

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND Provider CCN:14-0258 Period: From 07/01/2019 To 06/30/2020 Worksheet S Parts I-III Date/Time Prepared: 11/24/2020 4:19 pm

PART I - COST REPORT STATUS

Provider use only 1. ☒ Electronically prepared cost report Date:11/24/2020 Time: 4:19 pm
 2. ☐ Manually prepared cost report
 3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report
 4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.
 Contractor use only 5. ☐ Cost Report Status 6. Date Received: 10. NPR Date:
 (1) As Submitted 7. Contractor No. 11. Contractor's Vendor Code: 4
 (2) Settled without Audit 8. ☐ Initial Report for this Provider CCN 12. ☐ If line 5, column 1 is 4: Enter
 (3) Settled with Audit 9. ☐ Final Report for this Provider CCN number of times reopened = 0-9.
 (4) Reopened
 (5) Amended

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 THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE 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 ALEXIAN BROTHERS MEDICAL CENTER (14-0258) 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) FORREST WHICHARD
 Officer or Administrator of Provider(s)

CFO
 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	540,759	105,530	0	0	1.00
2.00	Subprovider - IPF	0	51,916	-12		0	2.00
3.00	Subprovider - IRF	0	64,137	-50		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00	Total	0	656,812	105,468	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 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 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:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 4:19 pm
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1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street:800 BIESTERFIELD ROAD	PO Box:								1.00
2.00	City: ELK GROVE VILLAGE	State: IL		Zip Code:60007-3397		County: COOK				2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		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	ALEXIAN BROTHERS MEDICAL CENTER	140258	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	ABMC OLDER ADULT BEHAVIORAL HEALTH	14S258	16974	4	07/01/2014	N	P	O	4.00
5.00	Subprovider - IRF	ALEXIAN REHABILITATION UNIT	14T258	16974	5	01/01/1980	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 OLTC									11.00
12.00	Hospital-Based HHA	ALEXIAN BROTHERS HOME HEALTH AGENCY	147583	16974		06/01/1994	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	ALEXIAN BROTHERS HOSPICE	141632	16974		01/01/1976				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2019	06/30/2020		20.00	
21.00	Type of Control (see instructions)					1			21.00	
						1.00	2.00	3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N			22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	Y				23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
11/24/2020 4:19 pm

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid days	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.	1,734	1,900	0	6	8,008	377	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.	320	257	0	0	1,034		25.00
					Urban/Rural Status	Date of Geographic Reclassification	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
Prospective Payment System (PPS)-Capital							
45.00 Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					with	N	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.					with	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.					or "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.					GME		
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.					Nin		
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:14-0258		Period: From 07/01/2019 To 06/30/2020		Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 4:19 pm	
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
				1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.			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
				Y/N	IME	Direct GME	
				1.00	2.00	3.00	
61.00	Did your hospital receive FTE slots under ACA section N 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)					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	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	61.20
				1.00			
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" N for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 4:19 pm
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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.					
	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 4:19 pm	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y	70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N N 0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			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.			N	86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.			N	87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			Y	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	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	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	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			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	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			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	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	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	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	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	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

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
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			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 N Section §412.113(c). Enter "Y" for yes or "N" for no.				108.00
			Physical	Occupational	Speech
			1.00	2.00	3.00
			Respiratory		
			1.00	2.00	3.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	N
			N	N	N
			1.00	2.00	3.00
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	3.00
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		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		Y		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00
			Premiums	Losses	Insurance
			1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:		5,864,869	0	118.01
			1.00	2.00	3.00
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.		Y		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		Y	5.06	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

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN:14-0258		Period: From 07/01/2019 To 06/30/2020	
				Worksheet S-2 Part I Date/Time Prepared: 11/24/2020 4:19 pm	
		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)	149019		140.00	
		1.00		2.00	
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.		3.00			
141.00	Name: ALEXIAN BROTHERS HEALTH SYSTEM	Contractor's Name:14-9013		Contractor's Number:05901	
142.00	Street:2601 NAVISTAR DRIVE	PO Box:			
143.00	City: LISLE	State: IL		Zip Code: 60532	
		1.00		2.00	
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		N	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			146.00	
		1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00	
		Part A		Part B	
		1.00		2.00	
		Title V		Title XIX	
		3.00		4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC	N	N	N	N
		1.00			
Multicampus					
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	Enter N		165.00	
		Name		County	
		0		1.00	
		State		Zip Code	
		2.00		3.00	
		CBSA		FTE/Campus	
		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)			0.00	
		1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet S-2
Part I
Date/Time Prepared:
11/24/2020 4:19 pm

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			0171.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/24/2020 4:19 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		Y		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		Y		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.		N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
			Part A		Part B
			Y/N	Date	Y/N
			1.00	2.00	3.00
				Date	Date
				4.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	11/16/2020	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/24/2020 4:19 pm
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N	N	20.00
		Y/N	Date	Y/N
		1.00	2.00	3.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N	21.00
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MARY JO	MACKNISKAS	41.00
42.00	Enter the employer/company name of the cost report preparer	AMITA HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	773-213-0776	MARYJO.MACKNISKAS@AMITAHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet S-2 Part II Date/Time Prepared: 11/24/2020 4:19 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	3.00	DIRECTOR NET REV AND REIMB	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:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/24/2020 4:19 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	221	80,665	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)		221	80,665	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,140	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)		257	93,805	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	25	3,550		0	16.00
17.00 SUBPROVIDER - IRF	41.00	72	26,280		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	16	5,840			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)		370				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:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/24/2020 4:19 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	25,406	3,268	58,312			1.00
2.00 HMO and other (see instructions)	10,777	8,008				2.00
3.00 HMO IPF Subprovider	251	0				3.00
4.00 HMO IRF Subprovider	2,847	1,034				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)	25,406	3,268	58,312			7.00
8.00 INTENSIVE CARE UNIT	5,881	372	9,499			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		0	4,529			13.00
14.00 Total (see instructions)	31,287	3,640	72,340	0.00	2,374.95	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,153	0	1,425	0.00	19.35	16.00
17.00 SUBPROVIDER - IRF	12,469	577	20,835	0.00	175.58	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	36,444	0	52,144	0.00	69.30	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	2,846	249	3,483	0.00	93.84	24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	2,733.02	27.00
28.00 Observation Bed Days		0	6,701			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	377	715			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:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part I
Date/Time Prepared:
11/24/2020 4:19 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,917	398	14,811	1.00
2.00 HMO and other (see instructions)			1,807	1,427		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				73		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	5,917	398	14,811	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	79	0	111	16.00
17.00 SUBPROVIDER - IRF	0.00	0	909	39	1,520	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:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/24/2020 4:19 pm

	Wkst. A Line Number	Amount Reported	Reclassification 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	130,419,881	128,743	130,548,624	4,881,159.44	26.75
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)		19,573,291	0	19,573,291	803,528.41	24.36
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,142,219	0	2,142,219	30,344.00	70.60
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		995,270	0	995,270	6,321.00	157.45
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		21,652,221	0	21,652,221	434,204.00	49.87
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		29,790,888	0	29,790,888		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		5,311,300	0	5,311,300		
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)		3,514,353	0	3,514,353		
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:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part II
Date/Time Prepared:
11/24/2020 4:19 pm

		Wkst. A Line Number	Amount Reported	Reclassification 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	-128,743	128,743	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	8,648,624	-377,280	8,271,344	242,933.00	34.05	27.00
28.00	Administrative & General under contract (see inst.)		1,056,623	0	1,056,623	7,284.00	145.06	28.00
29.00	Maintenance & Repairs	6.00	893,280	0	893,280	79,639.00	11.22	29.00
30.00	Operation of Plant	7.00	2,876	0	2,876	326.00	8.82	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		4,271,749	0	4,271,749	171,793.00	24.87	33.00
34.00	Dietary	10.00	52,838	-38,939	13,899	1,782.00	7.80	34.00
35.00	Dietary under contract (see instructions)		4,700,832	0	4,700,832	158,544.00	29.65	35.00
36.00	Cafeteria	11.00	0	38,939	38,939	789.00	49.35	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,086,442	0	3,086,442	64,115.00	48.14	38.00
39.00	Central Services and Supply	14.00	856,319	0	856,319	63,017.00	13.59	39.00
40.00	Pharmacy	15.00	4,943,090	0	4,943,090	167,296.00	29.55	40.00
41.00	Medical Records & Medical Records Library	16.00	603,221	0	603,221	13,288.00	45.40	41.00
42.00	Social Service	17.00	-3,444	377,280	373,836	14,861.00	25.16	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part III
Date/Time Prepared:
11/24/2020 4:19 pm

	Worksheet A Line Number	Amount Reported	Reclassification 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)	140,449,085	128,743	140,577,828	5,218,780.44	26.94	1.00
2.00	Excluded area salaries (see instructions)	19,573,291	0	19,573,291	803,528.41	24.36	2.00
3.00	Subtotal salaries (line 1 minus line 2)	120,875,794	128,743	121,004,537	4,415,252.03	27.41	3.00
4.00	Subtotal other wages & related costs (see inst.)	24,789,710	0	24,789,710	470,869.00	52.65	4.00
5.00	Subtotal wage-related costs (see inst.)	33,305,241	0	33,305,241	0.00	27.52	5.00
6.00	Total (sum of lines 3 thru 5)	178,970,745	128,743	179,099,488	4,886,121.03	36.65	6.00
7.00	Total overhead cost (see instructions)	28,983,707	128,743	29,112,450	985,667.00	29.54	7.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL WAGE RELATED COSTS		Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet S-3 Part IV Date/Time Prepared: 11/24/2020 4:19 pm	
				Amount Reported	
				1.00	
PART IV - WAGE RELATED COSTS					
Part A - Core List					
RETIREMENT COST					
1.00	401K Employer Contributions		4,760,090	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)		2,184,648	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)		15,919,068	8.02	
8.03	Health Insurance (Purchased)		0	8.03	
9.00	Prescription Drug Plan		0	9.00	
10.00	Dental, Hearing and Vision Plan		-733,151	10.00	
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00	
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00	
13.00	Disability Insurance (If employee is owner or beneficiary)		616,149	13.00	
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00	
15.00	'Workers' Compensation Insurance		1,050,560	15.00	
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00	
TAXES					
17.00	FICA-Employers Portion Only		9,541,090	17.00	
18.00	Medicare Taxes - Employers Portion Only		0	18.00	
19.00	Unemployment Insurance		158	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		227,648	23.00	
24.00	Total Wage Related cost (Sum of lines 1 -23)		33,566,260	24.00	
Part B - Other than Core Related Cost					
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00	

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet S-3
Part V
Date/Time Prepared:
11/24/2020 4:19 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	704,362	34,246,842	1.00
2.00	Hospital	704,362	34,246,842	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER			In Lieu of Form CMS-2552-10				
HOME HEALTH AGENCY STATISTICAL DATA				Provider CCN:14-0258 Component CCN:14-7583		Period: From 07/01/2019 To 06/30/2020		Worksheet S-4 Date/Time Prepared: 11/24/2020 4:19 pm	
				Home Health Agency I		PPS			
				1.00					
0.00 County				COOK		0.00			
				Title V	Title XVIII	Title XIX	Other	Total	
				1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA									
1.00	Home Health Aide Hours	0	0	0	0	0	0	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	1,800.00	0.00	1,233.00	3,033.00	2.00		
		Number of Employees (Full Time Equivalent)							
		Enter the number of hours in your normal work week			Staff	Contract	Total		
		0			1.00	2.00	3.00		
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES									
3.00	Administrator and Assistant Administrator(s)	40.00			0.00	0.00	0.00	3.00	
4.00	Director(s) and Assistant Director(s)				0.00	0.00	0.00	4.00	
5.00	Other Administrative Personnel				33.00	0.00	33.00	5.00	
6.00	Direct Nursing Service				60.00	0.00	60.00	6.00	
7.00	Nursing Supervisor				0.00	0.00	0.00	7.00	
8.00	Physical Therapy Service				46.00	0.00	46.00	8.00	
9.00	Physical Therapy Supervisor				0.00	0.00	0.00	9.00	
10.00	Occupational Therapy Service				15.00	0.00	15.00	10.00	
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00	11.00	
12.00	Speech Pathology Service				0.00	0.00	0.00	12.00	
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	13.00	
14.00	Medical Social Service				0.00	0.00	0.00	14.00	
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	15.00	
16.00	Home Health Aide				12.00	0.00	12.00	16.00	
17.00	Home Health Aide Supervisor				0.00	0.00	0.00	17.00	
18.00	Other (specify)				0.00	0.00	0.00	18.00	
HOME HEALTH AGENCY CBSA CODES									
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				3			19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	16974					20.00		
20.01		20994					20.01		
20.02		29404					20.02		
		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	13,505	887	482	260	15,134	21.00		
22.00	Skilled Nursing Visit Charges	2,290,240	150,790	77,180	44,200	2,562,410	22.00		
23.00	Physical Therapy Visits	10,944	861	218	271	12,294	23.00		
24.00	Physical Therapy Visit Charges	2,079,170	163,590	41,420	51,490	2,335,670	24.00		
25.00	Occupational Therapy Visits	4,726	641	39	135	5,541	25.00		
26.00	Occupational Therapy Visit Charges	897,750	121,790	7,220	25,650	1,052,410	26.00		
27.00	Speech Pathology Visits	409	76	0	31	516	27.00		
28.00	Speech Pathology Visit Charges	77,520	14,440	0	5,890	97,850	28.00		
29.00	Medical Social Service Visits	229	43	2	5	279	29.00		
30.00	Medical Social Service Visit Charges	68,700	12,900	600	1,500	83,700	30.00		
31.00	Home Health Aide Visits	2,338	307	6	29	2,680	31.00		
32.00	Home Health Aide Visit Charges	280,080	36,840	720	3,480	321,120	32.00		
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	32,151	2,815	747	731	36,444	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)	5,693,460	500,350	127,140	132,210	6,453,160	35.00		
36.00	Total Number of Episodes (standard/non outlier)	2,485		338	47	2,870	36.00		
37.00	Total Number of Outlier Episodes		110		6	116	37.00		
38.00	Total Non-Routine Medical Supply Charges	231,764	28,555	7,784	4,308	272,411	38.00		

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN:14-0258

Period:

Worksheet S-9

Hospice CCN: 14-1632

From 07/01/2019
To 06/30/2020PARTS I THROUGH IV
Date/Time Prepared:
11/24/2020 4:19 pm

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	28,513	1,656	1,127	31,296	11.00
12.00	Hospice Inpatient Respite Care	194	5	12	211	12.00
13.00	Hospice General Inpatient Care	2,652	244	377	3,273	13.00
14.00	Total Hospice Days	31,359	1,905	1,516	34,780	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

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet S-10 Date/Time Prepared: 11/24/2020 4:19 pm	
			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.199084	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			26,746,239	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				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			229,565,333	6.00
7.00	Medicaid cost (line 1 times line 6)			45,702,785	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)			<18,956,546	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, 16 and 17)			18,956,546	19.00
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	55,498,508	1,625,167	57,123,675	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	11,048,865	1,625,167	12,674,032	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	11,048,865	1,625,167	12,674,032	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			17,375,002	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,070,929	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,647,583	27.01
28.00	Non-Medicare bad debt expense (see instructions)			15,727,419	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			3,707,731	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			16,381,763	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			35,338,309	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet A Date/Time Prepared: 11/24/2020 4:19 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		9,476,779	9,476,779	7,863,532	17,340,311	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,285,650	7,285,650	4,537,311	11,822,961	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-128,743	21,589,420	21,460,677	-10,300	21,450,377	4.00
5.01	00540	NONPATIENT TELEPHONES	669,041	671,314	1,340,355	0	1,340,355	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	815	815	-55,238	-54,423	5.03
5.04	00570	ADMITTING	0	36,153	36,153	-11,662	24,491	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	4,633	4,633	0	4,633	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	7,979,583	101,927,833	109,907,416	-933,249	108,974,167	5.06
6.00	00600	MAINTENANCE & REPAIRS	893,280	3,229,209	4,122,489	0	4,122,489	6.00
7.00	00700	OPERATION OF PLANT	2,876	796,515	799,391	0	799,391	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	767,233	767,233	8.00
9.00	00900	HOUSEKEEPING	0	7,314,241	7,314,241	-767,233	6,547,008	9.00
10.00	01000	DIETARY	52,838	7,777,275	7,830,113	-5,993,566	1,836,547	10.00
11.00	01100	CAFETERIA	0	283,370	283,370	5,536,837	5,820,207	11.00
13.00	01300	NURSING ADMINISTRATION	3,086,442	1,627,522	4,713,964	-894,315	3,819,649	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	856,319	3,431,170	4,287,489	-3,169,525	1,117,964	14.00
15.00	01500	PHARMACY	4,943,090	23,887,203	28,830,293	-23,294,197	5,536,096	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	603,221	315,058	918,279	-1,635	916,644	16.00
17.00	01700	SOCIAL SERVICE	-3,444	12,678	9,234	427,829	437,063	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	427,152	46,884	474,036	0	474,036	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	28,869,155	6,233,471	35,102,626	-1,624,759	33,477,867	30.00
31.00	03100	INTENSIVE CARE UNIT	9,755,142	2,449,109	12,204,251	-1,219,865	10,984,386	31.00
40.00	04000	SUBPROVIDER - IPF	591,346	113,147	704,493	-9,010	695,483	40.00
41.00	04100	SUBPROVIDER - IRF	6,967,574	23,772,747	30,740,321	-452,924	30,287,397	41.00
43.00	04300	NURSERY	1,166,940	1,190,672	2,357,612	-69,137	2,288,475	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,181,554	23,493,590	31,675,144	-21,370,771	10,304,373	50.00
50.01	05001	GAMMA KNIFE	593,761	2,026,711	2,620,472	-1,958,272	662,200	50.01
50.02	03330	ENDOSCOPY	1,641,082	1,505,505	3,146,587	-1,337,067	1,809,520	50.02
51.00	05100	RECOVERY ROOM	1,413,563	163,292	1,576,855	-47,980	1,528,875	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,456,320	772,542	3,228,862	-437,429	2,791,433	52.00
53.00	05300	ANESTHESIOLOGY	3,312	720,915	724,227	-688,431	35,796	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,781,427	322,607	2,104,034	-81,254	2,022,780	54.00
54.01	03630	ULTRA SOUND	964,743	90,611	1,055,354	-13,543	1,041,811	54.01
54.02	05401	PET SCAN	108,676	284,890	393,566	-276,421	117,145	54.02
54.03	03480	ONCOLOGY	749,211	401,989	1,151,200	-299,483	851,717	54.03
54.04	03440	MAMMOGRAPHY	655,656	185,688	841,344	-106,241	735,103	54.04
56.00	05600	RADIOISOTOPE	358,424	898,914	1,257,338	-835,557	421,781	56.00
57.00	05700	CT SCAN	1,483,529	442,936	1,926,465	-315,600	1,610,865	57.00
58.00	05800	MRI	855,129	239,052	1,094,181	-166,989	927,192	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,030,788	24,367,407	28,398,195	-23,723,053	4,675,142	59.00
60.00	06000	LABORATORY	3,630,993	12,606,056	16,237,049	-674,422	15,562,627	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	286,368	1,429,258	1,715,626	-536,623	1,179,003	63.00
64.00	06400	INTRAVENOUS THERAPY	793,710	507,433	1,301,143	-445,258	855,885	64.00
65.00	06500	RESPIRATORY THERAPY	2,556,101	1,008,387	3,564,488	-673,119	2,891,369	65.00
66.00	06600	PHYSICAL THERAPY	3,166,368	436,989	3,603,357	-15,139	3,588,218	66.00
66.01	06601	REHAB OUTPATIENT	1,681,987	169,238	1,851,225	-18,316	1,832,909	66.01
66.02	06602	REHAB MED SURGICAL	2,283,270	191,528	2,474,798	-2,591	2,472,207	66.02
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	796,337	225,509	1,021,846	-147,491	874,355	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	138,705	54,123	192,828	-38,901	153,927	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	577,713	98,081	675,794	-46,319	629,475	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	33,772,697	33,772,697	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	26,703,638	26,703,638	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	23,669,587	23,669,587	73.00
74.00	07400	RENAL DIALYSIS	42,526	1,618,080	1,660,606	-15,898	1,644,708	74.00
76.97	07697	CARDIAC REHABILITATION	378,854	49,473	428,327	-13,550	414,777	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								
90.00	09000	CLINIC	1,467,663	988,015	2,455,678	-777,693	1,677,985	90.00
90.01	09001	DAY REHAB	1,073,116	661,394	1,734,510	-8,327	1,726,183	90.01
90.02	09002	IMAGING CENTERS	642,028	455,651	1,097,679	-362,360	735,319	90.02
90.03	09003	COUMADIN CLINIC	183,401	57,182	240,583	-41,534	199,049	90.03
90.04	09004	WOUND CLINIC	547,066	738,801	1,285,867	-668,470	617,397	90.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0258

