777
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,126,774	5,936,824
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	3,299,977
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.555849

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0191

Period:

Worksheet H-2

HHA CCN: 14-7435

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/24/2020 11:09 amHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	4A	5.00	
1.00	Administrative and General	0	121,913	0	531,336	653,249	17,414	1.00
2.00	Skilled Nursing Care	2,665,264	0	0	353,764	3,019,028	814,871	2.00
3.00	Physical Therapy	1,426,418	0	0	179,047	1,605,465	470,926	3.00
4.00	Occupational Therapy	349,625	0	0	45,548	395,173	107,588	4.00
5.00	Speech Pathology	99,959	0	0	7,903	107,862	20,087	5.00
6.00	Medical Social Services	128,239	0	0	17,938	146,177	39,011	6.00
7.00	Home Health Aide	52,135	0	0	2,685	54,820	34,254	7.00
8.00	Supplies (see instructions)	373,527	0	0	0	373,527	102,199	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	2,968,431	0	0	340,260	3,308,691	1,182,552	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	8,063,598	121,913	0	1,478,481	9,663,992	2,788,902	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		6.00	7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	75,007	221,905	0	101,628	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	75,007	221,905	0	101,628	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0191

Period:

Worksheet H-2

HHA CCN: 14-7435

From 07/01/2019

Part I

To 06/30/2020

Date/Time Prepared:

11/24/2020 11:09 am

Home Health
Agency I

PPS

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM - PHARMACY	PARAMED ED PRGM - EMS	
		19.00	20.00	SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	23.00	23.01	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 14-0191

Period:

Worksheet H-2

HHA CCN: 14-7435

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/24/2020 11:09 amHome Health
Agency I

PPS

Cost Center Description		PARAMED ED PRGM - DIETETICS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.02	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	1,069,203	0	1,069,203			1.00
2.00	Skilled Nursing Care	0	3,833,899	0	3,833,899	347,915	4,181,814	2.00
3.00	Physical Therapy	0	2,076,391	0	2,076,391	188,426	2,264,817	3.00
4.00	Occupational Therapy	0	502,761	0	502,761	45,624	548,385	4.00
5.00	Speech Pathology	0	127,949	0	127,949	11,611	139,560	5.00
6.00	Medical Social Services	0	185,188	0	185,188	16,805	201,993	6.00
7.00	Home Health Aide	0	89,074	0	89,074	8,083	97,157	7.00
8.00	Supplies (see instructions)	0	475,726	0	475,726	43,171	518,897	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	4,491,243	0	4,491,243	407,568	4,898,811	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	12,851,434	0	12,851,434	1,069,203	12,851,434	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.					0.090747		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: 14-0191

Period:

Worksheet H-2

HHA CCN: 14-7435

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/24/2020 11:09 amHome Health
Agency I