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

Worksheet A

Date/Time Prepared:
11/24/2020 4:19 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	1,622,488	792,441	2,414,929	-566,267	1,848,662	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	131,736	14,896	146,632	-2,386	144,246	90.06
91.00	09100	EMERGENCY	4,823,245	2,925,009	7,748,254	-1,098,552	6,649,702	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	6,073,530	993,004	7,066,534	-2,893	7,063,641	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		7,048,656	7,048,656	-7,048,656	0	113.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
116.00	11600	HOSPICE	4,774,551	3,266,444	8,040,995	-351,601	7,689,394	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	129,680,743	315,725,165	445,405,908	-442,408	444,963,500	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	122,913	695,689	818,602	0	818,602	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	616,225	5,391,885	6,008,110	442,408	6,450,518	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	130,419,881	321,812,739	452,232,620	0	452,232,620	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet A Date/Time Prepared: 11/24/2020 4:19 pm
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 CAP REL COSTS-BLDG & FIXT	1,021,080	18,361,391	1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	-10,327	11,812,634	2.00
3.00	00300 OTHER CAP REL COSTS	0	0	3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	-977,966	20,472,411	4.00
5.01	00540 NONPATIENT TELEPHONES	-519,970	820,385	5.01
5.02	00550 DATA PROCESSING	-23,083,034	-23,083,034	5.02
5.03	00560 PURCHASING RECEIVING AND STORES	0	-54,423	5.03
5.04	00570 ADMITTING	0	24,491	5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	-20,526,877	-20,522,244	5.05
5.06	00590 ADMINISTRATIVE AND GENERAL	-3,223,265	105,750,902	5.06
6.00	00600 MAINTENANCE & REPAIRS	-964,667	3,157,822	6.00
7.00	00700 OPERATION OF PLANT	-3,141,782	-2,342,391	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	767,233	8.00
9.00	00900 HOUSEKEEPING	0	6,547,008	9.00
10.00	01000 DIETARY	0	1,836,547	10.00
11.00	01100 CAFETERIA	-1,360,716	4,459,491	11.00
13.00	01300 NURSING ADMINISTRATION	-229,049	3,590,600	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	846,161	1,964,125	14.00
15.00	01500 PHARMACY	-490,079	5,046,017	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-130,618	786,026	16.00
17.00	01700 SOCIAL SERVICE	-477,917	-40,854	17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	19.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	-2,760	471,276	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-8,795	33,469,072	30.00
31.00	03100 INTENSIVE CARE UNIT	0	10,984,386	31.00
40.00	04000 SUBPROVIDER - IPF	0	695,483	40.00
41.00	04100 SUBPROVIDER - IRF	-649,783	29,637,614	41.00
43.00	04300 NURSERY	-1,013,935	1,274,540	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-9,461	10,294,912	50.00
50.01	05001 GAMMA KNIFE	-158,495	503,705	50.01
50.02	03330 ENDOSCOPY	0	1,809,520	50.02
51.00	05100 RECOVERY ROOM	0	1,528,875	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,791,433	52.00
53.00	05300 ANESTHESIOLOGY	0	35,796	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-148	2,022,632	54.00
54.01	03630 ULTRA SOUND	0	1,041,811	54.01
54.02	05401 PET SCAN	0	117,145	54.02
54.03	03480 ONCOLOGY	0	851,717	54.03
54.04	03440 MAMMOGRAPHY	0	735,103	54.04
56.00	05600 RADIOISOTOPE	0	421,781	56.00
57.00	05700 CT SCAN	-148	1,610,717	57.00
58.00	05800 MRI	0	927,192	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	4,675,142	59.00
60.00	06000 LABORATORY	-3,620,575	11,942,052	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	1,179,003	63.00
64.00	06400 INTRAVENOUS THERAPY	0	855,885	64.00
65.00	06500 RESPIRATORY THERAPY	0	2,891,369	65.00
66.00	06600 PHYSICAL THERAPY	0	3,588,218	66.00
66.01	06601 REHAB OUTPATIENT	-7,724	1,825,185	66.01
66.02	06602 REHAB MED SURGICAL	0	2,472,207	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	874,355	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	-2,077	151,850	70.00
70.01	07001 NEUROMEG	0	0	70.01
70.02	07002 SLEEP LAB	0	629,475	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	33,772,697	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	26,703,638	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	23,669,587	73.00
74.00	07400 RENAL DIALYSIS	0	1,644,708	74.00
76.97	07697 CARDIAC REHABILITATION	0	414,777	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	1,677,985	90.00
90.01	09001 DAY REHAB	0	1,726,183	90.01
90.02	09002 IMAGING CENTERS	0	735,319	90.02
90.03	09003 COUMADIN CLINIC	-750	198,299	90.03
90.04	09004 WOUND CLINIC	-12,497	604,900	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	-43,842	1,804,820	90.05
90.06	09007 CONGESTIVE HEART FAILURE CLINIC	0	144,246	90.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN:14-0258

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

Worksheet A

Date/Time Prepared:
11/24/2020 4:19 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
91.00	09100	EMERGENCY	-355,450	6,294,252	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS			92.00
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	7,063,641	101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0	114.00
116.00	11600	HOSPICE	-545,590	7,143,804	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-59,701,056	385,262,444	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	818,602	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-3,620,444	2,830,074	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-63,321,500	388,911,120	200.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	23,669,587		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	43,361		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
	0		0	23,712,948		
	B - BED RENTALS					
1.00	ADULTS & PEDIATRICS	30.00	0	55,238		1.00
	0		0	55,238		
	C - LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	767,233		1.00
	0		0	767,233		
	D - NEGATIVE SALARIES					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	128,743	0		1.00
	TOTALS		128,743	0		
	E - SHARED DIETARY					
1.00	CAFETERIA	11.00	38,939	5,940,306		1.00
	0		38,939	5,940,306		
	F - MISSION INTEGRATION					
1.00	SOCIAL SERVICE	17.00	377,280	52,314		1.00
	TOTALS		377,280	52,314		
	G - IMPLANTS AND SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	33,772,697		1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	26,703,638		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00

Worksheet A-6

MCRIF32 - 16.4.169.4

RECLASSIFICATIONS

Provider CCN:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet A-6
Date/Time Prepared:
11/24/2020 4:19 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - CHARGEABLE DRUGS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,911	0	1.00	
2.00	ADMINISTRATIVE AND GENERAL	5.06	0	2,999	0	2.00	
3.00	DIETARY	10.00	0	4,352	0	3.00	
4.00	PHARMACY	15.00	0	22,524,231	0	4.00	
5.00	SOCIAL SERVICE	17.00	0	1,765	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	146,171	0	6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	61,807	0	7.00	
8.00	SUBPROVIDER - IRF	41.00	0	6,439	0	8.00	
9.00	NURSERY	43.00	0	1,362	0	9.00	
10.00	OPERATING ROOM	50.00	0	166,377	0	10.00	
11.00	ENDOSCOPY	50.02	0	31,892	0	11.00	
12.00	RECOVERY ROOM	51.00	0	5,691	0	12.00	
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	29,928	0	13.00	
14.00	ANESTHESIOLOGY	53.00	0	101,004	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	37,123	0	15.00	
16.00	PET SCAN	54.02	0	1,324	0	16.00	
17.00	ONCOLOGY	54.03	0	6,688	0	17.00	
18.00	CT SCAN	57.00	0	46,777	0	18.00	
19.00	CARDIAC CATHETERIZATION	59.00	0	38,444	0	19.00	
20.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	3,120	0	20.00	
21.00	RESPIRATORY THERAPY	65.00	0	2,877	0	21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	117,370	0	22.00	
23.00	RENAL DIALYSIS	74.00	0	4,888	0	23.00	
24.00	CARDIAC REHABILITATION	76.97	0	2,164	0	24.00	
25.00	CLINIC	90.00	0	29,490	0	25.00	
26.00	IMAGING CENTERS	90.02	0	16,731	0	26.00	
27.00	COUMADIN CLINIC	90.03	0	10,409	0	27.00	
28.00	WOUND CLINIC	90.04	0	7,678	0	28.00	
29.00	CARDIOVASCULAR IMAGING CENTERS	90.05	0	62,046	0	29.00	
30.00	EMERGENCY	91.00	0	58,524	0	30.00	
31.00	HOSPICE	116.00	0	175,366	0	31.00	
0			0	23,712,948			
B - BED RENTALS							
1.00	PURCHASING RECEIVING AND STORES	5.03	0	55,238	0	1.00	
0			0	55,238			
C - LAUNDRY							
1.00	HOUSEKEEPING	9.00	0	767,233	0	1.00	
0			0	767,233			
D - NEGATIVE SALARIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	128,743	0	1.00	
	TOTALS		0	128,743			
E - SHARED DIETARY							
1.00	DIETARY	10.00	38,939	5,940,306	0	1.00	
0			38,939	5,940,306			
F - MISSION INTEGRATION							
1.00	ADMINISTRATIVE AND GENERAL	5.06	377,280	52,314	0	1.00	
	TOTALS		377,280	52,314			
G - IMPLANTS AND SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,389	0	1.00	
2.00	ADMITTING	5.04	0	11,662	0	2.00	
3.00	ADMINISTRATIVE AND GENERAL	5.06	0	538,735	0	3.00	
4.00	DIETARY	10.00	0	9,969	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	760,140	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,843,848	0	6.00	
7.00	PHARMACY	15.00	0	359,118	0	7.00	
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,635	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	1,529,440	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	1,122,358	0	10.00	
11.00	SUBPROVIDER - IPF	40.00	0	9,010	0	11.00	
12.00	SUBPROVIDER - IRF	41.00	0	325,949	0	12.00	
13.00	NURSERY	43.00	0	67,775	0	13.00	
14.00	OPERATING ROOM	50.00	0	19,727,463	0	14.00	
15.00	GAMMA KNIFE	50.01	0	10,712	0	15.00	
16.00	ENDOSCOPY	50.02	0	1,305,175	0	16.00	
17.00	RECOVERY ROOM	51.00	0	42,289	0	17.00	
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	407,501	0	18.00	
19.00	ANESTHESIOLOGY	53.00	0	587,427	0	19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	44,131	0	20.00	
21.00	ULTRA SOUND	54.01	0	13,543	0	21.00	
22.00	PET SCAN	54.02	0	275,097	0	22.00	
23.00	ONCOLOGY	54.03	0	292,795	0	23.00	

	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00		
24.00	MAMMOGRAPHY	54.04	0	106,241	0	24.00
25.00	RADIOISOTOPE	56.00	0	835,557	0	25.00
26.00	CT SCAN	57.00	0	268,823	0	26.00
27.00	MRI	58.00	0	166,989	0	27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	23,673,759	0	28.00
29.00	LABORATORY	60.00	0	649,453	0	29.00
30.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	533,503	0	30.00
31.00	INTRAVENOUS THERAPY	64.00	0	445,258	0	31.00
32.00	RESPIRATORY THERAPY	65.00	0	439,918	0	32.00
33.00	PHYSICAL THERAPY	66.00	0	15,139	0	33.00
34.00	REHAB OUTPATIENT	66.01	0	18,316	0	34.00
35.00	REHAB MED SURGICAL	66.02	0	2,591	0	35.00
36.00	ELECTROCARDIOLOGY	69.00	0	30,121	0	36.00
37.00	ELECTROENCEPHALOGRAPHY	70.00	0	38,901	0	37.00
38.00	SLEEP LAB	70.02	0	46,319	0	38.00
39.00	RENAL DIALYSIS	74.00	0	11,010	0	39.00
40.00	CARDIAC REHABILITATION	76.97	0	11,386	0	40.00
41.00	CLINIC	90.00	0	748,203	0	41.00
42.00	DAY REHAB	90.01	0	8,327	0	42.00
43.00	IMAGING CENTERS	90.02	0	13,997	0	43.00
44.00	COUMADIN CLINIC	90.03	0	31,125	0	44.00
45.00	WOUND CLINIC	90.04	0	660,792	0	45.00
46.00	CARDIOVASCULAR IMAGING CENTERS	90.05	0	210,904	0	46.00
47.00	CONGESTIVE HEART FAILURE CLINIC	90.06	0	2,386	0	47.00
48.00	EMERGENCY	91.00	0	1,040,028	0	48.00
49.00	HOME HEALTH AGENCY	101.00	0	2,893	0	49.00
50.00	HOSPICE	116.00	0	176,235	0	50.00
			0	60,476,335		
I - RENT RECLASS						
1.00	NURSING ADMINISTRATION	13.00	0	134,175	10	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	369,038	10	2.00
3.00	PHARMACY	15.00	0	410,848	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	4,386	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	35,700	0	5.00
6.00	SUBPROVIDER - IRF	41.00	0	120,536	0	6.00
7.00	OPERATING ROOM	50.00	0	1,476,931	0	7.00
8.00	GAMMA KNIFE	50.01	0	1,947,560	0	8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	10,850	0	9.00
10.00	LABORATORY	60.00	0	24,969	0	10.00
11.00	RESPIRATORY THERAPY	65.00	0	230,324	0	11.00
12.00	IMAGING CENTERS	90.02	0	331,632	0	12.00
13.00	CARDIOVASCULAR IMAGING CENTERS	90.05	0	293,317	0	13.00
	TOTALS		0	5,390,266		
J - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	7,048,656	11	1.00
			0	7,048,656		
K - STARBUCKS						
1.00	CAFETERIA	11.00	0	442,408	0	1.00
	TOTALS		0	442,408		
500.00	Grand Total: Decreases		416,219	104,014,447		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part I
Date/Time Prepared:
11/24/2020 4:19 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	10,100,000	0	0	0	0	1.00
2.00	Land Improvements	1,485,095	472,992	0	472,992	0	2.00
3.00	Buildings and Fixtures	187,200,175	132,312	0	132,312	39,977	3.00
4.00	Building Improvements	20,748,468	3,499,912	0	3,499,912	0	4.00
5.00	Fixed Equipment	2,332,917	573	0	573	0	5.00
6.00	Movable Equipment	81,017,293	4,561,993	0	4,561,993	353,718	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	302,883,948	8,667,782	0	8,667,782	393,695	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	302,883,948	8,667,782	0	8,667,782	393,695	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	10,100,000	0				1.00
2.00	Land Improvements	1,958,087	0				2.00
3.00	Buildings and Fixtures	187,292,510	0				3.00
4.00	Building Improvements	24,248,380	0				4.00
5.00	Fixed Equipment	2,333,490	0				5.00
6.00	Movable Equipment	85,225,568	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	311,158,035	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	311,158,035	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part II
Date/Time Prepared:
11/24/2020 4:19 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	9,476,779	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	7,285,650	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	16,762,429	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	9,476,779				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	7,285,650				2.00
3.00	Total (sum of lines 1-2)	0	16,762,429				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet A-7
Part III
Date/Time Prepared:
11/24/2020 4:19 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	225,932,467	0	225,932,467	0.726102	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	85,225,568	0	85,225,568	0.273898	0	2.00
3.00	Total (sum of lines 1-2)	311,158,035	0	311,158,035	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	6,115,750	814,876	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,275,323	4,537,311	2.00
3.00	Total (sum of lines 1-2)	0	0	0	13,391,073	5,352,187	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	11,430,765	0	0	0	18,361,391	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	11,812,634	2.00
3.00	Total (sum of lines 1-2)	11,430,765	0	0	0	30,174,025	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0258

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

Worksheet A-8

Date/Time Prepared:
11/24/2020 4:19 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				3.00	4.00			
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)	B	-176,302		ADMINISTRATIVE AND GENERAL	5.06	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0			0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0			0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0			0.00	0	7.00
8.00	Television and radio service (chapter 21)		0			0.00	0	8.00
9.00	Parking lot (chapter 21)		0			0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-7,334,608				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	-25,830,671				0	12.00
13.00	Laundry and linen service		0			0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,277,457		CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employees 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	B	-1,270		MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00	Vending machines	B	-83,259		CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0		RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0		PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0		UTILIZATION REVIEW - SNF	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	2,224,130		CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0		CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0		NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0			0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0		OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0		ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0		SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00	COFFEE SHOP	A	-442,408		PHYSICIANS' PRIVATE OFFICES	192.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN:14-0258

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

Worksheet A-8

Date/Time Prepared:
11/24/2020 4:19 pm

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
Cost Center Description			Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7	Ref.
			1.00	2.00	3.00	4.00	5.00	
34.03	WEIGHT MANAGEMENT		A	-380,276	ADMINISTRATIVE AND GENERAL	5.06	0	34.03
34.05	NON ALLOW PATIENT TRANSPORTATION		A	-80,598	MAINTENANCE & REPAIRS	6.00	0	34.05
35.00	GAIN/LOSS ON SALE ON ASSETS		A	-10,327	CAP REL COSTS-MVBLE EQUIP	2.00	9	35.00
36.00	REAL ESTATE TAXES		A	-143,813	ADMINISTRATIVE AND GENERAL	5.06	0	36.00
36.01	REAL ESTATE TAXES		A	-881,540	MAINTENANCE & REPAIRS	6.00	0	36.01
36.02	REAL ESTATE TAXES		A	-302,996	PHYSICIANS' PRIVATE OFFICES	192.00	0	36.02
36.03	REAL ESTATE TAXES		A	-108,442	PHYSICIANS' PRIVATE OFFICES	192.00	0	36.03
36.04	REAL ESTATE TAXES		A	-94,468	PHYSICIANS' PRIVATE OFFICES	192.00	0	36.04
36.05	PROVIDER TAX		A	-19,626,644	ADMINISTRATIVE AND GENERAL	5.06	0	36.05
37.00	LOBBYING PORTION OF DUES		A	-50,000	ADMINISTRATIVE AND GENERAL	5.06	0	37.00
38.00	OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	38.00
38.01	ANSWERING SERVICES		B	-519,970	NONPATIENT TELEPHONES	5.01	0	38.01
38.02	MISC & REFERENCE LAB INCOME		B	-3,620,575	LABORATORY	60.00	0	38.02
38.03	MISCELLANEOUS INCOME		B	-939,146	ADMINISTRATIVE AND GENERAL	5.06	0	38.03
38.04	MISCELLANEOUS INCOME		B	-8,795	ADULTS & PEDIATRICS	30.00	0	38.04
38.05	MISCELLANEOUS INCOME		B	-2,529	MAINTENANCE & REPAIRS	6.00	0	38.05
38.06	MISCELLANEOUS INCOME		B	-5,025	PHARMACY	15.00	0	38.06
38.07	MISCELLANEOUS INCOME		B	-148	RADIOLOGY-DIAGNOSTIC	54.00	0	38.07
38.08	PARAMEDICAL EDUCATION		B	-2,760	PARAMED ED PRGM-(SPECIFY)	23.00	0	38.08
38.09	MISCELLANEOUS INCOME		B	-559,501	SUBPROVIDER - IRF	41.00	0	38.09
38.10	MISCELLANEOUS INCOME		B	-7,724	REHAB OUTPATIENT	66.01	0	38.10
38.11	MISCELLANEOUS INCOME		B	-10,034	CARDIOVASCULAR IMAGING CENTERS	90.05	0	38.11
38.12	MISCELLANEOUS INCOME		B	-148	CT SCAN	57.00	9	38.12
38.13	MISCELLANEOUS INCOME		B	-750	COUMADIN CLINIC	90.03	0	38.13
39.00	MISCELLANEOUS INCOME		B	-263	HOSPICE	116.00	0	39.00
39.01	OTHER OPERATING INCOME		B	-371,053	CAP REL COSTS-BLDG & FIXT	1.00	11	39.01
40.00	RENTAL REVENUE		B	-1,673,430	PHYSICIANS' PRIVATE OFFICES	192.00	0	40.00
44.00	PHYSICIAN PART B		A	-998,700	PHYSICIANS' PRIVATE OFFICES	192.00	0	44.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)			-63,321,500				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:14-0258 Period: From 07/01/2019 To 06/30/2020 Worksheet A-8-1 Date/Time Prepared: 11/24/2020 4:19 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	INTEREST	0	-4,753,162 1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	CAPITAL RELATED BUILDING	0	5,585,159 2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	0	874,907 3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS-WORKERS CO	646,431	749,490 3.01
3.02	5.02	DATA PROCESSING	DATA PROCESSING	0	23,083,034 3.02
3.03	5.05	CASHIERING/ACCOUNTS RECEIVAB	PATIENT ACCOUNTS	0	20,526,877 3.03
3.04	5.06	ADMINISTRATIVE AND GENERAL	ADMIN AND GENERAL	73,140,138	48,982,950 3.04
3.05	5.06	ADMINISTRATIVE AND GENERAL	ADMIN AND GENERAL	5,714,142	6,625,137 3.05
3.06	7.00	OPERATION OF PLANT	OPERATION OF PLANT	0	3,141,782 3.06
3.07	13.00	NURSING ADMINISTRATION	NURSING ADMIN	0	229,049 3.07
3.08	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SUPPLY	0	-846,161 3.08
3.09	15.00	PHARMACY	PHARMACY	0	485,054 3.09
3.10	16.00	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	0	129,348 3.10
3.11	17.00	SOCIAL SERVICE	SOCIAL SERVICE	0	477,917 3.11
3.12	41.00	SUBPROVIDER - IRF	SUB PROVIDER II	172,516	200,020 3.12
3.13	90.04	WOUND CLINIC	WOUND CARE	0	12,497 3.13
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.			79,673,227	105,503,898 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 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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B	ALEXIAN BROTHERS HOSPITAL NE	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:			0.00	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.

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

Provider CCN:14-0258

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

Worksheet A-8-1

Date/Time Prepared:
11/24/2020 4:19 pm

	Net Adjustment (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	4,753,162	11		1.00
2.00	-5,585,159	9		2.00
3.00	-874,907	0		3.00
3.01	-103,059	0		3.01
3.02	-23,083,034	0		3.02
3.03	-20,526,877	0		3.03
3.04	24,157,188	0		3.04
3.05	-910,995	0		3.05
3.06	-3,141,782	0		3.06
3.07	-229,049	0		3.07
3.08	846,161	0		3.08
3.09	-485,054	0		3.09
3.10	-129,348	0		3.10
3.11	-477,917	0		3.11
3.12	-27,504	0		3.12
3.13	-12,497	0		3.13
4.00	0	0		4.00
5.00	-25,830,671			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 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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00		6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN:14-0258

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

Worksheet A-8-2

Date/Time Prepared:
11/24/2020 4:19 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE AND GENERAL	5,744,969	4,838,988	905,981	211,500	5,819	1.00
2.00	41.00	DR. A	174,934	0	174,934	211,500	1,103	2.00
3.00	43.00	NURSERY	1,013,935	1,013,935	0	0	0	3.00
4.00	50.00	DR. B	45,000	0	45,000	246,400	300	4.00
5.00	50.01	AGGREGATE-GAMMA KNIFE	257,055	52,080	204,975	246,400	832	5.00
6.00	70.00	ELECTROENCEPHALOGRAPHY	2,077	2,077	0	0	0	6.00
7.00	90.05	CARDIOVASCULAR IMAGING CENTERS	33,808	33,808	0	0	0	7.00
8.00	91.00	EMERGENCY	355,450	355,450	0	0	0	8.00
9.00	116.00	AGGREGATE-HOSPICE	689,208	484,674	204,534	211,500	1,415	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			8,316,436	6,781,012	1,535,424		9,469	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	AGGREGATE-ADMINISTRATIVE AND GENERAL	591,692	29,585	0	0	0	1.00
2.00	41.00	DR. A	112,156	5,608	0	0	0	2.00
3.00	43.00	NURSERY	0	0	0	0	0	3.00
4.00	50.00	DR. B	35,539	1,777	0	0	0	4.00
5.00	50.01	AGGREGATE-GAMMA KNIFE	98,560	4,928	0	0	0	5.00
6.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	6.00
7.00	90.05	CARDIOVASCULAR IMAGING CENTERS	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	116.00	AGGREGATE-HOSPICE	143,881	7,194	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			981,828	49,092	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	AGGREGATE-ADMINISTRATIVE AND GENERAL	0	591,692	314,289	5,153,277		1.00
2.00	41.00	DR. A	0	112,156	62,778	62,778		2.00
3.00	43.00	NURSERY	0	0	0	1,013,935		3.00
4.00	50.00	DR. B	0	35,539	9,461	9,461		4.00
5.00	50.01	AGGREGATE-GAMMA KNIFE	0	98,560	106,415	158,495		5.00
6.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	2,077		6.00
7.00	90.05	CARDIOVASCULAR IMAGING CENTERS	0	0	0	33,808		7.00
8.00	91.00	EMERGENCY	0	0	0	355,450		8.00
9.00	116.00	AGGREGATE-HOSPICE	0	143,881	60,653	545,327		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	981,828	553,596	7,334,608		200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet B Part I Date/Time Prepared: 11/24/2020 4:19 pm
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Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	18,361,391	18,361,391			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	11,812,634	11,812,634			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	20,472,411	90,548	20,562,959		4.00
5.01	00540	NONPATIENT TELEPHONES	820,385	39,425	105,382	965,192	5.01
5.02	00550	DATA PROCESSING	-23,083,034	11,624	0	77,460	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-54,423	0	0	15,798	5.03
5.04	00570	ADMITTING	24,491	106,945	4,245	28,028	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-20,522,244	0	0	36,692	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	105,750,902	805,561	1,197,454	140,139	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,157,822	49,483	158,107	32,615	6.00
7.00	00700	OPERATION OF PLANT	-2,342,391	4,393,888	62,211	3,567	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	767,233	0	0	0	8.00
9.00	00900	HOUSEKEEPING	6,547,008	101,977	7,764	9,173	9.00
10.00	01000	DIETARY	1,836,547	314,569	69,062	23,951	10.00
11.00	01100	CAFETERIA	4,459,491	354,949	0	6,133	0 11.00
13.00	01300	NURSING ADMINISTRATION	3,590,600	18,208	44,386	9,682	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,964,125	394,815	109,300	6,115	14.00
15.00	01500	PHARMACY	5,046,017	144,412	57,490	16,817	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	786,026	275,462	16,179	41,278	16.00
17.00	01700	SOCIAL SERVICE	-40,854	19,040	0	6,115	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	471,276	22,588	0	8,154	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	33,469,072	3,315,606	401,858	90,710	30.00
31.00	03100	INTENSIVE CARE UNIT	10,984,386	670,718	78,314	30,067	31.00
40.00	04000	SUBPROVIDER - IPF	695,483	341,122	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	29,637,614	1,066,927	287,979	25,480	41.00
43.00	04300	NURSERY	1,274,540	66,125	34,061	10,192	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,294,912	986,731	2,807,566	30,067	50.00
50.01	05001	GAMMA KNIFE	503,705	90,303	347	510	50.01
50.02	03330	ENDOSCOPY	1,809,520	170,451	334,519	2,548	50.02
51.00	05100	RECOVERY ROOM	1,528,875	150,090	19,286	6,625	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,791,433	481,986	81,355	12,231	52.00
53.00	05300	ANESTHESIOLOGY	35,796	11,135	583,858	1,019	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,022,632	215,578	386,680	55,547	54.00
54.01	03630	ULTRA SOUND	1,041,811	112,133	133,076	1,019	54.01
54.02	05401	PET SCAN	117,145	34,188	606,963	17,118	54.02
54.03	03480	ONCOLOGY	851,717	242,376	281,748	0	54.03
54.04	03440	MAMMOGRAPHY	735,103	145,367	48,723	103,274	54.04
56.00	05600	RADIOISOTOPE	421,781	141,696	3,047	6,625	56.00
57.00	05700	CT SCAN	1,610,717	108,487	190,400	1,019	57.00
58.00	05800	MRI	927,192	161,469	270,177	9,173	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,675,142	392,049	834,710	10,192	59.00
60.00	06000	LABORATORY	11,942,052	456,314	567,801	44,336	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,179,003	21,316	7,579	2,548	63.00
64.00	06400	INTRAVENOUS THERAPY	855,885	12,065	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,891,369	55,088	39,159	8,154	65.00
66.00	06600	PHYSICAL THERAPY	3,588,218	203,415	5,760	7,644	66.00
66.01	06601	REHAB OUTPATIENT	1,825,185	158,753	38,798	7,644	66.01
66.02	06602	REHAB MED SURGICAL	2,472,207	20,826	0	5,606	66.02
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	874,355	80,955	184,499	8,154	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	151,850	59,982	41,085	7,644	70.00
70.01	07001	NEUROMEG	0	0	0	0	70.01
70.02	07002	SLEEP LAB	629,475	144,730	7,530	510	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,772,697	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,703,638	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,669,587	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,644,708	23,591	0	6,698	74.00
76.97	07697	CARDIAC REHABILITATION	414,777	102,466	43,605	3,567	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							
90.00	09000	CLINIC	1,677,985	240,834	67,019	10,192	90.00
90.01	09001	DAY REHAB	1,726,183	51,025	1,639	510	90.01
90.02	09002	IMAGING CENTERS	735,319	0	172,540	5,096	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 4:19 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
90.03	09003	COUMADIN CLINIC	198,299	14,170	0	28,888	510	90.03
90.04	09004	WOUND CLINIC	604,900	148,940	11,275	86,169	1,529	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	1,804,820	0	800,005	255,561	510	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	144,246	0	2,354	20,750	0	90.06
91.00	09100	EMERGENCY	6,294,252	352,551	99,357	759,719	50,451	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	7,063,641	0	0	956,654	49,941	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	7,143,804	0	73,441	752,049	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	385,262,444	18,195,052	11,785,242	20,446,536	963,154	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	818,602	51,857	2,630	19,360	2,038	190.00
191.00	19100	RESEARCH	0	74,323	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,830,074	40,159	24,762	97,063	0	192.00
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)	388,911,120	18,361,391	11,812,634	20,562,959	965,192	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 4:19 pm

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCO UNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	-22,993,950					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	-38,625				5.03
5.04	00570	ADMITTING	0	0	163,709			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	-20,485,552		5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	0	0	0	0	109,602,441	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	3,538,729	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	2,117,728	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	767,233	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	6,665,922	9.00
10.00	01000	DIETARY	0	0	0	0	2,246,318	10.00
11.00	01100	CAFETERIA	0	0	0	0	4,820,573	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	4,149,028	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	2,609,236	14.00
15.00	01500	PHARMACY	0	0	0	0	6,043,332	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,213,960	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	43,185	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	569,300	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	13,847	0	41,838,313	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	3,769	0	13,303,806	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	255	0	1,130,004	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	3,926	0	32,119,403	41.00
43.00	04300	NURSERY	0	0	699	0	1,569,424	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	12,323	0	15,420,292	50.00
50.01	05001	GAMMA KNIFE	0	0	959	0	689,348	50.01
50.02	03330	ENDOSCOPY	0	0	4,100	0	2,579,628	50.02
51.00	05100	RECOVERY ROOM	0	0	1,696	0	1,929,225	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,179	0	3,755,084	52.00
53.00	05300	ANESTHESIOLOGY	0	0	4,735	0	637,065	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,220	0	2,964,253	54.00
54.01	03630	ULTRA SOUND	0	0	2,025	0	1,442,023	54.01
54.02	05401	PET SCAN	0	0	903	0	776,317	54.02
54.03	03480	ONCOLOGY	0	0	3,489	0	1,497,340	54.03
54.04	03440	MAMMOGRAPHY	0	0	1,115	0	1,033,582	54.04
56.00	05600	RADIOISOTOPE	0	0	1,483	0	631,088	56.00
57.00	05700	CT SCAN	0	0	7,770	0	2,152,067	57.00
58.00	05800	MRI	0	0	2,820	0	1,505,524	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	11,308	0	6,558,298	59.00
60.00	06000	LABORATORY	0	0	19,706	0	13,602,134	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	804	0	1,256,356	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	138	0	993,107	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	3,724	0	3,400,111	65.00
66.00	06600	PHYSICAL THERAPY	0	0	3,074	0	4,306,852	66.00
66.01	06601	REHAB OUTPATIENT	0	0	840	0	2,296,153	66.01
66.02	06602	REHAB MED SURGICAL	0	0	1,490	0	2,859,771	66.02
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	3,709	0	1,277,105	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	355	0	282,764	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	0	0	777	0	874,019	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	5,761	0	33,778,458	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	6,930	0	26,710,568	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	14,210	0	23,683,797	73.00
74.00	07400	RENAL DIALYSIS	0	0	546	0	1,675,543	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	105	0	624,194	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								
90.00	09000	CLINIC	0	0	1,427	0	2,228,632	90.00
90.01	09001	DAY REHAB	0	0	868	0	1,949,254	90.01
90.02	09002	IMAGING CENTERS	0	0	1,042	0	1,015,124	90.02
90.03	09003	COUMADIN CLINIC	0	0	81	0	241,948	90.03
90.04	09004	WOUND CLINIC	0	0	1,291	0	854,104	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	4,849	0	2,865,745	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	37	0	167,387	90.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
91.00	09100	EMERGENCY	0	0	8,662	0	7,564,992	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	828	0	8,071,064	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	0	834	0	7,970,128	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	163,709	0	428,468,379	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	894,487	190.00
191.00	19100	RESEARCH	0	0	0	0	74,323	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,992,058	192.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	-22,993,950	-38,625	0	-20,485,552	-43,518,127	201.00
202.00		TOTAL (sum lines 118 through 201)	-22,993,950	-38,625	163,709	-20,485,552	388,911,120	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN:14-0258		Period: From 07/01/2019 To 06/30/2020		Worksheet B Part I Date/Time Prepared: 11/24/2020 4:19 pm	
Cost Center Description			ADMINISTRATIVE	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING		
			AND GENERAL	REPAIRS	PLANT	LINEN SERVICE			
			5.06	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS									
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01	00540	NONPATIENT TELEPHONES						5.01	
5.02	00550	DATA PROCESSING						5.02	
5.03	00560	PURCHASING RECEIVING AND STORES						5.03	
5.04	00570	ADMITTING						5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05	
5.06	00590	ADMINISTRATIVE AND GENERAL	109,602,441					5.06	
6.00	00600	MAINTENANCE & REPAIRS	1,201,427	4,740,156				6.00	
7.00	00700	OPERATION OF PLANT	718,986	1,206,859	4,043,573			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	260,482	0	0	1,027,715		8.00	
9.00	00900	HOUSEKEEPING	2,263,134	28,010	32,055	0	8,989,121	9.00	
10.00	01000	DIETARY	762,643	86,402	98,880	0	221,573	10.00	
11.00	01100	CAFETERIA	1,636,623	97,493	111,573	0	250,015	11.00	
13.00	01300	NURSING ADMINISTRATION	1,408,628	5,001	5,723	0	12,825	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	885,856	108,443	124,104	0	278,095	14.00	
15.00	01500	PHARMACY	2,051,760	39,665	45,394	0	101,720	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	412,149	75,661	86,587	0	194,027	16.00	
17.00	01700	SOCIAL SERVICE	14,662	5,230	5,985	0	13,411	17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	193,282	6,204	7,100	0	15,910	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	14,204,602	910,689	1,042,210	492,392	2,335,410	30.00	
31.00	03100	INTENSIVE CARE UNIT	4,516,749	184,224	210,830	42,909	472,433	31.00	
40.00	04000	SUBPROVIDER - IPF	383,645	93,695	107,226	39,134	240,276	40.00	
41.00	04100	SUBPROVIDER - IRF	10,904,794	293,050	335,372	139,746	751,511	41.00	
43.00	04300	NURSERY	532,832	18,162	20,785	0	46,576	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	5,235,312	271,023	310,164	110,881	695,023	50.00	
50.01	05001	GAMMA KNIFE	234,039	24,803	28,386	0	63,607	50.01	
50.02	03330	ENDOSCOPY	875,804	46,817	53,579	38,029	120,060	50.02	
51.00	05100	RECOVERY ROOM	654,987	41,225	47,178	19,581	105,719	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,274,881	132,386	151,505	32,360	339,496	52.00	
53.00	05300	ANESTHESIOLOGY	216,289	3,058	3,500	0	7,843	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,006,388	59,212	67,764	0	151,847	54.00	
54.01	03630	ULTRA SOUND	489,578	30,799	35,247	22,239	78,983	54.01	
54.02	05401	PET SCAN	263,566	9,390	10,746	0	24,081	54.02	
54.03	03480	ONCOLOGY	508,359	66,573	76,187	0	170,722	54.03	
54.04	03440	MAMMOGRAPHY	350,909	39,927	45,694	0	102,392	54.04	
56.00	05600	RADIOISOTOPE	214,259	38,919	44,540	0	99,806	56.00	
57.00	05700	CT SCAN	730,644	29,798	34,101	0	76,415	57.00	
58.00	05800	MRI	511,137	44,350	50,755	0	113,734	58.00	
59.00	05900	CARDIAC CATHETERIZATION	2,226,595	107,683	123,235	0	276,148	59.00	
60.00	06000	LABORATORY	4,618,033	125,335	143,435	0	321,414	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	426,543	5,855	6,700	0	15,014	63.00	
64.00	06400	INTRAVENOUS THERAPY	337,168	3,314	3,792	0	8,498	64.00	
65.00	06500	RESPIRATORY THERAPY	1,154,365	15,131	17,316	0	38,802	65.00	
66.00	06600	PHYSICAL THERAPY	1,462,211	55,872	63,940	0	143,280	66.00	
66.01	06601	REHAB OUTPATIENT	779,562	43,604	49,902	0	111,821	66.01	
66.02	06602	REHAB MED SURGICAL	970,915	5,720	6,546	0	14,669	66.02	
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	433,587	22,236	25,447	0	57,022	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	96,001	16,475	18,854	0	42,250	70.00	
70.01	07001	NEUROMEG	0	0	0	0	0	70.01	
70.02	07002	SLEEP LAB	296,736	39,753	45,494	0	101,944	70.02	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,468,057	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,068,452	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	8,040,839	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	568,860	6,480	7,416	0	16,617	74.00	
76.97	07697	CARDIAC REHABILITATION	211,919	28,144	32,209	0	72,174	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									
90.00	09000	CLINIC	756,638	66,149	75,702	0	169,636	90.00	
90.01	09001	DAY REHAB	661,787	14,015	16,039	0	35,941	90.01	
90.02	09002	IMAGING CENTERS	344,643	0	0	0	0	90.02	
90.03	09003	COUMADIN CLINIC	82,143	3,892	4,454	0	9,981	90.03	
90.04	09004	WOUND CLINIC	289,975	40,909	46,817	0	104,909	90.04	
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	972,943	0	0	0	0	90.05	
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	56,829	0	0	0	0	90.06	
91.00	09100	EMERGENCY	2,568,375	96,834	110,819	90,444	248,326	91.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0258

Period:
From 07/01/2019
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Part I
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Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	2,740,191	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	2,705,922	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	108,257,695	4,694,469	3,991,287	1,027,715	8,871,956	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	303,685	14,243	16,301	0	36,527	190.00
191.00	19100	RESEARCH	25,233	20,414	23,362	0	52,351	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,015,828	11,030	12,623	0	28,287	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	109,602,441	4,740,156	4,043,573	1,027,715	8,989,121	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0258

Period:
From 07/01/2019
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	3,415,816					10.00
11.00	01100	CAFETERIA	0	6,916,277				11.00
13.00	01300	NURSING ADMINISTRATION	0	96,941	5,678,146			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	95,305	0	4,101,039		14.00
15.00	01500	PHARMACY	0	252,983	0	0	8,534,854	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	20,099	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	22,489	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	25,069	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,105,529	2,416,498	2,523,228	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	342,990	746,178	779,146	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	51,454	60,895	63,592	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	752,310	592,306	618,477	0	0	41.00
43.00	04300	NURSERY	163,533	79,295	82,810	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	326,742	465,160	0	0	50.00
50.01	05001	GAMMA KNIFE	0	11,198	10,538	0	0	50.01
50.02	03330	ENDOSCOPY	0	75,709	99,180	0	0	50.02
51.00	05100	RECOVERY ROOM	0	51,427	87,044	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	94,582	194,567	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	98,639	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	32,114	0	0	0	54.01
54.02	05401	PET SCAN	0	3,963	0	0	0	54.02
54.03	03480	ONCOLOGY	0	42,966	0	0	0	54.03
54.04	03440	MAMMOGRAPHY	0	34,096	0	0	0	54.04
56.00	05600	RADIOISOTOPE	0	11,827	0	0	0	56.00
57.00	05700	CT SCAN	0	55,170	0	0	0	57.00
58.00	05800	MRI	0	31,359	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	141,636	235,808	0	0	59.00
60.00	06000	LABORATORY	0	437,459	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	21,892	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	29,126	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	118,707	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	138,239	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0	80,144	0	0	0	66.01
66.02	06602	REHAB MED SURGICAL	0	83,856	0	0	0	66.02
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	36,172	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,542	0	0	0	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	0	32,460	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,503,886	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,597,153	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	8,534,854	73.00
74.00	07400	RENAL DIALYSIS	0	1,195	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	16,922	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								
90.00	09000	CLINIC	0	60,989	65,921	0	0	90.00
90.01	09001	DAY REHAB	0	42,840	0	0	0	90.01
90.02	09002	IMAGING CENTERS	0	26,012	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	0	5,725	7,199	0	0	90.03
90.04	09004	WOUND CLINIC	0	29,567	28,147	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	69,041	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	9,468	5,981	0	0	90.06

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
91.00	09100	EMERGENCY	0	225,083	411,348	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,415,816	6,890,925	5,678,146	4,101,039	8,534,854	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	12,676	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	12,676	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,415,816	6,916,277	5,678,146	4,101,039	8,534,854	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 4:19 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM	Subtotal	
		16.00	17.00	19.00	23.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,002,483				16.00
17.00	01700	SOCIAL SERVICE	0	104,962			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	816,865		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,234,343	64,700	0	503,520	30.00
31.00	03100	INTENSIVE CARE UNIT	201,074	10,539	0	82,023	31.00
40.00	04000	SUBPROVIDER - IPF	30,164	1,581	0	12,305	40.00
41.00	04100	SUBPROVIDER - IRF	441,033	23,117	0	179,909	41.00
43.00	04300	NURSERY	95,869	5,025	0	39,108	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	22,834,597	50.00
50.01	05001	GAMMA KNIFE	0	0	0	1,061,919	50.01
50.02	03330	ENDOSCOPY	0	0	0	3,888,806	50.02
51.00	05100	RECOVERY ROOM	0	0	0	2,936,386	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,974,861	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	867,755	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,348,103	54.00
54.01	03630	ULTRA SOUND	0	0	0	2,130,983	54.01
54.02	05401	PET SCAN	0	0	0	1,088,063	54.02
54.03	03480	ONCOLOGY	0	0	0	2,362,147	54.03
54.04	03440	MAMMOGRAPHY	0	0	0	1,606,600	54.04
56.00	05600	RADIOISOTOPE	0	0	0	1,040,439	56.00
57.00	05700	CT SCAN	0	0	0	3,078,195	57.00
58.00	05800	MRI	0	0	0	2,256,859	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	9,669,403	59.00
60.00	06000	LABORATORY	0	0	0	19,247,810	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,732,360	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,375,005	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,744,432	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,170,394	66.00
66.01	06601	REHAB OUTPATIENT	0	0	0	3,361,186	66.01
66.02	06602	REHAB MED SURGICAL	0	0	0	3,941,477	66.02
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	1,851,569	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	462,886	70.00
70.01	07001	NEUROMEG	0	0	0	0	70.01
70.02	07002	SLEEP LAB	0	0	0	1,390,406	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	46,750,401	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	38,376,173	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	40,259,490	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,276,111	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	985,562	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							
90.00	09000	CLINIC	0	0	0	3,423,667	90.00
90.01	09001	DAY REHAB	0	0	0	2,719,876	90.01
90.02	09002	IMAGING CENTERS	0	0	0	1,385,779	90.02
90.03	09003	COUMADIN CLINIC	0	0	0	355,342	90.03
90.04	09004	WOUND CLINIC	0	0	0	1,394,428	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	0	3,907,729	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	0	239,665	90.06
91.00	09100	EMERGENCY	0	0	0	11,316,221	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 4:19 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM	Subtotal	
			16.00	17.00	19.00	23.00	24.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	10,811,255	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	0		0	10,676,050	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,002,483	104,962	0	816,865	426,883,143	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,277,919	190.00
191.00	19100	RESEARCH	0	0	0	0	195,683	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	4,072,502	192.00
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	-43,518,127	201.00
202.00		TOTAL (sum lines 118 through 201)	2,002,483	104,962	0	816,865	388,911,120	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 4:19 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0 69,671,434	30.00
31.00	03100	INTENSIVE CARE UNIT	0 20,892,901	31.00
40.00	04000	SUBPROVIDER - IPF	0 2,213,971	40.00
41.00	04100	SUBPROVIDER - IRF	0 47,151,028	41.00
43.00	04300	NURSERY	0 2,653,419	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0 22,834,597	50.00
50.01	05001	GAMMA KNIFE	0 1,061,919	50.01
50.02	03330	ENDOSCOPY	0 3,888,806	50.02
51.00	05100	RECOVERY ROOM	0 2,936,386	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0 5,974,861	52.00
53.00	05300	ANESTHESIOLOGY	0 867,755	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 4,348,103	54.00
54.01	03630	ULTRA SOUND	0 2,130,983	54.01
54.02	05401	PET SCAN	0 1,088,063	54.02
54.03	03480	ONCOLOGY	0 2,362,147	54.03
54.04	03440	MAMMOGRAPHY	0 1,606,600	54.04
56.00	05600	RADIOISOTOPE	0 1,040,439	56.00
57.00	05700	CT SCAN	0 3,078,195	57.00
58.00	05800	MRI	0 2,256,859	58.00
59.00	05900	CARDIAC CATHETERIZATION	0 9,669,403	59.00
60.00	06000	LABORATORY	0 19,247,810	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0 1,732,360	63.00
64.00	06400	INTRAVENOUS THERAPY	0 1,375,005	64.00
65.00	06500	RESPIRATORY THERAPY	0 4,744,432	65.00
66.00	06600	PHYSICAL THERAPY	0 6,170,394	66.00
66.01	06601	REHAB OUTPATIENT	0 3,361,186	66.01
66.02	06602	REHAB MED SURGICAL	0 3,941,477	66.02
67.00	06700	OCCUPATIONAL THERAPY	0 0	67.00
68.00	06800	SPEECH PATHOLOGY	0 0	68.00
69.00	06900	ELECTROCARDIOLOGY	0 1,851,569	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0 462,886	70.00
70.01	07001	NEUROMEG	-1 -1	70.01
70.02	07002	SLEEP LAB	0 1,390,406	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0 46,750,401	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0 38,376,173	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 40,259,490	73.00
74.00	07400	RENAL DIALYSIS	0 2,276,111	74.00
76.97	07697	CARDIAC REHABILITATION	0 985,562	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0 0	76.98
76.99	07699	LITHOTRIPSY	0 0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0 3,423,667	90.00
90.01	09001	DAY REHAB	0 2,719,876	90.01
90.02	09002	IMAGING CENTERS	0 1,385,779	90.02
90.03	09003	COUMADIN CLINIC	0 355,342	90.03
90.04	09004	WOUND CLINIC	0 1,394,428	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0 3,907,729	90.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part I
Date/Time Prepared:
11/24/2020 4:19 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	239,665	90.06
91.00	09100	EMERGENCY	0	11,316,221	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	10,811,255	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW - SNF			114.00
116.00	11600	HOSPICE	0	10,676,050	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	426,883,142	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,277,919	190.00
191.00	19100	RESEARCH	0	195,683	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,072,502	192.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	-43,518,127	201.00
202.00		TOTAL (sum lines 118 through 201)	0	388,911,119	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/24/2020 4:19 pm