PPS

Cost Center Description		CAPITAL RELATED COSTS			Reconciliation	Agency 1			
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)		ADMINISTRATIVE & GENERAL (ACCUM. COST)			MAINTENANCE & REPAIRS (SQUARE FEET)
		1.00	2.00	4.00	5A	5.00	6.00		
1.00	Administrative and General	6,181	0	2,116,279	-589,601	63,648	6,181	1.00	
2.00	Skilled Nursing Care	0	0	1,409,019	-40,763	2,978,265	0	2.00	
3.00	Physical Therapy	0	0	713,134	115,719	1,721,184	0	3.00	
4.00	Occupational Therapy	0	0	181,415	-1,950	393,223	0	4.00	
5.00	Speech Pathology	0	0	31,476	-34,448	73,414	0	5.00	
6.00	Medical Social Services	0	0	71,444	-3,597	142,580	0	6.00	
7.00	Home Health Aide	0	0	10,696	70,374	125,194	0	7.00	
8.00	Supplies (see instructions)	0	0	0	0	373,527	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	1,355,234	1,013,398	4,322,089	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)	6,181	0	5,888,697		10,193,124	6,181	20.00	
21.00	Total cost to be allocated	121,913	0	1,478,481		2,788,902	75,007	21.00	
22.00	Unit cost multiplier	19.723831	0.000000	0.251071		0.273606	12.135091	22.00	
Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATI ENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES/HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)		
		7.00	8.00	9.00	10.00	11.00	12.00		
1.00	Administrative and General	6,181	0	6,181	0	0	0	1.00	
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00	
3.00	Physical Therapy	0	0	0	0	0	0	3.00	
4.00	Occupational Therapy	0	0	0	0	0	0	4.00	
5.00	Speech Pathology	0	0	0	0	0	0	5.00	
6.00	Medical Social Services	0	0	0	0	0	0	6.00	
7.00	Home Health Aide	0	0	0	0	0	0	7.00	
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	0	19.00	
19.50	Telemedicine	0	0	0	0	0	0	19.50	
20.00	Total (sum of lines 1-19)	6,181	0	6,181	0	0	0	20.00	
21.00	Total cost to be allocated	221,905	0	101,628	0	0	0	21.00	
22.00	Unit cost multiplier	35.901149	0.000000	16.442000	0.000000	0.000000	0.000000	22.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 14-0191

Period:

Worksheet H-2

HHA CCN: 14-7435

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/24/2020 11:09 amHome Health
Agency I

PPS

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (WS C CHARGES)	SOCIAL SERVICE (TOTAL PATI ENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	PARAMED ED PRGM - EMS (TIME SPENT)	PARAMED ED PRGM - DIETETICS (ASSIGNED TIME)	
		20.00	21.00	22.00	23.00	23.01	23.02	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0191

Period:

Worksheet H-3

HHA CCN: 14-7435

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/24/2020 11:09 am

				Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
		0	1.00	2.00	3.00	4.00	5.00		
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
	Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	4,181,814		4,181,814	19,151	218.36	1.00	
2.00	Physical Therapy	3.00	2,264,817	517,160	2,781,977	10,488	265.25	2.00	
3.00	Occupational Therapy	4.00	548,385	150,440	698,825	2,638	264.91	3.00	
4.00	Speech Pathology	5.00	139,560	22,913	162,473	685	237.19	4.00	
5.00	Medical Social Services	6.00	201,993		201,993	253	798.39	5.00	
6.00	Home Health Aide	7.00	97,157		97,157	614	158.24	6.00	
7.00	Total (sum of lines 1-6)		7,433,726	690,513	8,124,239	33,829		7.00	
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits				
					Part B				
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles			
		0	1.00	2.00	3.00	4.00	5.00		
	Limitation Cost Computation								
8.00	Skilled Nursing Care		16974	0	9,411			8.00	
9.00	Physical Therapy		16974	0	4,979			9.00	
10.00	Occupational Therapy		16974	0	1,240			10.00	
11.00	Speech Pathology		16974	0	270			11.00	
12.00	Medical Social Services		16974	0	136			12.00	
13.00	Home Health Aide		16974	0	348			13.00	
14.00	Total (sum of lines 8-13)			0	16,384			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	518,897	0	518,897	348,221	1.490137	15.00	
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00	
Cost Center Description		Part A	Program Visits		Cost of Services				
			Part B						
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
			6.00	7.00		8.00	9.00	10.00	11.00
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
	Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	9,411		0	2,054,986		1.00	
2.00	Physical Therapy	0	4,979		0	1,320,680		2.00	
3.00	Occupational Therapy	0	1,240		0	328,488		3.00	
4.00	Speech Pathology	0	270		0	64,041		4.00	
5.00	Medical Social Services	0	136		0	108,581		5.00	
6.00	Home Health Aide	0	348		0	55,068		6.00	
7.00	Total (sum of lines 1-6)	0	16,384		0	3,931,844		7.00	
Cost Center Description									
		6.00	7.00	8.00	9.00	10.00	11.00		
	Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00	
9.00	Physical Therapy							9.00	
10.00	Occupational Therapy							10.00	
11.00	Speech Pathology							11.00	
12.00	Medical Social Services							12.00	
13.00	Home Health Aide							13.00	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0191