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MVBLE EQUIP			
			1.00	2.00	2A	4.00	
	GENERAL SERVICE COST CENTERS	0	1.00	2.00	2A	4.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	0	90,548	0	90,548	90,548	4.00
5.01	00540 NONPATIENT TELEPHONES	0	39,425	0	39,425	464	5.01
5.02	00550 DATA PROCESSING	0	11,624	0	11,624	0	5.02
5.03	00560 PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570 ADMITTING	0	106,945	4,245	111,190	0	5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590 ADMINISTRATIVE AND GENERAL	0	805,561	1,708,385	2,513,946	5,276	5.06
6.00	00600 MAINTENANCE & REPAIRS	0	49,483	158,107	207,590	620	6.00
7.00	00700 OPERATION OF PLANT	0	4,393,888	62,211	4,456,099	2	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900 HOUSEKEEPING	0	101,977	7,764	109,741	0	9.00
10.00	01000 DIETARY	0	314,569	69,062	383,631	10	10.00
11.00	01100 CAFETERIA	0	354,949	0	354,949	27	11.00
13.00	01300 NURSING ADMINISTRATION	0	18,208	44,386	62,594	2,142	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	394,815	109,300	504,115	594	14.00
15.00	01500 PHARMACY	0	144,412	57,490	201,902	3,431	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	275,462	16,179	291,641	419	16.00
17.00	01700 SOCIAL SERVICE	0	19,040	0	19,040	259	17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	22,588	0	22,588	296	23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	0	3,315,606	401,858	3,717,464	19,982	30.00
31.00	03100 INTENSIVE CARE UNIT	0	670,718	78,314	749,032	6,770	31.00
40.00	04000 SUBPROVIDER - IPF	0	341,122	0	341,122	410	40.00
41.00	04100 SUBPROVIDER - IRF	0	1,066,927	287,979	1,354,906	4,835	41.00
43.00	04300 NURSERY	0	66,125	34,061	100,186	810	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	986,731	2,807,566	3,794,297	5,678	50.00
50.01	05001 GAMMA KNIFE	0	90,303	347	90,650	412	50.01
50.02	03330 ENDOSCOPY	0	170,451	334,519	504,970	1,139	50.02
51.00	05100 RECOVERY ROOM	0	150,090	19,286	169,376	981	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	481,986	81,355	563,341	1,705	52.00
53.00	05300 ANESTHESIOLOGY	0	11,135	583,858	594,993	2	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	215,578	386,680	602,258	1,236	54.00
54.01	03630 ULTRA SOUND	0	112,133	133,076	245,209	670	54.01
54.02	05401 PET SCAN	0	34,188	606,963	641,151	75	54.02
54.03	03480 ONCOLOGY	0	242,376	281,748	524,124	520	54.03
54.04	03440 MAMMOGRAPHY	0	145,367	48,723	194,090	455	54.04
56.00	05600 RADIOISOTOPE	0	141,696	3,047	144,743	249	56.00
57.00	05700 CT SCAN	0	108,487	190,400	298,887	1,030	57.00
58.00	05800 MRI	0	161,469	270,177	431,646	593	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	392,049	834,710	1,226,759	2,797	59.00
60.00	06000 LABORATORY	0	456,314	567,801	1,024,115	2,520	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	21,316	7,579	28,895	199	63.00
64.00	06400 INTRAVENOUS THERAPY	0	12,065	0	12,065	551	64.00
65.00	06500 RESPIRATORY THERAPY	0	55,088	39,159	94,247	1,774	65.00
66.00	06600 PHYSICAL THERAPY	0	203,415	5,760	209,175	2,197	66.00
66.01	06601 REHAB OUTPATIENT	0	158,753	38,798	197,551	1,167	66.01
66.02	06602 REHAB MED SURGICAL	0	20,826	0	20,826	1,585	66.02
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	80,955	184,499	265,454	553	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	59,982	41,085	101,067	96	70.00
70.01	07001 NEUROMEG	0	0	0	0	0	70.01
70.02	07002 SLEEP LAB	0	144,730	7,530	152,260	401	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
74.00	07400 RENAL DIALYSIS	0	23,591	0	23,591	30	74.00
76.97	07697 CARDIAC REHABILITATION	0	102,466	43,605	146,071	263	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						
90.00	09000 CLINIC	0	240,834	67,019	307,853	1,019	90.00
90.01	09001 DAY REHAB	0	51,025	1,639	52,664	745	90.01
90.02	09002 IMAGING CENTERS	0	0	172,540	172,540	446	90.02
90.03	09003 COUMADIN CLINIC	0	14,170	0	14,170	127	90.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0258

Period:
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
90.04	09004	WOUND CLINIC	0	148,940	11,275	160,215	380	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	800,005	800,005	1,126	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	2,354	2,354	91	90.06
91.00	09100	EMERGENCY	0	352,551	99,357	451,908	3,347	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS				0		92.00
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	4,215	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	0	73,441	73,441	3,314	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	18,195,052	11,785,242	29,980,294	90,035	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	51,857	2,630	54,487	85	190.00
191.00	19100	RESEARCH	0	74,323	0	74,323	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	40,159	24,762	64,921	428	192.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	18,361,391	11,812,634	30,174,025	90,548	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet B
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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
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
5.01	00540	NONPATIENT TELEPHONES	39,889					5.01
5.02	00550	DATA PROCESSING	3,201	14,825				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	653	0	653			5.03
5.04	00570	ADMITTING	1,158	0	0	112,348		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,516	0	0	0	1,516	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	5,793	0	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,348	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	147	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	379	0	0	0	0	9.00
10.00	01000	DIETARY	990	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	400	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	253	0	0	0	0	14.00
15.00	01500	PHARMACY	695	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,706	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	253	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	337	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,749	0	0	9,474	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,243	0	0	2,579	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	174	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,053	0	0	2,686	0	41.00
43.00	04300	NURSERY	421	0	0	478	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,243	0	0	8,432	0	50.00
50.01	05001	GAMMA KNIFE	21	0	0	656	0	50.01
50.02	03330	ENDOSCOPY	105	0	0	2,805	0	50.02
51.00	05100	RECOVERY ROOM	274	0	0	1,160	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	505	0	0	807	0	52.00
53.00	05300	ANESTHESIOLOGY	42	0	0	3,240	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,296	0	0	2,203	0	54.00
54.01	03630	ULTRA SOUND	42	0	0	1,386	0	54.01
54.02	05401	PET SCAN	0	0	0	618	0	54.02
54.03	03480	ONCOLOGY	0	0	0	2,387	0	54.03
54.04	03440	MAMMOGRAPHY	0	0	0	763	0	54.04
56.00	05600	RADIOISOTOPE	274	0	0	1,015	0	56.00
57.00	05700	CT SCAN	42	0	0	5,316	0	57.00
58.00	05800	MRI	379	0	0	1,930	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	421	0	0	7,737	0	59.00
60.00	06000	LABORATORY	1,832	0	0	13,820	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	105	0	0	550	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	95	0	64.00
65.00	06500	RESPIRATORY THERAPY	337	0	0	2,548	0	65.00
66.00	06600	PHYSICAL THERAPY	316	0	0	2,103	0	66.00
66.01	06601	REHAB OUTPATIENT	316	0	0	574	0	66.01
66.02	06602	REHAB MED SURGICAL	232	0	0	1,020	0	66.02
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	337	0	0	2,538	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	316	0	0	243	0	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	21	0	0	532	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,942	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,742	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,722	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	373	0	74.00
76.97	07697	CARDIAC REHABILITATION	147	0	0	72	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								
90.00	09000	CLINIC	421	0	0	976	0	90.00
90.01	09001	DAY REHAB	21	0	0	594	0	90.01
90.02	09002	IMAGING CENTERS	211	0	0	713	0	90.02
90.03	09003	COUMADIN CLINIC	21	0	0	55	0	90.03
90.04	09004	WOUND CLINIC	63	0	0	883	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	21	0	0	3,318	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	0	25	0	90.06

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
91.00	09100	EMERGENCY	2,085	0	0	5,927	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	2,064	0	0	566	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	0	0	571	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	39,805	0	0	112,348	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	84	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	14,825	653	0	1,516	201.00
202.00		TOTAL (sum lines 118 through 201)	39,889	14,825	653	112,348	1,516	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	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
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	2,525,015				5.06
6.00	00600	MAINTENANCE & REPAIRS	27,680	237,238			6.00
7.00	00700	OPERATION OF PLANT	16,565	60,404	2,870,419		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,001	0	0	6,001	8.00
9.00	00900	HOUSEKEEPING	52,141	1,402	22,755	0	186,418 9.00
10.00	01000	DIETARY	17,571	4,324	70,192	0	4,595 10.00
11.00	01100	CAFETERIA	37,707	4,879	79,202	0	5,185 11.00
13.00	01300	NURSING ADMINISTRATION	32,454	250	4,063	0	266 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,409	5,427	88,098	0	5,767 14.00
15.00	01500	PHARMACY	47,271	1,985	32,224	0	2,109 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,496	3,787	61,466	0	4,024 16.00
17.00	01700	SOCIAL SERVICE	338	262	4,248	0	278 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	4,453	311	5,040	0	330 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	327,123	45,579	739,834	2,874	48,431 30.00
31.00	03100	INTENSIVE CARE UNIT	104,062	9,220	149,662	251	9,797 31.00
40.00	04000	SUBPROVIDER - IPF	8,839	4,689	76,117	229	4,983 40.00
41.00	04100	SUBPROVIDER - IRF	251,238	14,667	238,071	816	15,585 41.00
43.00	04300	NURSERY	12,276	909	14,755	0	966 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	120,618	13,564	220,176	648	14,414 50.00
50.01	05001	GAMMA KNIFE	5,392	1,241	20,150	0	1,319 50.01
50.02	03330	ENDOSCOPY	20,178	2,343	38,034	222	2,490 50.02
51.00	05100	RECOVERY ROOM	15,090	2,063	33,491	114	2,192 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,372	6,626	107,549	189	7,041 52.00
53.00	05300	ANESTHESIOLOGY	4,983	153	2,485	0	163 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,186	2,963	48,104	0	3,149 54.00
54.01	03630	ULTRA SOUND	11,280	1,541	25,021	130	1,638 54.01
54.02	05401	PET SCAN	6,072	470	7,629	0	499 54.02
54.03	03480	ONCOLOGY	11,712	3,332	54,083	0	3,540 54.03
54.04	03440	MAMMOGRAPHY	8,085	1,998	32,437	0	2,123 54.04
56.00	05600	RADIOISOTOPE	4,936	1,948	31,618	0	2,070 56.00
57.00	05700	CT SCAN	16,833	1,491	24,207	0	1,585 57.00
58.00	05800	MRI	11,776	2,220	36,030	0	2,359 58.00
59.00	05900	CARDIAC CATHETERIZATION	51,299	5,389	87,481	0	5,727 59.00
60.00	06000	LABORATORY	106,396	6,273	101,821	0	6,666 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	9,827	293	4,756	0	311 63.00
64.00	06400	INTRAVENOUS THERAPY	7,768	166	2,692	0	176 64.00
65.00	06500	RESPIRATORY THERAPY	26,596	757	12,292	0	805 65.00
66.00	06600	PHYSICAL THERAPY	33,688	2,796	45,390	0	2,971 66.00
66.01	06601	REHAB OUTPATIENT	17,961	2,182	35,424	0	2,319 66.01
66.02	06602	REHAB MED SURGICAL	22,369	286	4,647	0	304 66.02
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	9,990	1,113	18,064	0	1,183 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,212	825	13,384	0	876 70.00
70.01	07001	NEUROMEG	0	0	0	0	0 70.01
70.02	07002	SLEEP LAB	6,837	1,990	32,295	0	2,114 70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	264,215	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	208,930	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	185,255	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	13,106	324	5,264	0	345 74.00
76.97	07697	CARDIAC REHABILITATION	4,882	1,409	22,864	0	1,497 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							
90.00	09000	CLINIC	17,432	3,311	53,739	0	3,518 90.00
90.01	09001	DAY REHAB	15,247	701	11,386	0	745 90.01
90.02	09002	IMAGING CENTERS	7,940	0	0	0	0 90.02
90.03	09003	COUMADIN CLINIC	1,893	195	3,162	0	207 90.03
90.04	09004	WOUND CLINIC	6,681	2,047	33,234	0	2,176 90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	22,416	0	0	0	0 90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	1,309	0	0	0	0 90.06
91.00	09100	EMERGENCY	59,173	4,846	78,667	528	5,150 91.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	63,132	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	62,342	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,494,033	234,951	2,833,303	6,001	183,988	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,997	713	11,571	0	757	190.00
191.00	19100	RESEARCH	581	1,022	16,584	0	1,086	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	23,404	552	8,961	0	587	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	1,662,798	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,525,015	237,238	4,533,217	6,001	186,418	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	481,313					10.00
11.00	01100	CAFETERIA	0	481,949				11.00
13.00	01300	NURSING ADMINISTRATION	0	6,755	108,924			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,641	0	631,304		14.00
15.00	01500	PHARMACY	0	17,629	0	0	307,246	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,401	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,567	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	1,747	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	296,684	168,389	48,402	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	48,330	51,996	14,946	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	7,250	4,243	1,220	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	106,006	41,274	11,864	0	0	41.00
43.00	04300	NURSERY	23,043	5,526	1,589	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	22,768	8,923	0	0	50.00
50.01	05001	GAMMA KNIFE	0	780	202	0	0	50.01
50.02	03330	ENDOSCOPY	0	5,276	1,903	0	0	50.02
51.00	05100	RECOVERY ROOM	0	3,584	1,670	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,591	3,732	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,873	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	2,238	0	0	0	54.01
54.02	05401	PET SCAN	0	276	0	0	0	54.02
54.03	03480	ONCOLOGY	0	2,994	0	0	0	54.03
54.04	03440	MAMMOGRAPHY	0	2,376	0	0	0	54.04
56.00	05600	RADIOISOTOPE	0	824	0	0	0	56.00
57.00	05700	CT SCAN	0	3,844	0	0	0	57.00
58.00	05800	MRI	0	2,185	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,870	4,524	0	0	59.00
60.00	06000	LABORATORY	0	30,484	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,525	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,030	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	8,272	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	9,633	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0	5,585	0	0	0	66.01
66.02	06602	REHAB MED SURGICAL	0	5,843	0	0	0	66.02
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	2,521	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	456	0	0	0	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	0	2,262	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	231,510	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	399,794	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	307,246	73.00
74.00	07400	RENAL DIALYSIS	0	83	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,179	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								
90.00	09000	CLINIC	0	4,250	1,265	0	0	90.00
90.01	09001	DAY REHAB	0	2,985	0	0	0	90.01
90.02	09002	IMAGING CENTERS	0	1,813	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	0	399	138	0	0	90.03
90.04	09004	WOUND CLINIC	0	2,060	540	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	4,811	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	660	115	0	0	90.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/24/2020 4:19 pm

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
91.00	09100	EMERGENCY	0	15,685	7,891	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	481,313	480,183	108,924	631,304	307,246	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	883	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	883	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	481,313	481,949	108,924	631,304	307,246	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM	Subtotal	
		16.00	17.00	19.00	23.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	373,940				16.00
17.00	01700	SOCIAL SERVICE	0	18,892			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	35,102		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	230,499	11,645		5,670,129	30.00
31.00	03100	INTENSIVE CARE UNIT	37,548	1,897		1,187,333	31.00
40.00	04000	SUBPROVIDER - IPF	5,633	285		455,194	40.00
41.00	04100	SUBPROVIDER - IRF	82,358	4,161		2,129,520	41.00
43.00	04300	NURSERY	17,902	904		179,765	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0		4,210,761	50.00
50.01	05001	GAMMA KNIFE	0	0		120,823	50.01
50.02	03330	ENDOSCOPY	0	0		579,465	50.02
51.00	05100	RECOVERY ROOM	0	0		229,995	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		727,458	52.00
53.00	05300	ANESTHESIOLOGY	0	0		606,061	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		692,268	54.00
54.01	03630	ULTRA SOUND	0	0		289,155	54.01
54.02	05401	PET SCAN	0	0		656,790	54.02
54.03	03480	ONCOLOGY	0	0		602,692	54.03
54.04	03440	MAMMOGRAPHY	0	0		242,327	54.04
56.00	05600	RADIOISOTOPE	0	0		187,677	56.00
57.00	05700	CT SCAN	0	0		353,235	57.00
58.00	05800	MRI	0	0		489,118	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		1,402,004	59.00
60.00	06000	LABORATORY	0	0		1,293,927	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		46,461	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		25,543	64.00
65.00	06500	RESPIRATORY THERAPY	0	0		147,628	65.00
66.00	06600	PHYSICAL THERAPY	0	0		308,269	66.00
66.01	06601	REHAB OUTPATIENT	0	0		263,079	66.01
66.02	06602	REHAB MED SURGICAL	0	0		57,112	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0		0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0		0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		301,753	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		119,475	70.00
70.01	07001	NEUROMEG	0	0		0	70.01
70.02	07002	SLEEP LAB	0	0		198,712	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		499,667	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		613,466	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		502,223	73.00
74.00	07400	RENAL DIALYSIS	0	0		43,116	74.00
76.97	07697	CARDIAC REHABILITATION	0	0		178,384	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		0	76.98
76.99	07699	LITHOTRIPSY	0	0		0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0		393,784	90.00
90.01	09001	DAY REHAB	0	0		85,088	90.01
90.02	09002	IMAGING CENTERS	0	0		183,663	90.02
90.03	09003	COUMADIN CLINIC	0	0		20,367	90.03
90.04	09004	WOUND CLINIC	0	0		208,279	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0		831,697	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0		4,554	90.06
91.00	09100	EMERGENCY	0	0		635,207	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/24/2020 4:19 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM	Subtotal	
			16.00	17.00	19.00	23.00	24.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0			0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0			69,977	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	0			139,668	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	373,940	18,892	0	0	28,182,869	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			75,577	190.00
191.00	19100	RESEARCH	0	0			93,596	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0			99,736	192.00
200.00		Cross Foot Adjustments			0	35,102	35,102	200.00
201.00		Negative Cost Centers	0	7,353	0	0	1,687,145	201.00
202.00		TOTAL (sum lines 118 through 201)	373,940	26,245	0	35,102	30,174,025	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0 5,670,129	30.00
31.00	03100	INTENSIVE CARE UNIT	0 1,187,333	31.00
40.00	04000	SUBPROVIDER - IPF	0 455,194	40.00
41.00	04100	SUBPROVIDER - IRF	0 2,129,520	41.00
43.00	04300	NURSERY	0 179,765	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0 4,210,761	50.00
50.01	05001	GAMMA KNIFE	0 120,823	50.01
50.02	03330	ENDOSCOPY	0 579,465	50.02
51.00	05100	RECOVERY ROOM	0 229,995	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0 727,458	52.00
53.00	05300	ANESTHESIOLOGY	0 606,061	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 692,268	54.00
54.01	03630	ULTRA SOUND	0 289,155	54.01
54.02	05401	PET SCAN	0 656,790	54.02
54.03	03480	ONCOLOGY	0 602,692	54.03
54.04	03440	MAMMOGRAPHY	0 242,327	54.04
56.00	05600	RADIOISOTOPE	0 187,677	56.00
57.00	05700	CT SCAN	0 353,235	57.00
58.00	05800	MRI	0 489,118	58.00
59.00	05900	CARDIAC CATHETERIZATION	0 1,402,004	59.00
60.00	06000	LABORATORY	0 1,293,927	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0 46,461	63.00
64.00	06400	INTRAVENOUS THERAPY	0 25,543	64.00
65.00	06500	RESPIRATORY THERAPY	0 147,628	65.00
66.00	06600	PHYSICAL THERAPY	0 308,269	66.00
66.01	06601	REHAB OUTPATIENT	0 263,079	66.01
66.02	06602	REHAB MED SURGICAL	0 57,112	66.02
67.00	06700	OCCUPATIONAL THERAPY	0 0	67.00
68.00	06800	SPEECH PATHOLOGY	0 0	68.00
69.00	06900	ELECTROCARDIOLOGY	0 301,753	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0 119,475	70.00
70.01	07001	NEUROMEG	0 0	70.01
70.02	07002	SLEEP LAB	0 198,712	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0 499,667	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0 613,466	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 502,223	73.00
74.00	07400	RENAL DIALYSIS	0 43,116	74.00
76.97	07697	CARDIAC REHABILITATION	0 178,384	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0 0	76.98
76.99	07699	LITHOTRIPSY	0 0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0 393,784	90.00
90.01	09001	DAY REHAB	0 85,088	90.01
90.02	09002	IMAGING CENTERS	0 183,663	90.02
90.03	09003	COUMADIN CLINIC	0 20,367	90.03
90.04	09004	WOUND CLINIC	0 208,279	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0 831,697	90.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet B
Part II
Date/Time Prepared:
11/24/2020 4:19 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	4,554	90.06
91.00	09100	EMERGENCY	0	635,207	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	69,977	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW - SNF			114.00
116.00	11600	HOSPICE	0	139,668	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	28,182,869	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	75,577	190.00
191.00	19100	RESEARCH	0	93,596	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	99,736	192.00
200.00		Cross Foot Adjustments	0	35,102	200.00
201.00		Negative Cost Centers	0	1,687,145	201.00
202.00		TOTAL (sum lines 118 through 201)	0	30,174,025	202.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet B-1 Date/Time Prepared: 11/24/2020 4:19 pm
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	DATA PROCESSING (DATA PROCESSING)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPREX EXPENSE)				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	750,287				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		7,280,153			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,700	0	130,548,624		4.00
5.01	00540	NONPATIENT TELEPHONES	1,611	0	669,041	1,894	5.01
5.02	00550	DATA PROCESSING	475	0	0	152	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	31	5.03
5.04	00570	ADMITTING	4,370	2,616	0	55	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	72	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	32,917	1,052,882	7,602,303	275	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,022	97,442	893,280	64	6.00
7.00	00700	OPERATION OF PLANT	179,544	38,341	2,876	7	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	4,167	4,785	0	18	9.00
10.00	01000	DIETARY	12,854	42,563	13,899	47	10.00
11.00	01100	CAFETERIA	14,504	0	38,939	0	11.00
13.00	01300	NURSING ADMINISTRATION	744	27,355	3,086,442	19	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,133	67,362	856,319	12	14.00
15.00	01500	PHARMACY	5,901	35,431	4,943,090	33	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,256	9,971	603,221	81	16.00
17.00	01700	SOCIAL SERVICE	778	0	373,836	12	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	923	0	427,152	16	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	135,483	247,666	28,869,155	178	30.00
31.00	03100	INTENSIVE CARE UNIT	27,407	48,265	9,755,142	59	31.00
40.00	04000	SUBPROVIDER - IPF	13,939	0	591,346	0	40.00
41.00	04100	SUBPROVIDER - IRF	43,597	177,482	6,967,574	50	41.00
43.00	04300	NURSERY	2,702	20,992	1,166,940	20	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	40,320	1,730,306	8,181,554	59	50.00
50.01	05001	GAMMA KNIFE	3,690	214	593,761	1	50.01
50.02	03330	ENDOSCOPY	6,965	206,165	1,641,082	5	50.02
51.00	05100	RECOVERY ROOM	6,133	11,886	1,413,563	13	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,695	50,139	2,456,320	24	52.00
53.00	05300	ANESTHESIOLOGY	455	359,833	3,312	2	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,809	238,312	1,781,427	109	54.00
54.01	03630	ULTRA SOUND	4,582	82,015	964,743	2	54.01
54.02	05401	PET SCAN	1,397	374,073	108,676	0	54.02
54.03	03480	ONCOLOGY	9,904	173,642	749,211	0	54.03
54.04	03440	MAMMOGRAPHY	5,940	30,028	655,656	0	54.04
56.00	05600	RADIOISOTOPE	5,790	1,878	358,424	13	56.00
57.00	05700	CT SCAN	4,433	117,344	1,483,529	2	57.00
58.00	05800	MRI	6,598	166,511	855,129	18	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,020	514,434	4,030,788	20	59.00
60.00	06000	LABORATORY	18,646	349,937	3,630,993	87	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	871	4,671	286,368	5	63.00
64.00	06400	INTRAVENOUS THERAPY	493	0	793,710	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,251	24,134	2,556,101	16	65.00
66.00	06600	PHYSICAL THERAPY	8,312	3,550	3,166,368	15	66.00
66.01	06601	REHAB OUTPATIENT	6,487	23,911	1,681,987	15	66.01
66.02	06602	REHAB MED SURGICAL	851	0	2,283,270	11	66.02
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	3,308	113,707	796,337	16	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,451	25,321	138,705	15	70.00
70.01	07001	NEUROMEG	0	0	0	0	70.01
70.02	07002	SLEEP LAB	5,914	4,641	577,713	1	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
74.00	07400	RENAL DIALYSIS	964	0	42,526	0	74.00
76.97	07697	CARDIAC REHABILITATION	4,187	26,874	378,854	7	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							
90.00	09000	CLINIC	9,841	41,304	1,467,663	20	90.00
90.01	09001	DAY REHAB	2,085	1,010	1,073,116	1	90.01
90.02	09002	IMAGING CENTERS	0	106,337	642,028	10	90.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0258

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

Worksheet B-1

Date/Time Prepared:
11/24/2020 4:19 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	DATA PROCESSING (DATA PROCESSING)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPREX EXPENSE)				
			1.00	2.00	4.00	5.01	5.02	
90.03	09003	COUMADIN CLINIC	579	0	183,401	1	0	90.03
90.04	09004	WOUND CLINIC	6,086	6,949	547,066	3	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	493,045	1,622,488	1	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	1,451	131,736	0	0	90.06
91.00	09100	EMERGENCY	14,406	61,234	4,823,245	99	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	6,073,530	98	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	45,262	4,774,551	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	743,490	7,263,271	129,809,486	1,890	10,000	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,119	1,621	122,913	4	0	190.00
191.00	19100	RESEARCH	3,037	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,641	15,261	616,225	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	18,361,391	11,812,634	20,562,959	965,192	-22,993,950	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	24.472490	1.622580	0.157512	509.605069	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			90,548	39,889	14,825	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000694	21.060718	1.482500	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:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet B-1 Date/Time Prepared: 11/24/2020 4:19 pm	
Cost Center Description			PURCHASING RECEIVING AND STORES (PURCHASING)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	97,060,732					5.03
5.04	00570	ADMITTING	0	2,144,237,767				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	2,144,237,767			5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	7,565,507		0	-109,602,441	322,826,806	5.06
6.00	00600	MAINTENANCE & REPAIRS	15,802	0	0	0	3,538,729	6.00
7.00	00700	OPERATION OF PLANT	38,698	0	0	0	2,117,728	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	767,233	8.00
9.00	00900	HOUSEKEEPING	553,394	0	0	0	6,665,922	9.00
10.00	01000	DIETARY	0	0	0	0	2,246,318	10.00
11.00	01100	CAFETERIA	0	0	0	0	4,820,573	11.00
13.00	01300	NURSING ADMINISTRATION	105,344	0	0	0	4,149,028	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25,217	0	0	0	2,609,236	14.00
15.00	01500	PHARMACY	56,830	0	0	0	6,043,332	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	668	0	0	0	1,213,960	16.00
17.00	01700	SOCIAL SERVICE	1,583	0	0	0	43,185	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	10,031	0	0	0	569,300	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	643,016	182,193,206	182,193,206	0	41,838,313	30.00
31.00	03100	INTENSIVE CARE UNIT	192,852	49,594,855	49,594,855	0	13,303,806	31.00
40.00	04000	SUBPROVIDER - IPF	7,570	3,352,192	3,352,192	0	1,130,004	40.00
41.00	04100	SUBPROVIDER - IRF	355,133	51,654,896	51,654,896	0	32,119,403	41.00
43.00	04300	NURSERY	21,427	9,194,851	9,194,851	0	1,569,424	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	613,303	162,150,600	162,150,600	0	15,420,292	50.00
50.01	05001	GAMMA KNIFE	2,996	12,621,320	12,621,320	0	689,348	50.01
50.02	03330	ENDOSCOPY	42,284	53,948,116	53,948,116	0	2,579,628	50.02
51.00	05100	RECOVERY ROOM	12,024	22,309,748	22,309,748	0	1,929,225	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	64,138	15,516,481	15,516,481	0	3,755,084	52.00
53.00	05300	ANESTHESIOLOGY	32,245	62,308,726	62,308,726	0	637,065	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,720	42,362,681	42,362,681	0	2,964,253	54.00
54.01	03630	ULTRA SOUND	3,858	26,644,436	26,644,436	0	1,442,023	54.01
54.02	05401	PET SCAN	559	11,882,267	11,882,267	0	776,317	54.02
54.03	03480	ONCOLOGY	11,857	45,904,028	45,904,028	0	1,497,340	54.03
54.04	03440	MAMMOGRAPHY	5,643	14,666,193	14,666,193	0	1,033,582	54.04
56.00	05600	RADIOISOTOPE	5,808	19,516,828	19,516,828	0	631,088	56.00
57.00	05700	CT SCAN	11,268	102,232,860	102,232,860	0	2,152,067	57.00
58.00	05800	MRI	7,245	37,105,944	37,105,944	0	1,505,524	58.00
59.00	05900	CARDIAC CATHETERIZATION	171,196	148,784,441	148,784,441	0	6,558,298	59.00
60.00	06000	LABORATORY	364,761	249,466,051	249,466,051	0	13,602,134	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	870,269	10,580,962	10,580,962	0	1,256,356	63.00
64.00	06400	INTRAVENOUS THERAPY	3,689	1,820,854	1,820,854	0	993,107	64.00
65.00	06500	RESPIRATORY THERAPY	99,268	49,002,612	49,002,612	0	3,400,111	65.00
66.00	06600	PHYSICAL THERAPY	9,319	40,442,120	40,442,120	0	4,306,852	66.00
66.01	06601	REHAB OUTPATIENT	24,155	11,047,028	11,047,028	0	2,296,153	66.01
66.02	06602	REHAB MED SURGICAL	4,422	19,606,119	19,606,119	0	2,859,771	66.02
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	13,965	48,804,811	48,804,811	0	1,277,105	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	844	4,672,209	4,672,209	0	282,764	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	5,615	10,229,917	10,229,917	0	874,019	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	33,773,554	75,806,459	75,806,459	0	33,778,458	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,703,636	91,189,194	91,189,194	0	26,710,568	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,683,837	186,969,197	186,969,197	0	23,683,797	73.00
74.00	07400	RENAL DIALYSIS	1,489	7,182,248	7,182,248	0	1,675,543	74.00
76.97	07697	CARDIAC REHABILITATION	5,776	1,378,817	1,378,817	0	624,194	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								
90.00	09000	CLINIC	83,405	18,771,492	18,771,492	0	2,228,632	90.00
90.01	09001	DAY REHAB	6,951	11,426,072	11,426,072	0	1,949,254	90.01
90.02	09002	IMAGING CENTERS	1,209	13,715,504	13,715,504	0	1,015,124	90.02
90.03	09003	COUMADIN CLINIC	2,458	1,063,803	1,063,803	0	241,948	90.03
90.04	09004	WOUND CLINIC	9,675	16,983,481	16,983,481	0	854,104	90.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0258

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			PURCHASING RECEIVING AND STORES (PURCHASING)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	16,474	63,799,667	63,799,667	0	2,865,745	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	2,636	488,717	488,717	0	167,387	90.06
91.00	09100	EMERGENCY	114,036	113,977,522	113,977,522	0	7,564,992	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	293,596	10,891,779	10,891,779	0	8,071,064	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	274,141	10,976,463	10,976,463	0	7,970,128	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	96,977,396	2,144,237,767	2,144,237,767	-109,602,441	318,865,938	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	25,767	0	0	0	894,487	190.00
191.00	19100	RESEARCH	0	0	0	0	74,323	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	57,569	0	0	0	2,992,058	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	-38,625	163,709	-20,485,552		109,602,441	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000076	0.000000		0.339508	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	653	112,348	1,516		2,525,015	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000007	0.000052	0.000001		0.007822	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:14-0258

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

Worksheet B-1

Date/Time Prepared:
11/24/2020 4:19 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	
			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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	705,192					6.00
7.00	00700	OPERATION OF PLANT	179,544	525,648				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	2,241,118			8.00
9.00	00900	HOUSEKEEPING	4,167	4,167	0	521,481		9.00
10.00	01000	DIETARY	12,854	12,854	0	12,854	94,600	10.00
11.00	01100	CAFETERIA	14,504	14,504	0	14,504	0	11.00
13.00	01300	NURSING ADMINISTRATION	744	744	0	744	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,133	16,133	0	16,133	0	14.00
15.00	01500	PHARMACY	5,901	5,901	0	5,901	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,256	11,256	0	11,256	0	16.00
17.00	01700	SOCIAL SERVICE	778	778	0	778	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	923	923	0	923	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	135,483	135,483	1,073,747	135,483	58,312	30.00
31.00	03100	INTENSIVE CARE UNIT	27,407	27,407	93,571	27,407	9,499	31.00
40.00	04000	SUBPROVIDER - IPF	13,939	13,939	85,338	13,939	1,425	40.00
41.00	04100	SUBPROVIDER - IRF	43,597	43,597	304,742	43,597	20,835	41.00
43.00	04300	NURSERY	2,702	2,702	0	2,702	4,529	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	40,320	40,320	241,796	40,320	0	50.00
50.01	05001	GAMMA KNIFE	3,690	3,690	0	3,690	0	50.01
50.02	03330	ENDOSCOPY	6,965	6,965	82,930	6,965	0	50.02
51.00	05100	RECOVERY ROOM	6,133	6,133	42,700	6,133	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,695	19,695	70,567	19,695	0	52.00
53.00	05300	ANESTHESIOLOGY	455	455	0	455	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,809	8,809	0	8,809	0	54.00
54.01	03630	ULTRA SOUND	4,582	4,582	48,497	4,582	0	54.01
54.02	05401	PET SCAN	1,397	1,397	0	1,397	0	54.02
54.03	03480	ONCOLOGY	9,904	9,904	0	9,904	0	54.03
54.04	03440	MAMMOGRAPHY	5,940	5,940	0	5,940	0	54.04
56.00	05600	RADIOISOTOPE	5,790	5,790	0	5,790	0	56.00
57.00	05700	CT SCAN	4,433	4,433	0	4,433	0	57.00
58.00	05800	MRI	6,598	6,598	0	6,598	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,020	16,020	0	16,020	0	59.00
60.00	06000	LABORATORY	18,646	18,646	0	18,646	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	871	871	0	871	0	63.00
64.00	06400	INTRAVENOUS THERAPY	493	493	0	493	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,251	2,251	0	2,251	0	65.00
66.00	06600	PHYSICAL THERAPY	8,312	8,312	0	8,312	0	66.00
66.01	06601	REHAB OUTPATIENT	6,487	6,487	0	6,487	0	66.01
66.02	06602	REHAB MED SURGICAL	851	851	0	851	0	66.02
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	3,308	3,308	0	3,308	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,451	2,451	0	2,451	0	70.00
70.01	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	5,914	5,914	0	5,914	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
74.00	07400	RENAL DIALYSIS	964	964	0	964	0	74.00
76.97	07697	CARDIAC REHABILITATION	4,187	4,187	0	4,187	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								
90.00	09000	CLINIC	9,841	9,841	0	9,841	0	90.00
90.01	09001	DAY REHAB	2,085	2,085	0	2,085	0	90.01
90.02	09002	IMAGING CENTERS	0	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	579	579	0	579	0	90.03
90.04	09004	WOUND CLINIC	6,086	6,086	0	6,086	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	0	0	0	90.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0258

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

Worksheet B-1

Date/Time Prepared:
11/24/2020 4:19 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	14,406	14,406	197,230	14,406	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	698,395	518,851	2,241,118	514,684	94,600	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,119	2,119	0	2,119	0	190.00
191.00	19100	RESEARCH	3,037	3,037	0	3,037	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,641	1,641	0	1,641	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,740,156	4,043,573	1,027,715	8,989,121	3,415,816	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.721795	7.692549	0.458572	17.237677	36.107992	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	237,238	4,533,217	6,001	186,418	481,313	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.336416	5.460725	0.002678	0.357478	5.087875	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:14-0258

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

Worksheet B-1

Date/Time Prepared:
11/24/2020 4:19 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL PATIENT DAYS)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA	219,887				11.00
13.00	01300	NURSING ADMINISTRATION	3,082	3,596,058			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,030	0	38,065,809		14.00
15.00	01500	PHARMACY	8,043	0	0	10,000	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	639	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	715	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	797	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	76,827	1,598,000	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	23,723	493,445	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	1,936	40,274	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	18,831	391,691	0	0	41.00
43.00	04300	NURSERY	2,521	52,445	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	10,388	294,593	0	0	50.00
50.01	05001	GAMMA KNIFE	356	6,674	0	0	50.01
50.02	03330	ENDOSCOPY	2,407	62,812	0	0	50.02
51.00	05100	RECOVERY ROOM	1,635	55,126	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,007	123,222	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,136	0	0	0	54.00
54.01	03630	ULTRA SOUND	1,021	0	0	0	54.01
54.02	05401	PET SCAN	126	0	0	0	54.02
54.03	03480	ONCOLOGY	1,366	0	0	0	54.03
54.04	03440	MAMMOGRAPHY	1,084	0	0	0	54.04
56.00	05600	RADIOISOTOPE	376	0	0	0	56.00
57.00	05700	CT SCAN	1,754	0	0	0	57.00
58.00	05800	MRI	997	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,503	149,341	0	0	59.00
60.00	06000	LABORATORY	13,908	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	696	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	926	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,774	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,395	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	2,548	0	0	0	66.01
66.02	06602	REHAB MED SURGICAL	2,666	0	0	0	66.02
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	1,150	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	208	0	0	0	70.00
70.01	07001	NEUROMEG	0	0	0	0	70.01
70.02	07002	SLEEP LAB	1,032	0	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	13,958,993	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	24,106,816	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,000	73.00
74.00	07400	RENAL DIALYSIS	38	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	538	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,939	41,749	0	0	90.00
90.01	09001	DAY REHAB	1,362	0	0	0	90.01
90.02	09002	IMAGING CENTERS	827	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	182	4,559	0	0	90.03
90.04	09004	WOUND CLINIC	940	17,826	0	0	90.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0258

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

Worksheet B-1

Date/Time Prepared:
11/24/2020 4:19 pm

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL PATIENT DAYS)	
			11.00	13.00	14.00	15.00	16.00	
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	2,195	0	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	301	3,788	0	0	0	90.06
91.00	09100	EMERGENCY	7,156	260,513	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	219,081	3,596,058	38,065,809	10,000	94,600	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	403	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	403	0	0	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,916,277	5,678,146	4,101,039	8,534,854	2,002,483	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	31.453779	1.578992	0.107736	853.485400	21.167896	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	481,949	108,924	631,304	307,246	373,940	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.191803	0.030290	0.016585	30.724600	3.952854	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:14-0258

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

Worksheet B-1

Date/Time Prepared:
11/24/2020 4:19 pm

Cost Center Description		SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED ED PRGM (TOTAL PATIENT DAYS)	
		17.00	19.00	23.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING RECEIVING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE	94,600		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	94,600	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	58,312	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,499	0	31.00
40.00	04000	SUBPROVIDER - IPF	1,425	0	40.00
41.00	04100	SUBPROVIDER - IRF	20,835	0	41.00
43.00	04300	NURSERY	4,529	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	GAMMA KNIFE	0	0	50.01
50.02	03330	ENDOSCOPY	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	54.01
54.02	05401	PET SCAN	0	0	54.02
54.03	03480	ONCOLOGY	0	0	54.03
54.04	03440	MAMMOGRAPHY	0	0	54.04
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0	0	66.01
66.02	06602	REHAB MED SURGICAL	0	0	66.02
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	07001	NEUROMEG	0	0	70.01
70.02	07002	SLEEP LAB	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
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					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	DAY REHAB	0	0	90.01
90.02	09002	IMAGING CENTERS	0	0	90.02
90.03	09003	COUMADIN CLINIC	0	0	90.03
90.04	09004	WOUND CLINIC	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	90.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN:14-0258

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

Worksheet B-1

Date/Time Prepared:
11/24/2020 4:19 pm

Cost Center Description			SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED ED PRGM (TOTAL PATIENT DAYS)	
			17.00	19.00	23.00	
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS				92.00
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW - SNF				114.00
116.00	11600	HOSPICE	0		0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	94,600	0	94,600	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	104,962	0	816,865	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.109535	0.000000	8.634937	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	26,245	0	35,102	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.199704	0.000000	0.371057	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