Period:

Worksheet H-3

HHA CCN: 14-7435

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/24/2020 11:09 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description		Program Covered Charges			Cost of Services	Agency 1			
		Part A	Part B		Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
			6.00	7.00		8.00	9.00	10.00	11.00
	Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	261,729	0	0	390,012	0	15.00	
16.00	Cost of Drugs		0	0		0	0	16.00	
Cost Center Description		Total Program Cost (sum of cols. 9-10)							
		12.00							
		PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2,054,986						1.00	
2.00	Physical Therapy	1,320,680						2.00	
3.00	Occupational Therapy	328,488						3.00	
4.00	Speech Pathology	64,041						4.00	
5.00	Medical Social Services	108,581						5.00	
6.00	Home Health Aide	55,068						6.00	
7.00	Total (sum of lines 1-6)	3,931,844						7.00	
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
9.00	Physical Therapy							9.00	
10.00	Occupational Therapy							10.00	
11.00	Speech Pathology							11.00	
12.00	Medical Social Services							12.00	
13.00	Home Health Aide							13.00	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 14-0191

Period:

Worksheet H-3

HHA CCN: 14-7435

From 07/01/2019

Part II

To 06/30/2020

Date/Time Prepared:

11/24/2020 11:09 am

Title XVIII

Home Health

PPS

Agency I

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	0.226957	2,278,670	517,160	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.275213	546,630	150,440	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.220463	103,930	22,913	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.515851	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.210051	0	0	col. 2, line 16.00		5.00
5.01 Cost of Drugs 1	73.01	0.169332	0	0	col. 2, line 16.01		5.01
5.03 Cost of Drugs 3	73.03	0.075983	0	0	col. 2, line 16.03		5.03
5.04 Cost of Drugs 4	73.04	0.106595	0	0	col. 2, line 16.04		5.04

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0191 HHA CCN: 14-7435	Period: From 07/01/2019 To 06/30/2020	Worksheet H-4 Part I-II Date/Time Prepared: 11/24/2020 11:09 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	3,226,227	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	89,962	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	74,738	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	24,151	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	17,662	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	3,432,740	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	3,432,740	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	3,432,740	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	3,432,740	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	3,432,740	31.00
31.01	Sequestration adjustment (see instructions)		0	61,655	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
32.00	Interim payments (see instructions)		0	3,371,086	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	-1	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: 14-0191

Period:

Worksheet H-5

HHA CCN: 14-7435

From 07/01/2019

Date/Time Prepared:

To 06/30/2020

11/24/2020 11:09 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		3,371,086	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		3,371,086	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		1	6.02
7.00	Total Medicare program liability (see instructions)		0		3,371,085	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: 14-0191

Period:

Worksheet 0

Hospice CCN: 14-1535

From 07/01/2019

To 06/30/2020

Date/Time Prepared:

11/24/2020 11:09 am

				Hospice I			
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		18,000	18,000	0	18,000	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	57,033	57,033	0	57,033	3.00
4.00	ADMINISTRATIVE & GENERAL*	317,996	158,815	476,811	0	476,811	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0	13.00
14.00	PHARMACY*	0	144,914	144,914	0	144,914	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	27,000	27,000	0	27,000	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	317,363	317,363	0	317,363	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	854,928	148,887	1,003,815	0	1,003,815	28.00
29.00	LPN/LVN**	82,764	17,708	100,472	0	100,472	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**	69,161	15,027	84,188	0	84,188	33.00
34.00	SPIRITUAL COUNSELING**	54,765	8,606	63,371	0	63,371	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**	280,083	47,079	327,162	0	327,162	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	141,740	141,740	0	141,740	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	771	771	0	771	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)**	577	3,864	4,441	0	4,441	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	5,735	676	6,411	0	6,411	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	1,666,009	1,107,483	2,773,492	0	2,773,492	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: 14-0191