		Description	Worksheet		Amount	
			CODE	Line No.		
			1.00	2.00	3.00	4.00
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS		1	74.00	0 1.00
2.00		ADJ FOR EPO COSTS IN HOME PROGRAM		1	94.00	0 2.00
3.00		ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1	74.00	0 3.00
4.00		ADJ FOR ARANESP COSTS IN HOME PROGRAM		1	94.00	0 4.00
5.00		ADJ FOR ESA COSTS IN RENAL DIALYSIS		1	74.00	0 5.00
6.00		ADJ FOR ESA COSTS IN HOME PROGRAM		1	94.00	0 6.00
7.00				1	70.01	-1 7.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet C Part I Date/Time Prepared: 11/24/2020 4:19 pm		
				Title XVIII	Hospital	PPS		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs		
						RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	69,671,434		69,671,434	0	69,671,434	30.00
31.00	03100	INTENSIVE CARE UNIT	20,892,901		20,892,901	0	20,892,901	31.00
40.00	04000	SUBPROVIDER - IPF	2,213,971		2,213,971	0	2,213,971	40.00
41.00	04100	SUBPROVIDER - IRF	47,151,028		47,151,028	62,778	47,213,806	41.00
43.00	04300	NURSERY	2,653,419		2,653,419	0	2,653,419	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,834,597		22,834,597	9,461	22,844,058	50.00
50.01	05001	GAMMA KNIFE	1,061,919		1,061,919	106,415	1,168,334	50.01
50.02	03330	ENDOSCOPY	3,888,806		3,888,806	0	3,888,806	50.02
51.00	05100	RECOVERY ROOM	2,936,386		2,936,386	0	2,936,386	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,974,861		5,974,861	0	5,974,861	52.00
53.00	05300	ANESTHESIOLOGY	867,755		867,755	0	867,755	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,348,103		4,348,103	0	4,348,103	54.00
54.01	03630	ULTRA SOUND	2,130,983		2,130,983	0	2,130,983	54.01
54.02	05401	PET SCAN	1,088,063		1,088,063	0	1,088,063	54.02
54.03	03480	ONCOLOGY	2,362,147		2,362,147	0	2,362,147	54.03
54.04	03440	MAMMOGRAPHY	1,606,600		1,606,600	0	1,606,600	54.04
56.00	05600	RADIOISOTOPE	1,040,439		1,040,439	0	1,040,439	56.00
57.00	05700	CT SCAN	3,078,195		3,078,195	0	3,078,195	57.00
58.00	05800	MRI	2,256,859		2,256,859	0	2,256,859	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,669,403		9,669,403	0	9,669,403	59.00
60.00	06000	LABORATORY	19,247,810		19,247,810	0	19,247,810	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,732,360		1,732,360	0	1,732,360	63.00
64.00	06400	INTRAVENOUS THERAPY	1,375,005		1,375,005	0	1,375,005	64.00
65.00	06500	RESPIRATORY THERAPY	4,744,432	0	4,744,432	0	4,744,432	65.00
66.00	06600	PHYSICAL THERAPY	6,170,394	0	6,170,394	0	6,170,394	66.00
66.01	06601	REHAB OUTPATIENT	3,361,186	0	3,361,186	0	3,361,186	66.01
66.02	06602	REHAB MED SURGICAL	3,941,477	0	3,941,477	0	3,941,477	66.02
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	1,851,569		1,851,569	0	1,851,569	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	462,886		462,886	0	462,886	70.00
70.01	07001	NEUROMEG	0		0	0	0	70.01
70.02	07002	SLEEP LAB	1,390,406		1,390,406	0	1,390,406	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	46,750,401		46,750,401	0	46,750,401	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	38,376,173		38,376,173	0	38,376,173	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,259,490		40,259,490	0	40,259,490	73.00
74.00	07400	RENAL DIALYSIS	2,276,111		2,276,111	0	2,276,111	74.00
76.97	07697	CARDIAC REHABILITATION	985,562		985,562	0	985,562	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								
90.00	09000	CLINIC	3,423,667		3,423,667	0	3,423,667	90.00
90.01	09001	DAY REHAB	2,719,876		2,719,876	0	2,719,876	90.01
90.02	09002	IMAGING CENTERS	1,385,779		1,385,779	0	1,385,779	90.02
90.03	09003	COUMADIN CLINIC	355,342		355,342	0	355,342	90.03
90.04	09004	WOUND CLINIC	1,394,428		1,394,428	0	1,394,428	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	3,907,729		3,907,729	0	3,907,729	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	239,665		239,665	0	239,665	90.06
91.00	09100	EMERGENCY	11,316,221		11,316,221	0	11,316,221	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,181,127		7,181,127	0	7,181,127	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	10,811,255		10,811,255	0	10,811,255	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	10,676,050		10,676,050		10,676,050	116.00
200.00		Subtotal (see instructions)	434,064,270	0	434,064,270	178,654	434,242,924	200.00
201.00		Less Observation Beds	7,181,127		7,181,127		7,181,127	201.00
202.00		Total (see instructions)	426,883,143	0	426,883,143	178,654	427,061,797	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet C Part I Date/Time Prepared: 11/24/2020 4:19 pm	
					Title XVIII	Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	159,532,064		159,532,064			30.00
31.00	03100	INTENSIVE CARE UNIT	49,594,855		49,594,855			31.00
40.00	04000	SUBPROVIDER - IPF	3,352,192		3,352,192			40.00
41.00	04100	SUBPROVIDER - IRF	51,654,896		51,654,896			41.00
43.00	04300	NURSERY	9,194,851		9,194,851			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	87,084,952	75,065,648	162,150,600	0.140823	0.000000	50.00
50.01	05001	GAMMA KNIFE	79,390	12,541,930	12,621,320	0.084137	0.000000	50.01
50.02	03330	ENDOSCOPY	10,306,175	43,641,941	53,948,116	0.072084	0.000000	50.02
51.00	05100	RECOVERY ROOM	11,055,475	11,254,273	22,309,748	0.131619	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,754,624	761,857	15,516,481	0.385065	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	29,545,427	32,763,299	62,308,726	0.013927	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,314,343	23,048,338	42,362,681	0.102640	0.000000	54.00
54.01	03630	ULTRA SOUND	9,368,588	17,275,848	26,644,436	0.079979	0.000000	54.01
54.02	05401	PET SCAN	40,178	11,842,089	11,882,267	0.091570	0.000000	54.02
54.03	03480	ONCOLOGY	1,948,346	43,955,682	45,904,028	0.051458	0.000000	54.03
54.04	03440	MAMMOGRAPHY	58,051	14,608,142	14,666,193	0.109544	0.000000	54.04
56.00	05600	RADIOISOTOPE	6,076,427	13,440,401	19,516,828	0.053310	0.000000	56.00
57.00	05700	CT SCAN	39,446,635	62,786,225	102,232,860	0.030110	0.000000	57.00
58.00	05800	MRI	11,453,842	25,652,102	37,105,944	0.060822	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	66,451,548	82,332,893	148,784,441	0.064989	0.000000	59.00
60.00	06000	LABORATORY	125,159,451	124,306,600	249,466,051	0.077156	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,533,469	2,047,493	10,580,962	0.163724	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	1,656,372	164,482	1,820,854	0.755143	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	46,897,803	2,104,809	49,002,612	0.096820	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	40,440,471	1,649	40,442,120	0.152573	0.000000	66.00
66.01	06601	REHAB OUTPATIENT	10,317	11,036,711	11,047,028	0.304262	0.000000	66.01
66.02	06602	REHAB MED SURGICAL	18,709,549	896,570	19,606,119	0.201033	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	25,319,000	23,485,811	48,804,811	0.037938	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,182,830	3,489,379	4,672,209	0.099072	0.000000	70.00
70.01	07001	NEUROMEG	0	0	0	0.000000	0.000000	70.01
70.02	07002	SLEEP LAB	14,597	10,215,320	10,229,917	0.135916	0.000000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	41,439,174	34,367,285	75,806,459	0.616707	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	56,302,539	34,886,655	91,189,194	0.420841	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	107,644,061	79,325,136	186,969,197	0.215327	0.000000	73.00
74.00	07400	RENAL DIALYSIS	7,004,728	177,520	7,182,248	0.316908	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	8,538	1,370,279	1,378,817	0.714788	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	535,676	18,235,816	18,771,492	0.182387	0.000000	90.00
90.01	09001	DAY REHAB	12,253	11,413,819	11,426,072	0.238041	0.000000	90.01
90.02	09002	IMAGING CENTERS	45,009	13,670,495	13,715,504	0.101037	0.000000	90.02
90.03	09003	COUMADIN CLINIC	4,352	1,059,451	1,063,803	0.334030	0.000000	90.03
90.04	09004	WOUND CLINIC	117,993	16,865,488	16,983,481	0.082105	0.000000	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	456,261	63,343,406	63,799,667	0.061250	0.000000	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	14,465	474,252	488,717	0.490396	0.000000	90.06
91.00	09100	EMERGENCY	34,773,067	79,204,455	113,977,522	0.099285	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	8,115,056	14,546,086	22,661,142	0.316892	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
101.00	10100	HOME HEALTH AGENCY	0	10,891,779	10,891,779			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	0	10,976,463	10,976,463			116.00
200.00		Subtotal (see instructions)	1,104,709,890	1,039,527,877	2,144,237,767			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,104,709,890	1,039,527,877	2,144,237,767			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet C
Part I
Date/Time Prepared:
11/24/2020 4:19 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
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	0.140882		50.00
50.01	05001	GAMMA KNIFE	0.092568		50.01
50.02	03330	ENDOSCOPY	0.072084		50.02
51.00	05100	RECOVERY ROOM	0.131619		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.385065		52.00
53.00	05300	ANESTHESIOLOGY	0.013927		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.102640		54.00
54.01	03630	ULTRA SOUND	0.079979		54.01
54.02	05401	PET SCAN	0.091570		54.02
54.03	03480	ONCOLOGY	0.051458		54.03
54.04	03440	MAMMOGRAPHY	0.109544		54.04
56.00	05600	RADIOISOTOPE	0.053310		56.00
57.00	05700	CT SCAN	0.030110		57.00
58.00	05800	MRI	0.060822		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.064989		59.00
60.00	06000	LABORATORY	0.077156		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.163724		63.00
64.00	06400	INTRAVENOUS THERAPY	0.755143		64.00
65.00	06500	RESPIRATORY THERAPY	0.096820		65.00
66.00	06600	PHYSICAL THERAPY	0.152573		66.00
66.01	06601	REHAB OUTPATIENT	0.304262		66.01
66.02	06602	REHAB MED SURGICAL	0.201033		66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.037938		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.099072		70.00
70.01	07001	NEUROMEG	0.000000		70.01
70.02	07002	SLEEP LAB	0.135916		70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.616707		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.420841		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215327		73.00
74.00	07400	RENAL DIALYSIS	0.316908		74.00
76.97	07697	CARDIAC REHABILITATION	0.714788		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.182387		90.00
90.01	09001	DAY REHAB	0.238041		90.01
90.02	09002	IMAGING CENTERS	0.101037		90.02
90.03	09003	COUMADIN CLINIC	0.334030		90.03
90.04	09004	WOUND CLINIC	0.082105		90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.061250		90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0.490396		90.06
91.00	09100	EMERGENCY	0.099285		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.316892		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW - SNF			114.00
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:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet C Part I Date/Time Prepared: 11/24/2020 4:19 pm	
					Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	69,671,434		69,671,434	0	69,671,434	30.00
31.00	03100	INTENSIVE CARE UNIT	20,892,901		20,892,901	0	20,892,901	31.00
40.00	04000	SUBPROVIDER - IPF	2,213,971		2,213,971	0	2,213,971	40.00
41.00	04100	SUBPROVIDER - IRF	47,151,028		47,151,028	62,778	47,213,806	41.00
43.00	04300	NURSERY	2,653,419		2,653,419	0	2,653,419	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,834,597		22,834,597	9,461	22,844,058	50.00
50.01	05001	GAMMA KNIFE	1,061,919		1,061,919	106,415	1,168,334	50.01
50.02	03330	ENDOSCOPY	3,888,806		3,888,806	0	3,888,806	50.02
51.00	05100	RECOVERY ROOM	2,936,386		2,936,386	0	2,936,386	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,974,861		5,974,861	0	5,974,861	52.00
53.00	05300	ANESTHESIOLOGY	867,755		867,755	0	867,755	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,348,103		4,348,103	0	4,348,103	54.00
54.01	03630	ULTRA SOUND	2,130,983		2,130,983	0	2,130,983	54.01
54.02	05401	PET SCAN	1,088,063		1,088,063	0	1,088,063	54.02
54.03	03480	ONCOLOGY	2,362,147		2,362,147	0	2,362,147	54.03
54.04	03440	MAMMOGRAPHY	1,606,600		1,606,600	0	1,606,600	54.04
56.00	05600	RADIOISOTOPE	1,040,439		1,040,439	0	1,040,439	56.00
57.00	05700	CT SCAN	3,078,195		3,078,195	0	3,078,195	57.00
58.00	05800	MRI	2,256,859		2,256,859	0	2,256,859	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,669,403		9,669,403	0	9,669,403	59.00
60.00	06000	LABORATORY	19,247,810		19,247,810	0	19,247,810	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,732,360		1,732,360	0	1,732,360	63.00
64.00	06400	INTRAVENOUS THERAPY	1,375,005		1,375,005	0	1,375,005	64.00
65.00	06500	RESPIRATORY THERAPY	4,744,432	0	4,744,432	0	4,744,432	65.00
66.00	06600	PHYSICAL THERAPY	6,170,394	0	6,170,394	0	6,170,394	66.00
66.01	06601	REHAB OUTPATIENT	3,361,186	0	3,361,186	0	3,361,186	66.01
66.02	06602	REHAB MED SURGICAL	3,941,477	0	3,941,477	0	3,941,477	66.02
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	1,851,569		1,851,569	0	1,851,569	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	462,886		462,886	0	462,886	70.00
70.01	07001	NEUROMEG	0		0	0	0	70.01
70.02	07002	SLEEP LAB	1,390,406		1,390,406	0	1,390,406	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	46,750,401		46,750,401	0	46,750,401	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	38,376,173		38,376,173	0	38,376,173	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,259,490		40,259,490	0	40,259,490	73.00
74.00	07400	RENAL DIALYSIS	2,276,111		2,276,111	0	2,276,111	74.00
76.97	07697	CARDIAC REHABILITATION	985,562		985,562	0	985,562	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								
90.00	09000	CLINIC	3,423,667		3,423,667	0	3,423,667	90.00
90.01	09001	DAY REHAB	2,719,876		2,719,876	0	2,719,876	90.01
90.02	09002	IMAGING CENTERS	1,385,779		1,385,779	0	1,385,779	90.02
90.03	09003	COUMADIN CLINIC	355,342		355,342	0	355,342	90.03
90.04	09004	WOUND CLINIC	1,394,428		1,394,428	0	1,394,428	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	3,907,729		3,907,729	0	3,907,729	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	239,665		239,665	0	239,665	90.06
91.00	09100	EMERGENCY	11,316,221		11,316,221	0	11,316,221	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,181,127		7,181,127	0	7,181,127	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
101.00	10100	HOME HEALTH AGENCY	10,811,255		10,811,255	0	10,811,255	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
116.00	11600	HOSPICE	10,676,050		10,676,050		10,676,050	116.00
200.00		Subtotal (see instructions)	434,064,270	0	434,064,270	178,654	434,242,924	200.00
201.00		Less Observation Beds	7,181,127		7,181,127		7,181,127	201.00
202.00		Total (see instructions)	426,883,143	0	426,883,143	178,654	427,061,797	202.00

MCRIF32 - 16.4.169.4

Health Financial Systems			ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN:14-0258		Period: From 07/01/2019 To 06/30/2020	Worksheet C Part I Date/Time Prepared: 11/24/2020 4:19 pm
			Title XIX		Hospital	Cost
Cost Center Description			PPS Inpatient Ratio			
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
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
50.01	05001	GAMMA KNIFE	0.000000			50.01
50.02	03330	ENDOSCOPY	0.000000			50.02
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03630	ULTRA SOUND	0.000000			54.01
54.02	05401	PET SCAN	0.000000			54.02
54.03	03480	ONCOLOGY	0.000000			54.03
54.04	03440	MAMMOGRAPHY	0.000000			54.04
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
66.01	06601	REHAB OUTPATIENT	0.000000			66.01
66.02	06602	REHAB MED SURGICAL	0.000000			66.02
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	07001	NEUROMEG	0.000000			70.01
70.02	07002	SLEEP LAB	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
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						
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	DAY REHAB	0.000000			90.01
90.02	09002	IMAGING CENTERS	0.000000			90.02
90.03	09003	COUMADIN CLINIC	0.000000			90.03
90.04	09004	WOUND CLINIC	0.000000			90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.000000			90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0.000000			90.06
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000			94.00
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW - SNF				114.00
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:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet D
Part I
Date/Time Prepared:
11/24/2020 4:19 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	5,670,129	0	5,670,129	65,013	87.22	30.00
31.00	INTENSIVE CARE UNIT	1,187,333		1,187,333	9,499	125.00	31.00
40.00	SUBPROVIDER - IPF	455,194	0	455,194	1,425	319.43	40.00
41.00	SUBPROVIDER - IRF	2,129,520	0	2,129,520	20,835	102.21	41.00
43.00	NURSERY	179,765		179,765	4,529	39.69	43.00
200.00	Total (lines 30 through 199)	9,621,941		9,621,941	101,301		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	25,406	2,215,911				
31.00	INTENSIVE CARE UNIT	5,881	735,125				
40.00	SUBPROVIDER - IPF	1,153	368,303				
41.00	SUBPROVIDER - IRF	12,469	1,274,456				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	44,909	4,593,795				

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part II Date/Time Prepared: 11/24/2020 4:19 pm	
				Title XVIII	Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,210,761	162,150,600	0.025968	35,904,570	932,370 50.00
50.01	05001	GAMMA KNIFE	120,823	12,621,320	0.009573	42,070	403 50.01
50.02	03330	ENDOSCOPY	579,465	53,948,116	0.010741	4,782,247	51,366 50.02
51.00	05100	RECOVERY ROOM	229,995	22,309,748	0.010309	3,923,096	40,443 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	727,458	15,516,481	0.046883	927,559	43,487 52.00
53.00	05300	ANESTHESIOLOGY	606,061	62,308,726	0.009727	11,525,476	112,108 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	692,268	42,362,681	0.016341	9,133,423	149,249 54.00
54.01	03630	ULTRA SOUND	289,155	26,644,436	0.010852	4,237,052	45,980 54.01
54.02	05401	PET SCAN	656,790	11,882,267	0.055275	35,861	1,982 54.02
54.03	03480	ONCOLOGY	602,692	45,904,028	0.013129	1,056,835	13,875 54.03
54.04	03440	MAMMOGRAPHY	242,327	14,666,193	0.016523	26,171	432 54.04
56.00	05600	RADIOISOTOPE	187,677	19,516,828	0.009616	3,247,639	31,229 56.00
57.00	05700	CT SCAN	353,235	102,232,860	0.003455	17,360,340	59,980 57.00
58.00	05800	MRI	489,118	37,105,944	0.013182	4,869,448	64,189 58.00
59.00	05900	CARDIAC CATHETERIZATION	1,402,004	148,784,441	0.009423	30,726,787	289,539 59.00
60.00	06000	LABORATORY	1,293,927	249,466,051	0.005187	51,240,366	265,784 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	46,461	10,580,962	0.004391	3,817,063	16,761 63.00
64.00	06400	INTRAVENOUS THERAPY	25,543	1,820,854	0.014028	758,191	10,636 64.00
65.00	06500	RESPIRATORY THERAPY	147,628	49,002,612	0.003013	21,274,246	64,099 65.00
66.00	06600	PHYSICAL THERAPY	308,269	40,442,120	0.007622	6,429,046	49,002 66.00
66.01	06601	REHAB OUTPATIENT	263,079	11,047,028	0.023814	1,998	48 66.01
66.02	06602	REHAB MED SURGICAL	57,112	19,606,119	0.002913	3,319,841	9,671 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	301,753	48,804,811	0.006183	10,946,779	67,684 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	119,475	4,672,209	0.025571	474,343	12,129 70.00
70.01	07001	NEUROMEG	0	0	0.000000	0	0 70.01
70.02	07002	SLEEP LAB	198,712	10,229,917	0.019425	4,914	95 70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	499,667	75,806,459	0.006591	14,816,517	97,656 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	613,466	91,189,194	0.006727	29,545,606	198,753 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	502,223	186,969,197	0.002686	44,312,875	119,024 73.00
74.00	07400	RENAL DIALYSIS	43,116	7,182,248	0.006003	2,886,095	17,325 74.00
76.97	07697	CARDIAC REHABILITATION	178,384	1,378,817	0.129375	3,943	510 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	393,784	18,771,492	0.020978	273,605	5,740 90.00
90.01	09001	DAY REHAB	85,088	11,426,072	0.007447	1,659	12 90.01
90.02	09002	IMAGING CENTERS	183,663	13,715,504	0.013391	20,182	270 90.02
90.03	09003	COUMADIN CLINIC	20,367	1,063,803	0.019145	457	9 90.03
90.04	09004	WOUND CLINIC	208,279	16,983,481	0.012264	24,449	300 90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	831,697	63,799,667	0.013036	218,117	2,843 90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	4,554	488,717	0.009318	971	9 90.06
91.00	09100	EMERGENCY	635,207	113,977,522	0.005573	16,656,591	92,827 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	584,429	22,661,142	0.025790	4,336,302	111,833 92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0 94.00
200.00		Total (lines 50 through 199)	18,935,712	1,849,040,667		339,162,730	2,979,652 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0258		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part III Date/Time Prepared: 11/24/2020 4:19 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	503,520	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	82,023	0	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	12,305	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	179,909	0	41.00		
43.00	04300	NURSERY	0	0	0	39,108	0	43.00		
200.00		Total (lines 30 through 199)	0	0	0	816,865	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	503,520	65,013	7.74	25,406	30.00		
31.00	03100	INTENSIVE CARE UNIT		82,023	9,499	8.63	5,881	31.00		
40.00	04000	SUBPROVIDER - IPF	0	12,305	1,425	8.64	1,153	40.00		
41.00	04100	SUBPROVIDER - IRF	0	179,909	20,835	8.63	12,469	41.00		
43.00	04300	NURSERY		39,108	4,529	8.64	0	43.00		
200.00		Total (lines 30 through 199)		816,865	101,301		44,909	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	196,642						30.00	
31.00	03100	INTENSIVE CARE UNIT	50,753						31.00	
40.00	04000	SUBPROVIDER - IPF	9,962						40.00	
41.00	04100	SUBPROVIDER - IRF	107,607						41.00	
43.00	04300	NURSERY	0						43.00	
200.00		Total (lines 30 through 199)	364,964						200.00	