Period:

Worksheet 0

Hospice CCN: 14-1535

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/24/2020 11:09 am

Hospice I

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	18,000	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	57,033	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	476,811	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	144,914	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	27,000	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	317,363	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	1,003,815	28.00
29.00	LPN/LVN**	0	100,472	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	84,188	33.00
34.00	SPIRITUAL COUNSELING**	0	63,371	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	327,162	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	141,740	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	771	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	4,441	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	6,411	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	2,773,492	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: 14-0191

Period:

Worksheet 0-2

Hospice CCN: 14-1535

From 07/01/2019

Date/Time Prepared:

To 06/30/2020

11/24/2020 11:09 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	269,976	269,976	0	269,976	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	238,533	51,827	290,360	0	290,360	28.00
29.00	LPN/LVN	77,161	16,765	93,926	0	93,926	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	69,161	15,027	84,188	0	84,188	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	50,289	10,927	61,216	0	61,216	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	126,107	126,107	0	126,107	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	435,144	490,629	925,773	0	925,773	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	269,976	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	290,360	28.00
29.00	LPN/LVN	0	93,926	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	84,188	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	61,216	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	126,107	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	925,773	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: 14-0191

Period:

From 07/01/2019

To 06/30/2020

Worksheet 0-3

Hospice CCN: 14-1535

Date/Time Prepared:
11/24/2020 11:09 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		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	3,220	700	3,920	0	3,920	28.00
29.00	LPN/LVN	1,041	226	1,267	0	1,267	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	679	147	826	0	826	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	1,702	1,702	0	1,702	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	4,940	2,775	7,715	0	7,715	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	3,920	28.00
29.00	LPN/LVN	0	1,267	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	826	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	1,702	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	7,715	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: 14-0191

Period:

Worksheet 0-4

Hospice CCN: 14-1535

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/24/2020 11:09 am

						Hospice I		11/24/2023 11:00 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	47,387		47,387		0		47,387		26.00	
27.00	NURSE PRACTITIONER		0	0		0		0		0		27.00	
28.00	REGISTERED NURSE		613,175	96,360		709,535		0		709,535		28.00	
29.00	LPN/LVN		4,562	717		5,279		0		5,279		29.00	
30.00	PHYSICAL THERAPY		0	0		0		0		0		30.00	
31.00	OCCUPATIONAL THERAPY		0	0		0		0		0		31.00	
32.00	SPEECH/LANGUAGE PATHOLOGY		0	0		0		0		0		32.00	
33.00	MEDICAL SOCIAL SERVICES		0	0		0		0		0		33.00	
34.00	SPIRITUAL COUNSELING		54,765	8,606		63,371		0		63,371		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		229,115	36,005		265,120		0		265,120		37.00	
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN		0	13,931		13,931		0		13,931		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	771		771		0		771		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)		577	3,864		4,441		0		4,441		46.00	
100.00	TOTAL *		902,194	207,641		1,109,835		0		1,109,835		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	47,387	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	709,535	28.00
29.00	LPN/LVN	0	5,279	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	63,371	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	265,120	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	13,931	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	771	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	4,441	46.00
100.00	TOTAL *	0	1,109,835	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: 14-0191

Period:

Worksheet 0-5

Hospice CCN: 14-1535

From 07/01/2019

To 06/30/2020

Date/Time Prepared:
11/24/2020 11:09 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	18,000	0	18,000	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	57,033	385,129	442,162	3.00
4.00	ADMINISTRATIVE & GENERAL	476,811	911,537	1,388,348	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00	PHARMACY	144,914	0	144,914	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	27,000	0	27,000	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	925,773	0	925,773	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	7,715	0	7,715	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,109,835	0	1,109,835	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	6,411	0	6,411	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	2,773,492	1,296,666	4,070,158	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/24/2020 11:09 am