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN:14-0258		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 4:19 pm
			Title XVIII		Hospital		PPS
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School Post-Stepdown Adjustments	Allied Health Post-Stepdown Adjustments	Allied Health
			1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
50.01	05001	GAMMA KNIFE	0	0	0	0	0 50.01
50.02	03330	ENDOSCOPY	0	0	0	0	0 50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	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	PET SCAN	0	0	0	0	0 54.02
54.03	03480	ONCOLOGY	0	0	0	0	0 54.03
54.04	03440	MAMMOGRAPHY	0	0	0	0	0 54.04
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MRI	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	0	0	0	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
66.01	06601	REHAB OUTPATIENT	0	0	0	0	0 66.01
66.02	06602	REHAB MED SURGICAL	0	0	0	0	0 66.02
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	07001	NEUROMEG	0	0	0	0	0 70.01
70.02	07002	SLEEP LAB	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
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							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	DAY REHAB	0	0	0	0	0 90.01
90.02	09002	IMAGING CENTERS	0	0	0	0	0 90.02
90.03	09003	COUMADIN CLINIC	0	0	0	0	0 90.03
90.04	09004	WOUND CLINIC	0	0	0	0	0 90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	0	0	0 90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	0	0	0 90.06
91.00	09100	EMERGENCY	0	0	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0		51,898 92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
200.00		Total (lines 50 through 199)	0	0	0	0	51,898 200.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part IV Date/Time Prepared: 11/24/2020 4:19 pm	
				Title XVIII	Hospital	PPS	
Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	162,150,600	0.000000 50.00
50.01	05001	GAMMA KNIFE	0	0	0	12,621,320	0.000000 50.01
50.02	03330	ENDOSCOPY	0	0	0	53,948,116	0.000000 50.02
51.00	05100	RECOVERY ROOM	0	0	0	22,309,748	0.000000 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	15,516,481	0.000000 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	62,308,726	0.000000 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	42,362,681	0.000000 54.00
54.01	03630	ULTRA SOUND	0	0	0	26,644,436	0.000000 54.01
54.02	05401	PET SCAN	0	0	0	11,882,267	0.000000 54.02
54.03	03480	ONCOLOGY	0	0	0	45,904,028	0.000000 54.03
54.04	03440	MAMMOGRAPHY	0	0	0	14,666,193	0.000000 54.04
56.00	05600	RADIOISOTOPE	0	0	0	19,516,828	0.000000 56.00
57.00	05700	CT SCAN	0	0	0	102,232,860	0.000000 57.00
58.00	05800	MRI	0	0	0	37,105,944	0.000000 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	148,784,441	0.000000 59.00
60.00	06000	LABORATORY	0	0	0	249,466,051	0.000000 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	10,580,962	0.000000 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,820,854	0.000000 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	49,002,612	0.000000 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	40,442,120	0.000000 66.00
66.01	06601	REHAB OUTPATIENT	0	0	0	11,047,028	0.000000 66.01
66.02	06602	REHAB MED SURGICAL	0	0	0	19,606,119	0.000000 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	48,804,811	0.000000 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,672,209	0.000000 70.00
70.01	07001	NEUROMEG	0	0	0	0	0.000000 70.01
70.02	07002	SLEEP LAB	0	0	0	10,229,917	0.000000 70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	75,806,459	0.000000 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	91,189,194	0.000000 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	186,969,197	0.000000 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	7,182,248	0.000000 74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,378,817	0.000000 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	18,771,492	0.000000 90.00
90.01	09001	DAY REHAB	0	0	0	11,426,072	0.000000 90.01
90.02	09002	IMAGING CENTERS	0	0	0	13,715,504	0.000000 90.02
90.03	09003	COUMADIN CLINIC	0	0	0	1,063,803	0.000000 90.03
90.04	09004	WOUND CLINIC	0	0	0	16,983,481	0.000000 90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	0	63,799,667	0.000000 90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	0	488,717	0.000000 90.06
91.00	09100	EMERGENCY	0	0	0	113,977,522	0.000000 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	51,898	51,898	22,661,142	0.002290 92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000 94.00
200.00		Total (lines 50 through 199)	0	51,898	51,898	1,849,040,667	200.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN:14-0258		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 4:19 pm
			Title XVIII		Hospital		PPS
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	35,904,570	0	14,631,002	0 50.00
50.01	05001	GAMMA KNIFE	0.000000	42,070	0	5,213,472	0 50.01
50.02	03330	ENDOSCOPY	0.000000	4,782,247	0	13,302,931	0 50.02
51.00	05100	RECOVERY ROOM	0.000000	3,923,096	0	2,847,261	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	927,559	0	112,716	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	11,525,476	0	8,816,866	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	9,133,423	0	7,474,672	0 54.00
54.01	03630	ULTRA SOUND	0.000000	4,237,052	0	4,599,870	0 54.01
54.02	05401	PET SCAN	0.000000	35,861	0	5,576,491	0 54.02
54.03	03480	ONCOLOGY	0.000000	1,056,835	0	18,085,497	0 54.03
54.04	03440	MAMMOGRAPHY	0.000000	26,171	0	1,659,682	0 54.04
56.00	05600	RADIOISOTOPE	0.000000	3,247,639	0	5,982,433	0 56.00
57.00	05700	CT SCAN	0.000000	17,360,340	0	20,308,127	0 57.00
58.00	05800	MRI	0.000000	4,869,448	0	8,357,609	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	30,726,787	0	39,855,998	0 59.00
60.00	06000	LABORATORY	0.000000	51,240,366	0	16,167,344	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	3,817,063	0	999,651	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	758,191	0	61,828	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	21,274,246	0	691,353	0 65.00
66.00	06600	PHYSICAL THERAPY	0.000000	6,429,046	0	27	0 66.00
66.01	06601	REHAB OUTPATIENT	0.000000	1,998	0	24,091	0 66.01
66.02	06602	REHAB MED SURGICAL	0.000000	3,319,841	0	4,658	0 66.02
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	10,946,779	0	7,042,834	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	474,343	0	937,162	0 70.00
70.01	07001	NEUROMEG	0.000000	0	0	0	0 70.01
70.02	07002	SLEEP LAB	0.000000	4,914	0	2,134,904	0 70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	14,816,517	0	8,148,850	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	29,545,606	0	18,583,938	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	44,312,875	0	32,702,742	0 73.00
74.00	07400	RENAL DIALYSIS	0.000000	2,886,095	0	72,666	0 74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	3,943	0	549,184	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							
90.00	09000	CLINIC	0.000000	273,605	0	6,071,821	0 90.00
90.01	09001	DAY REHAB	0.000000	1,659	0	95,672	0 90.01
90.02	09002	IMAGING CENTERS	0.000000	20,182	0	3,923,217	0 90.02
90.03	09003	COUMADIN CLINIC	0.000000	457	0	352,197	0 90.03
90.04	09004	WOUND CLINIC	0.000000	24,449	0	6,745,681	0 90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.000000	218,117	0	23,401,166	0 90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0.000000	971	0	179,251	0 90.06
91.00	09100	EMERGENCY	0.000000	16,656,591	0	16,278,685	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.002290	4,336,302	9,930	4,180,176	9,573 92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0 94.00
200.00		Total (lines 50 through 199)		339,162,730	9,930	306,173,725	9,573 200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part V Date/Time Prepared: 11/24/2020 4:19 pm
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		Title XVIII		Hospital		PPS	
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	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	0.140823	14,631,002	23,702	351	2,060,382	50.00
50.01	05001 GAMMA KNIFE	0.084137	5,213,472	2	0	438,646	50.01
50.02	03330 ENDOSCOPY	0.072084	13,302,931	0	0	958,928	50.02
51.00	05100 RECOVERY ROOM	0.131619	2,847,261	0	0	374,754	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.385065	112,716	0	0	43,403	52.00
53.00	05300 ANESTHESIOLOGY	0.013927	8,816,866	0	0	122,792	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.102640	7,474,672	7	7	767,200	54.00
54.01	03630 ULTRA SOUND	0.079979	4,599,870	5	0	367,893	54.01
54.02	05401 PET SCAN	0.091570	5,576,491	0	3	510,639	54.02
54.03	03480 ONCOLOGY	0.051458	18,085,497	0	450	930,644	54.03
54.04	03440 MAMMOGRAPHY	0.109544	1,659,682	11	0	181,808	54.04
56.00	05600 RADIOISOTOPE	0.053310	5,982,433	1	0	318,924	56.00
57.00	05700 CT SCAN	0.030110	20,308,127	9	606	611,478	57.00
58.00	05800 MRI	0.060822	8,357,609	0	395	508,326	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.064989	39,855,998	15,410	0	2,590,201	59.00
60.00	06000 LABORATORY	0.077156	16,167,344	0	0	1,247,408	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.163724	999,651	0	68	163,667	63.00
64.00	06400 INTRAVENOUS THERAPY	0.755143	61,828	1	0	46,689	64.00
65.00	06500 RESPIRATORY THERAPY	0.096820	691,353	6	0	66,937	65.00
66.00	06600 PHYSICAL THERAPY	0.152573	27	0	0	4	66.00
66.01	06601 REHAB OUTPATIENT	0.304262	24,091	0	0	7,330	66.01
66.02	06602 REHAB MED SURGICAL	0.201033	4,658	0	0	936	66.02
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	0.037938	7,042,834	4,508	90	267,191	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.099072	937,162	0	0	92,847	70.00
70.01	07001 NEUROMEG	0.000000	0	0	0	0	70.01
70.02	07002 SLEEP LAB	0.135916	2,134,904	0	0	290,168	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.616707	8,148,850	0	7	5,025,453	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.420841	18,583,938	0	0	7,820,883	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.215327	32,702,742	5	47,121	7,041,783	73.00
74.00	07400 RENAL DIALYSIS	0.316908	72,666	1	0	23,028	74.00
76.97	07697 CARDIAC REHABILITATION	0.714788	549,184	23	0	392,550	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							
90.00	09000 CLINIC	0.182387	6,071,821	48	321	1,107,421	90.00
90.01	09001 DAY REHAB	0.238041	95,672	1	0	22,774	90.01
90.02	09002 IMAGING CENTERS	0.101037	3,923,217	0	52	396,390	90.02
90.03	09003 COUMADIN CLINIC	0.334030	352,197	5	0	117,644	90.03
90.04	09004 WOUND CLINIC	0.082105	6,745,681	58	1,000	553,854	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0.061250	23,401,166	7,419	464	1,433,321	90.05
90.06	09007 CONGESTIVE HEART FAILURE CLINIC	0.490396	179,251	3	0	87,904	90.06
91.00	09100 EMERGENCY	0.099285	16,278,685	0	0	1,616,229	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.316892	4,180,176	0	0	1,324,664	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
200.00	Subtotal (see instructions)		306,173,725	51,225	50,935	39,933,093	200.00
201.00	Less PBP Clinic Lab. Services-Program			0	0	0	201.00
202.00	Only Charges						
202.00	Net Charges (line 200 - line 201)		306,173,725	51,225	50,935	39,933,093	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-0258		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part V Date/Time Prepared: 11/24/2020 4:19 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Costs					
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
			6.00	7.00				
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,338	49				50.00
50.01	05001	GAMMA KNIFE	0	0				50.01
50.02	03330	ENDOSCOPY	0	0				50.02
51.00	05100	RECOVERY ROOM	0	0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0				52.00
53.00	05300	ANESTHESIOLOGY	0	0				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1	1				54.00
54.01	03630	ULTRA SOUND	0	0				54.01
54.02	05401	PET SCAN	0	0				54.02
54.03	03480	ONCOLOGY	0	23				54.03
54.04	03440	MAMMOGRAPHY	1	0				54.04
56.00	05600	RADIOISOTOPE	0	0				56.00
57.00	05700	CT SCAN	0	18				57.00
58.00	05800	MRI	0	24				58.00
59.00	05900	CARDIAC CATHETERIZATION	1,001	0				59.00
60.00	06000	LABORATORY	0	0				60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	11				63.00
64.00	06400	INTRAVENOUS THERAPY	1	0				64.00
65.00	06500	RESPIRATORY THERAPY	1	0				65.00
66.00	06600	PHYSICAL THERAPY	0	0				66.00
66.01	06601	REHAB OUTPATIENT	0	0				66.01
66.02	06602	REHAB MED SURGICAL	0	0				66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0				67.00
68.00	06800	SPEECH PATHOLOGY	0	0				68.00
69.00	06900	ELECTROCARDIOLOGY	171	3				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0				70.00
70.01	07001	NEUROMEG	0	0				70.01
70.02	07002	SLEEP LAB	0	0				70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1	10,146				73.00
74.00	07400	RENAL DIALYSIS	0	0				74.00
76.97	07697	CARDIAC REHABILITATION	16	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								
90.00	09000	CLINIC	9	59				90.00
90.01	09001	DAY REHAB	0	0				90.01
90.02	09002	IMAGING CENTERS	0	5				90.02
90.03	09003	COUMADIN CLINIC	2	0				90.03
90.04	09004	WOUND CLINIC	5	82				90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	454	28				90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	1	0				90.06
91.00	09100	EMERGENCY	0	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0				92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0				94.00
200.00		Subtotal (see instructions)	5,002	10,453				200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0					201.00
202.00		Net Charges (line 200 - line 201)	5,002	10,453				202.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER			In Lieu of Form CMS-2552-10			
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part II Date/Time Prepared: 11/24/2020 4:19 pm		
				Component CCN:14-S258				
				Title XVIII	Subprovider - IP#	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	4,210,761	162,150,600	0.025968	0	0	50.00
50.01	05001	GAMMA KNIFE	120,823	12,621,320	0.009573	0	0	50.01
50.02	03330	ENDOSCOPY	579,465	53,948,116	0.010741	0	0	50.02
51.00	05100	RECOVERY ROOM	229,995	22,309,748	0.010309	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	727,458	15,516,481	0.046883	0	0	52.00
53.00	05300	ANESTHESIOLOGY	606,061	62,308,726	0.009727	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	692,268	42,362,681	0.016341	43,862	717	54.00
54.01	03630	ULTRA SOUND	289,155	26,644,436	0.010852	10,245	111	54.01
54.02	05401	PET SCAN	656,790	11,882,267	0.055275	0	0	54.02
54.03	03480	ONCOLOGY	602,692	45,904,028	0.013129	0	0	54.03
54.04	03440	MAMMOGRAPHY	242,327	14,666,193	0.016523	0	0	54.04
56.00	05600	RADIOISOTOPE	187,677	19,516,828	0.009616	0	0	56.00
57.00	05700	CT SCAN	353,235	102,232,860	0.003455	124,416	430	57.00
58.00	05800	MRI	489,118	37,105,944	0.013182	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,402,004	148,784,441	0.009423	0	0	59.00
60.00	06000	LABORATORY	1,293,927	249,466,051	0.005187	549,205	2,849	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	46,461	10,580,962	0.004391	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	25,543	1,820,854	0.014028	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	147,628	49,002,612	0.003013	28,258	85	65.00
66.00	06600	PHYSICAL THERAPY	308,269	40,442,120	0.007622	0	0	66.00
66.01	06601	REHAB OUTPATIENT	263,079	11,047,028	0.023814	0	0	66.01
66.02	06602	REHAB MED SURGICAL	57,112	19,606,119	0.002913	47,118	137	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	301,753	48,804,811	0.006183	25,832	160	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	119,475	4,672,209	0.025571	0	0	70.00
70.01	07001	NEUROMEG	0	0	0.000000	0	0	70.01
70.02	07002	SLEEP LAB	198,712	10,229,917	0.019425	0	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	499,667	75,806,459	0.006591	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	613,466	91,189,194	0.006727	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	502,223	186,969,197	0.002686	275,442	740	73.00
74.00	07400	RENAL DIALYSIS	43,116	7,182,248	0.006003	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	178,384	1,378,817	0.129375	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	393,784	18,771,492	0.020978	0	0	90.00
90.01	09001	DAY REHAB	85,088	11,426,072	0.007447	0	0	90.01
90.02	09002	IMAGING CENTERS	183,663	13,715,504	0.013391	0	0	90.02
90.03	09003	COUMADIN CLINIC	20,367	1,063,803	0.019145	0	0	90.03
90.04	09004	WOUND CLINIC	208,279	16,983,481	0.012264	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	831,697	63,799,667	0.013036	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	4,554	488,717	0.009318	0	0	90.06
91.00	09100	EMERGENCY	635,207	113,977,522	0.005573	130,754	729	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	22,661,142	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
200.00		Total (lines 50 through 199)	18,351,283	1,849,040,667		1,235,132	5,958	200.00

Health Financial Systems			ALEXIAN BROTHERS MEDICAL CENTER			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN:14-0258		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 4:19 pm	
			Component CCN:14-S258					
			Title XVIII		Subprovider - IP#		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	GAMMA KNIFE	0	0	0	0	0	50.01
50.02	03330	ENDOSCOPY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	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	PET SCAN	0	0	0	0	0	54.02
54.03	03480	ONCOLOGY	0	0	0	0	0	54.03
54.04	03440	MAMMOGRAPHY	0	0	0	0	0	54.04
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0	0	0	0	0	66.01
66.02	06602	REHAB MED SURGICAL	0	0	0	0	0	66.02
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	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	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
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								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DAY REHAB	0	0	0	0	0	90.01
90.02	09002	IMAGING CENTERS	0	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	0	0	0	0	0	90.03
90.04	09004	WOUND CLINIC	0	0	0	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0			92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

Health Financial Systems			ALEXIAN BROTHERS MEDICAL CENTER			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN:14-0258		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 4:19 pm	
			Component CCN:14-S258					
			Title XVIII		Subprovider - IP#		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)	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	162,150,600	0.000000	50.00
50.01	05001	GAMMA KNIFE	0	0	0	12,621,320	0.000000	50.01
50.02	03330	ENDOSCOPY	0	0	0	53,948,116	0.000000	50.02
51.00	05100	RECOVERY ROOM	0	0	0	22,309,748	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	15,516,481	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	62,308,726	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	42,362,681	0.000000	54.00
54.01	03630	ULTRA SOUND	0	0	0	26,644,436	0.000000	54.01
54.02	05401	PET SCAN	0	0	0	11,882,267	0.000000	54.02
54.03	03480	ONCOLOGY	0	0	0	45,904,028	0.000000	54.03
54.04	03440	MAMMOGRAPHY	0	0	0	14,666,193	0.000000	54.04
56.00	05600	RADIOISOTOPE	0	0	0	19,516,828	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	102,232,860	0.000000	57.00
58.00	05800	MRI	0	0	0	37,105,944	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	148,784,441	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	249,466,051	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	10,580,962	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,820,854	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	49,002,612	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	40,442,120	0.000000	66.00
66.01	06601	REHAB OUTPATIENT	0	0	0	11,047,028	0.000000	66.01
66.02	06602	REHAB MED SURGICAL	0	0	0	19,606,119	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	48,804,811	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,672,209	0.000000	70.00
70.01	07001	NEUROMEG	0	0	0	0	0.000000	70.01
70.02	07002	SLEEP LAB	0	0	0	10,229,917	0.000000	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	75,806,459	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	91,189,194	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	186,969,197	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	7,182,248	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,378,817	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	18,771,492	0.000000	90.00
90.01	09001	DAY REHAB	0	0	0	11,426,072	0.000000	90.01
90.02	09002	IMAGING CENTERS	0	0	0	13,715,504	0.000000	90.02
90.03	09003	COUMADIN CLINIC	0	0	0	1,063,803	0.000000	90.03
90.04	09004	WOUND CLINIC	0	0	0	16,983,481	0.000000	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	0	63,799,667	0.000000	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	0	488,717	0.000000	90.06
91.00	09100	EMERGENCY	0	0	0	113,977,522	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	22,661,142	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
200.00	Total (lines 50 through 199)		0	0	0	1,849,040,667		200.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part IV Date/Time Prepared: 11/24/2020 4:19 pm	
				Component CCN:14-S258			
				Title XVIII	Subprovider - IP#	PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01	05001 GAMMA KNIFE	0.000000	0	0	0	0	50.01
50.02	03330 ENDOSCOPY	0.000000	0	0	0	0	50.02
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	43,862	0	0	0	54.00
54.01	03630 ULTRA SOUND	0.000000	10,245	0	0	0	54.01
54.02	05401 PET SCAN	0.000000	0	0	0	0	54.02
54.03	03480 ONCOLOGY	0.000000	0	0	0	0	54.03
54.04	03440 MAMMOGRAPHY	0.000000	0	0	0	0	54.04
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	124,416	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	549,205	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	28,258	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
66.01	06601 REHAB OUTPATIENT	0.000000	0	0	0	0	66.01
66.02	06602 REHAB MED SURGICAL	0.000000	47,118	0	0	0	66.02
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	25,832	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01	07001 NEUROMEG	0.000000	0	0	0	0	70.01
70.02	07002 SLEEP LAB	0.000000	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	0.000000	275,442	0	1,521	0	73.00
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							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 DAY REHAB	0.000000	0	0	0	0	90.01
90.02	09002 IMAGING CENTERS	0.000000	0	0	0	0	90.02
90.03	09003 COUMADIN CLINIC	0.000000	0	0	0	0	90.03
90.04	09004 WOUND CLINIC	0.000000	0	0	0	0	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0.000000	0	0	0	0	90.05
90.06	09007 CONGESTIVE HEART FAILURE CLINIC	0.000000	0	0	0	0	90.06
91.00	09100 EMERGENCY	0.000000	130,754	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
200.00	Total (lines 50 through 199)		1,235,132	0	1,521	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part V Date/Time Prepared: 11/24/2020 4:19 pm
	Component CCN:14-S258		