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	Hospice I EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	18,000	18,000					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	442,162	0	0	442,162			3.00
4.00	ADMINISTRATIVE & GENERAL	1,388,348	18,000	0	91,663	1,498,011		4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0		5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0		6.00
7.00	HOUSEKEEPING	0	0	0	0	0		7.00
8.00	DIETARY	0	0	0	0	0		8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0		10.00
11.00	MEDICAL RECORDS	0	0	0	0	0		11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0		13.00
14.00	PHARMACY	144,914	0	0	0	144,914		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	27,000	0	0	0	27,000		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	925,773			125,431	1,051,204		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	7,715	0	0	1,424	9,139		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,109,835	0	0	221,991	1,331,826		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0		60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0		61.00
62.00	FUNDRAISING	0	0	0	0	0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0		63.00
64.00	PALLIATIVE CARE PROGRAM	6,411	0	0	1,653	8,064		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	4,070,158	18,000	0	442,162	4,070,158		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/24/2020 11:09 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	1,498,011						4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0		0			6.00
7.00	HOUSEKEEPING	0	0			0		7.00
8.00	DIETARY	0	0			0	0	8.00
9.00	NURSING ADMINISTRATION	0	0			0		9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0			0		10.00
11.00	MEDICAL RECORDS	0	0			0		11.00
12.00	STAFF TRANSPORTATION	0	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0			0		13.00
14.00	PHARMACY	84,397	0			0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	15,725	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	612,218						51.00
52.00	HOSPICE INPATIENT RESPITE CARE	5,323	0		0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	775,652	0		0	0	0	53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	0	0			0		60.00
61.00	VOLUNTEER PROGRAM	0	0			0		61.00
62.00	FUNDRAISING	0	0			0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0			0		63.00
64.00	PALLIATIVE CARE PROGRAM	4,696	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	1,498,011	0		0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/24/2020 11:09 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	0					9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0				10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0			0		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0				0	13.00
14.00	PHARMACY	0				0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0				0	15.00
16.00	OTHER GENERAL SERVICE	0				0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0			0	0	60.00
61.00	VOLUNTEER PROGRAM	0			0	0	61.00
62.00	FUNDRAISING	0			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	0	65.00
66.00	RESIDENTIAL CARE	0			0	0	66.00
67.00	ADVERTISING	0			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	0	68.00
69.00	THRIFT STORE	0			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00	TOTAL	0	0	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/24/2020 11:09 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	229,311					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	42,725				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	204,020	38,013	0		1,905,455	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	2,754	513	0	0	17,729	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	22,537	4,199	0	0	2,134,214	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		12,760	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	229,311	42,725	0	0	4,070,158	100.00

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

Provider CCN: 14-0191

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

Worksheet 0-6

Part II
Date/Time Prepared:
11/24/2020 11:09 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	100					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,533,943			3.00
4.00	ADMINISTRATIVE & GENERAL	100	0	317,996	-1,498,011	2,572,147	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	144,914	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	27,000	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			435,143	0	1,051,204	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	4,940	0	9,139	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	770,129	0	1,331,826	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	5,735	0	8,064	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)	18,000	0	442,162		1,498,011	100.00
101.00	UNIT COST MULTIPLIER	180.000000	0.000000	0.288252		0.582397	101.00

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

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/24/2020 11:09 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	0					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0	0	0	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000	0.000000	0.000000	101.00

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

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/24/2020 11:09 am

Cost Center Descriptions		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)		MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT							1.00
2.00	CAP REL COSTS-MVBLE EQUIP							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT							3.00
4.00	ADMINISTRATIVE & GENERAL							4.00
5.00	PLANT OPERATION & MAINTENANCE							5.00
6.00	LAUNDRY & LINEN SERVICE							6.00
7.00	HOUSEKEEPING							7.00
8.00	DIETARY							8.00
9.00	NURSING ADMINISTRATION							9.00
10.00	ROUTINE MEDICAL SUPPLIES	0						10.00
11.00	MEDICAL RECORDS		0					11.00
12.00	STAFF TRANSPORTATION				0			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0	0		13.00
14.00	PHARMACY				0	0	14,906	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES				0	0	0	15.00
16.00	OTHER GENERAL SERVICE				0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES							17.00
LEVEL OF CARE								
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0	0	0	13,262	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	0	179	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	0	1,465	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)	0	0	0	0	0	229,311	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000	0.000000	0.000000	15.383805	101.00

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

Provider CCN: 14-0191

Period:

Worksheet 0-6

Hospice CCN: 14-1535

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/24/2020 11:09 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	14,906				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	13,262	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	179	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,465	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)	42,725	0	0		100.00
101.00	UNIT COST MULTIPLIER	2.866295	0.000000	0.000000		101.00

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

Provider CCN: 14-0191

Period:

Worksheet 0-7

Hospice CCN: 14-1535

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

Date/Time Prepared:
11/24/2020 11:09 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		3.00
	ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.226957	0	0	0	1.00	
2.00	OCCUPATIONAL THERAPY	67.00	0.275213	0	0	0	2.00	
3.00	SPEECH PATHOLOGY	68.00	0.220463	0	0	0	3.00	
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.210051	0	0	0	4.00	
4.01	INFUSION THERAPY	73.01	0.169332	0	0	0	4.01	
4.03	PHARMACY VACCINE	73.03	0.075983	0	0	0	4.03	
4.04	FCC INFUSION THERAPY	73.04	0.106595	0	0	0	4.04	
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00	
6.00	LABORATORY	60.00	0.098200	0	0	0	6.00	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.515851	0	0	0	7.00	
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00	
9.00	RADIOLOGY-THERAPEUTIC	55.00					9.00	
10.97	CARDIAC REHABILITATION	76.97	1.196540	0	0	0	10.97	
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.222824	0	0	0	10.98	
10.99	LITHOTRIPSY	76.99	0.000000	0	0	0	10.99	
11.00	Totals (sum of lines 1-11)						11.00	
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service		Costs by LOC			
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)		
		5.00	6.00	7.00	8.00	9.00		
	ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00	
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00	
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00	
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00	
4.01	INFUSION THERAPY	0	0	0	0	0	4.01	
4.03	PHARMACY VACCINE	0	0	0	0	0	4.03	
4.04	FCC INFUSION THERAPY	0	0	0	0	0	4.04	
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						9.00	
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97	
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98	
10.99	LITHOTRIPSY	0	0	0	0	0	10.99	
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00	

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 14-0191

Period:

Worksheet 0-8

Hospice CCN: 14-1535

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/24/2020 11:09 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)			1,905,455	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			13,262	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			143.68	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	11,155	977		9.00
10.00	Program cost (line 8 times line 9)	1,602,750	140,375		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)			17,729	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			179	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			99.04	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	135	21		14.00
15.00	Program cost (line 13 times line 14)	13,370	2,080		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)			2,134,214	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			1,465	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			1,456.80	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	1,156	156		19.00
20.00	Program cost (line 18 times line 19)	1,684,061	227,261		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			4,057,398	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			14,906	22.00
23.00	Average cost per diem (line 21 divided by line 22)			272.20	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0191	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 11/24/2020 11:09 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,796,844	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		60,392	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)		160.23	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)		7.62	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		34.96	8.00
9.00	Sum of lines 7 and 8		42.58	9.00
10.00	Allowable disproportionate share percentage (see instructions)		9.00	10.00
11.00	Disproportionate share adjustment (see instructions)		251,716	11.00
12.00	Total prospective capital payments (see instructions)		3,108,952	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