Title XVIII		Subprovider - IP#		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	0.140823	0	0	0	0 50.00
50.01 05001 GAMMA KNIFE	0.084137	0	0	0	0 50.01
50.02 03330 ENDOSCOPY	0.072084	0	0	0	0 50.02
51.00 05100 RECOVERY ROOM	0.131619	0	0	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.385065	0	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0.013927	0	0	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.102640	0	0	0	0 54.00
54.01 03630 ULTRA SOUND	0.079979	0	0	0	0 54.01
54.02 05401 PET SCAN	0.091570	0	0	0	0 54.02
54.03 03480 ONCOLOGY	0.051458	0	0	0	0 54.03
54.04 03440 MAMMOGRAPHY	0.109544	0	0	0	0 54.04
56.00 05600 RADIOISOTOPE	0.053310	0	0	0	0 56.00
57.00 05700 CT SCAN	0.030110	0	0	0	0 57.00
58.00 05800 MRI	0.060822	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.064989	0	0	0	0 59.00
60.00 06000 LABORATORY	0.077156	0	0	0	0 60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.163724	0	0	0	0 63.00
64.00 06400 INTRAVENOUS THERAPY	0.755143	0	0	0	0 64.00
65.00 06500 RESPIRATORY THERAPY	0.096820	0	0	0	0 65.00
66.00 06600 PHYSICAL THERAPY	0.152573	0	0	0	0 66.00
66.01 06601 REHAB OUTPATIENT	0.304262	0	0	0	0 66.01
66.02 06602 REHAB MED SURGICAL	0.201033	0	0	0	0 66.02
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	0.037938	0	0	0	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.099072	0	0	0	0 70.00
70.01 07001 NEUROMEG	0.000000	0	0	0	0 70.01
70.02 07002 SLEEP LAB	0.135916	0	0	0	0 70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.616707	0	0	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.420841	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.215327	1,521	0	949	328 73.00
74.00 07400 RENAL DIALYSIS	0.316908	0	0	0	0 74.00
76.97 07697 CARDIAC REHABILITATION	0.714788	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					
90.00 09000 CLINIC	0.182387	0	0	0	0 90.00
90.01 09001 DAY REHAB	0.238041	0	0	0	0 90.01
90.02 09002 IMAGING CENTERS	0.101037	0	0	0	0 90.02
90.03 09003 COUMADIN CLINIC	0.334030	0	0	0	0 90.03
90.04 09004 WOUND CLINIC	0.082105	0	0	0	0 90.04
90.05 09005 CARDIOVASCULAR IMAGING CENTERS	0.061250	0	0	0	0 90.05
90.06 09007 CONGESTIVE HEART FAILURE CLINIC	0.490396	0	0	0	0 90.06
91.00 09100 EMERGENCY	0.099285	0	0	0	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.316892	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0 94.00
200.00 Subtotal (see instructions)		1,521	0	949	328 200.00
201.00 Less PBP Clinic Lab. Services-Program			0	0	0 201.00
202.00 Only Charges					
202.00 Net Charges (line 200 - line 201)		1,521	0	949	328 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part V Date/Time Prepared: 11/24/2020 4:19 pm
		Component CCN:14-S258		

			Title XVIII	Subprovider - IP#	PPS
	Cost Center Description	Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0		50.00
50.01	05001 GAMMA KNIFE	0	0		50.01
50.02	03330 ENDOSCOPY	0	0		50.02
51.00	05100 RECOVERY ROOM	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630 ULTRA SOUND	0	0		54.01
54.02	05401 PET SCAN	0	0		54.02
54.03	03480 ONCOLOGY	0	0		54.03
54.04	03440 MAMMOGRAPHY	0	0		54.04
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
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0		66.00
66.01	06601 REHAB OUTPATIENT	0	0		66.01
66.02	06602 REHAB MED SURGICAL	0	0		66.02
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	07001 NEUROMEG	0	0		70.01
70.02	07002 SLEEP LAB	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	204		73.00
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					
90.00	09000 CLINIC	0	0		90.00
90.01	09001 DAY REHAB	0	0		90.01
90.02	09002 IMAGING CENTERS	0	0		90.02
90.03	09003 COUMADIN CLINIC	0	0		90.03
90.04	09004 WOUND CLINIC	0	0		90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0	0		90.05
90.06	09007 CONGESTIVE HEART FAILURE CLINIC	0	0		90.06
91.00	09100 EMERGENCY	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0		94.00
200.00	Subtotal (see instructions)	0	204		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00	Net Charges (line 200 - line 201)	0	204		202.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part II Date/Time Prepared: 11/24/2020 4:19 pm	
				Component CCN:14-T258			
				Title XVIII	Subprovider - IR#	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	4,210,761	162,150,600	0.025968	24,579	638 50.00
50.01	05001	GAMMA KNIFE	120,823	12,621,320	0.009573	7,281	70 50.01
50.02	03330	ENDOSCOPY	579,465	53,948,116	0.010741	46,408	498 50.02
51.00	05100	RECOVERY ROOM	229,995	22,309,748	0.010309	15,770	163 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	727,458	15,516,481	0.046883	12,760	598 52.00
53.00	05300	ANESTHESIOLOGY	606,061	62,308,726	0.009727	33,304	324 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	692,268	42,362,681	0.016341	260,245	4,253 54.00
54.01	03630	ULTRA SOUND	289,155	26,644,436	0.010852	109,323	1,186 54.01
54.02	05401	PET SCAN	656,790	11,882,267	0.055275	66	4 54.02
54.03	03480	ONCOLOGY	602,692	45,904,028	0.013129	181,910	2,388 54.03
54.04	03440	MAMMOGRAPHY	242,327	14,666,193	0.016523	1,065	18 54.04
56.00	05600	RADIOISOTOPE	187,677	19,516,828	0.009616	74,117	713 56.00
57.00	05700	CT SCAN	353,235	102,232,860	0.003455	263,679	911 57.00
58.00	05800	MRI	489,118	37,105,944	0.013182	76,252	1,005 58.00
59.00	05900	CARDIAC CATHETERIZATION	1,402,004	148,784,441	0.009423	144,396	1,361 59.00
60.00	06000	LABORATORY	1,293,927	249,466,051	0.005187	5,165,583	26,794 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	46,461	10,580,962	0.004391	165,224	725 63.00
64.00	06400	INTRAVENOUS THERAPY	25,543	1,820,854	0.014028	4,668	65 64.00
65.00	06500	RESPIRATORY THERAPY	147,628	49,002,612	0.003013	1,734,874	5,227 65.00
66.00	06600	PHYSICAL THERAPY	308,269	40,442,120	0.007622	16,581,950	126,388 66.00
66.01	06601	REHAB OUTPATIENT	263,079	11,047,028	0.023814	4,321	103 66.01
66.02	06602	REHAB MED SURGICAL	57,112	19,606,119	0.002913	7,308,914	21,291 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	301,753	48,804,811	0.006183	53,928	333 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	119,475	4,672,209	0.025571	1,906	49 70.00
70.01	07001	NEUROMEG	0	0	0.000000	0	0 70.01
70.02	07002	SLEEP LAB	198,712	10,229,917	0.019425	13	0 70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	499,667	75,806,459	0.006591	38,389	253 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	613,466	91,189,194	0.006727	46,584	313 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	502,223	186,969,197	0.002686	4,972,740	13,357 73.00
74.00	07400	RENAL DIALYSIS	43,116	7,182,248	0.006003	662,694	3,978 74.00
76.97	07697	CARDIAC REHABILITATION	178,384	1,378,817	0.129375	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	393,784	18,771,492	0.020978	5,067	106 90.00
90.01	09001	DAY REHAB	85,088	11,426,072	0.007447	4,716	35 90.01
90.02	09002	IMAGING CENTERS	183,663	13,715,504	0.013391	356	5 90.02
90.03	09003	COUMADIN CLINIC	20,367	1,063,803	0.019145	41	1 90.03
90.04	09004	WOUND CLINIC	208,279	16,983,481	0.012264	172	2 90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	831,697	63,799,667	0.013036	3,227	42 90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	4,554	488,717	0.009318	4	0 90.06
91.00	09100	EMERGENCY	635,207	113,977,522	0.005573	46,060	257 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	22,661,142	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0 94.00
200.00		Total (lines 50 through 199)	18,351,283	1,849,040,667		38,052,586	213,454 200.00

Health Financial Systems			ALEXIAN BROTHERS MEDICAL CENTER			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN:14-0258		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV Date/Time Prepared: 11/24/2020 4:19 pm	
			Component CCN:14-T258					
			Title XVIII		Subprovider - IR#		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	GAMMA KNIFE	0	0	0	0	0	50.01
50.02	03330	ENDOSCOPY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	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	PET SCAN	0	0	0	0	0	54.02
54.03	03480	ONCOLOGY	0	0	0	0	0	54.03
54.04	03440	MAMMOGRAPHY	0	0	0	0	0	54.04
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	REHAB OUTPATIENT	0	0	0	0	0	66.01
66.02	06602	REHAB MED SURGICAL	0	0	0	0	0	66.02
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	07001	NEUROMEG	0	0	0	0	0	70.01
70.02	07002	SLEEP LAB	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
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								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DAY REHAB	0	0	0	0	0	90.01
90.02	09002	IMAGING CENTERS	0	0	0	0	0	90.02
90.03	09003	COUMADIN CLINIC	0	0	0	0	0	90.03
90.04	09004	WOUND CLINIC	0	0	0	0	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0	0	0	0	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part IV	
				Component CCN:14-T258		Date/Time Prepared: 11/24/2020 4:19 pm	
				Title XVIII	Subprovider - IR#	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	162,150,600	0.000000	50.00
50.01	05001 GAMMA KNIFE	0	0	0	12,621,320	0.000000	50.01
50.02	03330 ENDOSCOPY	0	0	0	53,948,116	0.000000	50.02
51.00	05100 RECOVERY ROOM	0	0	0	22,309,748	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	15,516,481	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	62,308,726	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	42,362,681	0.000000	54.00
54.01	03630 ULTRA SOUND	0	0	0	26,644,436	0.000000	54.01
54.02	05401 PET SCAN	0	0	0	11,882,267	0.000000	54.02
54.03	03480 ONCOLOGY	0	0	0	45,904,028	0.000000	54.03
54.04	03440 MAMMOGRAPHY	0	0	0	14,666,193	0.000000	54.04
56.00	05600 RADIOISOTOPE	0	0	0	19,516,828	0.000000	56.00
57.00	05700 CT SCAN	0	0	0	102,232,860	0.000000	57.00
58.00	05800 MRI	0	0	0	37,105,944	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	148,784,441	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	249,466,051	0.000000	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	10,580,962	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	1,820,854	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	49,002,612	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	40,442,120	0.000000	66.00
66.01	06601 REHAB OUTPATIENT	0	0	0	11,047,028	0.000000	66.01
66.02	06602 REHAB MED SURGICAL	0	0	0	19,606,119	0.000000	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	48,804,811	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	4,672,209	0.000000	70.00
70.01	07001 NEUROMEG	0	0	0	0	0.000000	70.01
70.02	07002 SLEEP LAB	0	0	0	10,229,917	0.000000	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	75,806,459	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	91,189,194	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	186,969,197	0.000000	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	7,182,248	0.000000	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	1,378,817	0.000000	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699 LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	18,771,492	0.000000	90.00
90.01	09001 DAY REHAB	0	0	0	11,426,072	0.000000	90.01
90.02	09002 IMAGING CENTERS	0	0	0	13,715,504	0.000000	90.02
90.03	09003 COUMADIN CLINIC	0	0	0	1,063,803	0.000000	90.03
90.04	09004 WOUND CLINIC	0	0	0	16,983,481	0.000000	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0	0	0	63,799,667	0.000000	90.05
90.06	09007 CONGESTIVE HEART FAILURE CLINIC	0	0	0	488,717	0.000000	90.06
91.00	09100 EMERGENCY	0	0	0	113,977,522	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	22,661,142	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
200.00	Total (lines 50 through 199)	0	0	0	1,849,040,667		200.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN:14-0258		Period: From 07/01/2019 To 06/30/2020		Worksheet D Part IV
			Component CCN:14-T258				Date/Time Prepared: 11/24/2020 4:19 pm
			Title XVIII		Subprovider - IR#		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	24,579	0	0	0	50.00
50.01	05001 GAMMA KNIFE	0.000000	7,281	0	0	0	50.01
50.02	03330 ENDOSCOPY	0.000000	46,408	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0.000000	15,770	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	12,760	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	33,304	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	260,245	0	853	0	54.00
54.01	03630 ULTRA SOUND	0.000000	109,323	0	0	0	54.01
54.02	05401 PET SCAN	0.000000	66	0	0	0	54.02
54.03	03480 ONCOLOGY	0.000000	181,910	0	0	0	54.03
54.04	03440 MAMMOGRAPHY	0.000000	1,065	0	5	0	54.04
56.00	05600 RADIOISOTOPE	0.000000	74,117	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	263,679	0	3,383	0	57.00
58.00	05800 MRI	0.000000	76,252	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	144,396	0	178	0	59.00
60.00	06000 LABORATORY	0.000000	5,165,583	0	1,212	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	165,224	0	385	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	4,668	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,734,874	0	1,765	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	16,581,950	0	0	0	66.00
66.01	06601 REHAB OUTPATIENT	0.000000	4,321	0	0	0	66.01
66.02	06602 REHAB MED SURGICAL	0.000000	7,308,914	0	0	0	66.02
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	53,928	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	1,906	0	0	0	70.00
70.01	07001 NEUROMEG	0.000000	0	0	0	0	70.01
70.02	07002 SLEEP LAB	0.000000	13	0	0	0	70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	38,389	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	46,584	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	4,972,740	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	662,694	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							
90.00	09000 CLINIC	0.000000	5,067	0	0	0	90.00
90.01	09001 DAY REHAB	0.000000	4,716	0	0	0	90.01
90.02	09002 IMAGING CENTERS	0.000000	356	0	4	0	90.02
90.03	09003 COUMADIN CLINIC	0.000000	41	0	0	0	90.03
90.04	09004 WOUND CLINIC	0.000000	172	0	0	0	90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0.000000	3,227	0	15	0	90.05
90.06	09007 CONGESTIVE HEART FAILURE CLINIC	0.000000	4	0	0	0	90.06
91.00	09100 EMERGENCY	0.000000	46,060	0	7,867	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
200.00	Total (lines 50 through 199)		38,052,586	0	15,667	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part V Date/Time Prepared: 11/24/2020 4:19 pm
			Component CCN:14-T258		
			Title XVIII	Subprovider - IR#	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	0.140823	0	0	28	0 50.00
50.01 05001 GAMMA KNIFE	0.084137	0	0	0	0 50.01
50.02 03330 ENDOSCOPY	0.072084	0	0	0	0 50.02
51.00 05100 RECOVERY ROOM	0.131619	0	0	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.385065	0	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0.013927	0	0	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.102640	853	0	0	88 54.00
54.01 03630 ULTRA SOUND	0.079979	0	0	0	0 54.01
54.02 05401 PET SCAN	0.091570	0	0	0	0 54.02
54.03 03480 ONCOLOGY	0.051458	0	0	0	0 54.03
54.04 03440 MAMMOGRAPHY	0.109544	5	0	0	1 54.04
56.00 05600 RADIOISOTOPE	0.053310	0	0	0	0 56.00
57.00 05700 CT SCAN	0.030110	3,383	0	6	102 57.00
58.00 05800 MRI	0.060822	0	0	1	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.064989	178	0	0	12 59.00
60.00 06000 LABORATORY	0.077156	1,212	0	0	94 60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.163724	385	0	11	63 63.00
64.00 06400 INTRAVENOUS THERAPY	0.755143	0	0	0	0 64.00
65.00 06500 RESPIRATORY THERAPY	0.096820	1,765	0	0	171 65.00
66.00 06600 PHYSICAL THERAPY	0.152573	0	0	0	0 66.00
66.01 06601 REHAB OUTPATIENT	0.304262	0	0	0	0 66.01
66.02 06602 REHAB MED SURGICAL	0.201033	0	0	0	0 66.02
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	0.037938	0	0	2	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.099072	0	0	0	0 70.00
70.01 07001 NEUROMEG	0.000000	0	0	0	0 70.01
70.02 07002 SLEEP LAB	0.135916	0	0	0	0 70.02
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.616707	0	0	1	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.420841	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.215327	0	0	5,165	0 73.00
74.00 07400 RENAL DIALYSIS	0.316908	0	0	0	0 74.00
76.97 07697 CARDIAC REHABILITATION	0.714788	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					
90.00 09000 CLINIC	0.182387	0	0	0	0 90.00
90.01 09001 DAY REHAB	0.238041	0	0	0	0 90.01
90.02 09002 IMAGING CENTERS	0.101037	4	0	0	0 90.02
90.03 09003 COUMADIN CLINIC	0.334030	0	0	0	0 90.03
90.04 09004 WOUND CLINIC	0.082105	0	0	0	0 90.04
90.05 09005 CARDIOVASCULAR IMAGING CENTERS	0.061250	15	0	1	1 90.05
90.06 09007 CONGESTIVE HEART FAILURE CLINIC	0.490396	0	0	0	0 90.06
91.00 09100 EMERGENCY	0.099285	7,867	0	0	781 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.316892	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0 94.00
200.00 Subtotal (see instructions)		15,667	0	5,215	1,313 200.00
201.00 Less PBP Clinic Lab. Services-Program			0	0	0 201.00
202.00 Only Charges					
202.00 Net Charges (line 200 - line 201)		15,667	0	5,215	1,313 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet D Part V Date/Time Prepared: 11/24/2020 4:19 pm
		Component CCN:14-T258		

			Title XVIII	Subprovider - IR#	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	4		50.00
50.01	05001 GAMMA KNIFE	0	0		50.01
50.02	03330 ENDOSCOPY	0	0		50.02
51.00	05100 RECOVERY ROOM	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630 ULTRA SOUND	0	0		54.01
54.02	05401 PET SCAN	0	0		54.02
54.03	03480 ONCOLOGY	0	0		54.03
54.04	03440 MAMMOGRAPHY	0	0		54.04
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
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0		66.00
66.01	06601 REHAB OUTPATIENT	0	0		66.01
66.02	06602 REHAB MED SURGICAL	0	0		66.02
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	07001 NEUROMEG	0	0		70.01
70.02	07002 SLEEP LAB	0	0		70.02
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	1		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,112		73.00
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				
90.00	09000 CLINIC	0	0		90.00
90.01	09001 DAY REHAB	0	0		90.01
90.02	09002 IMAGING CENTERS	0	0		90.02
90.03	09003 COUMADIN CLINIC	0	0		90.03
90.04	09004 WOUND CLINIC	0	0		90.04
90.05	09005 CARDIOVASCULAR IMAGING CENTERS	0	0		90.05
90.06	09007 CONGESTIVE HEART FAILURE CLINIC	0	0		90.06
91.00	09100 EMERGENCY	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0		94.00
200.00	Subtotal (see instructions)	0	1,119		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00	Net Charges (line 200 - line 201)	0	1,119		202.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/24/2020 4:19 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			65,013	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			65,013	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)			58,312	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)			25,406	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)			69,671,434	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)			69,671,434	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)			69,671,434	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)			1,071.65	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			27,226,340	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)			27,226,340	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/24/2020 4:19 pm	
				Title XVIII		Hospital	PPS
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	20,892,901	9,499	2,199.48	5,881	12,935,142	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)					55,216,258	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					95,377,740	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 II)					1,198,431	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					989,582	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,188,013	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					95,189,727	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					6,701	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,071.65	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,181,127	89.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/24/2020 4:19 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	5,670,129	69,671,434	0.081384	7,181,127	584,429	90.00
91.00 Nursing School cost	0	69,671,434	0.000000	7,181,127	0	91.00
92.00 Allied health cost	503,520	69,671,434	0.007227	7,181,127	51,898	92.00
93.00 All other Medical Education	0	69,671,434	0.000000	7,181,127	0	93.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1	
		Component CCN:14-S258		Date/Time Prepared: 11/24/2020 4:19 pm	
		Title XVIII	Subprovider - IP#	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)			1,425	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			1,425	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)			1,425	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			1,153	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)			2,213,971	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)			2,213,971	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 27,213,971 minus line 36)			2,213,971	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)			1,553.66	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,791,370	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)			1,791,370	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN:14-0258

Period:

Worksheet D-1

Component CCN:14-S258

From 07/01/2019

Date/Time Prepared:

To 06/30/2020

11/24/2020 4:19 pm

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
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)					136,921	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,928,291	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)					378,265	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,958	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					384,223	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,544,068	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:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1 Date/Time Prepared: 11/24/2020 4:19 pm
			Component CCN:14-S258		
			Title XVIII	Subprovider - IP#	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	455,194	2,213,971	0.205601	0	0 90.00
91.00 Nursing School cost	0	2,213,971	0.000000	0	0 91.00
92.00 Allied health cost	12,305	2,213,971	0.005558	0	0 92.00
93.00 All other Medical Education	0	2,213,971	0.000000	0	0 93.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
COMPUTATION OF INPATIENT OPERATING COST		Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1	
		Component CCN:14-T258		Date/Time Prepared: 11/24/2020 4:19 pm	
		Title XVIII	Subprovider - IR#	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)			20,835	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			20,835	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)			20,835	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			12,469	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)			47,213,806	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)			47,213,806	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 27,213,806 minus line 36)			27,213,806	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)			2,266.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			28,255,752	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)			28,255,752	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet D-1
			Component CCN:14-T258		Date/Time Prepared: 11/24/2020 4:19 pm
			Title XVIII	Subprovider - IR#	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)
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
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)					6,016,674
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					34,272,426
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and II)					382,063
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					213,454
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,595,517
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					21,676,909
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)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN:14-0258		Period: From 07/01/2019 To 06/30/2020		Worksheet D-1	
			Component CCN:14-T258				Date/Time Prepared: 11/24/2020 4:19 pm	
			Title XVIII		Subprovider - IR#		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
		1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost	2,129,520	47,213,806	0.045104	0	0	0	90.00
91.00	Nursing School cost	0	47,213,806	0.000000	0	0	0	91.00
92.00	Allied health cost	179,909	47,213,806	0.003811	0	0	0	92.00
93.00	All other Medical Education	0	47,213,806	0.000000	0	0	0	93.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3 Date/Time Prepared: 11/24/2020 4:19 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		72,289,441	30.00
31.00	03100	INTENSIVE CARE UNIT		20,366,498	31.00
40.00	04000	SUBPROVIDER - IPF		0	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	0.140882	35,904,570	50.00
50.01	05001	GAMMA KNIFE	0.092568	42,070	50.01
50.02	03330	ENDOSCOPY	0.072084	4,782,247	50.02
51.00	05100	RECOVERY ROOM	0.131619	3,923,096	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.385065	927,559	52.00
53.00	05300	ANESTHESIOLOGY	0.013927	11,525,476	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.102640	9,133,423	54.00
54.01	03630	ULTRA SOUND	0.079979	4,237,052	54.01
54.02	05401	PET SCAN	0.091570	35,861	54.02
54.03	03480	ONCOLOGY	0.051458	1,056,835	54.03
54.04	03440	MAMMOGRAPHY	0.109544	26,171	54.04
56.00	05600	RADIOISOTOPE	0.053310	3,247,639	56.00
57.00	05700	CT SCAN	0.030110	17,360,340	57.00
58.00	05800	MRI	0.060822	4,869,448	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.064989	30,726,787	59.00
60.00	06000	LABORATORY	0.077156	51,240,366	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.163724	3,817,063	63.00
64.00	06400	INTRAVENOUS THERAPY	0.755143	758,191	64.00
65.00	06500	RESPIRATORY THERAPY	0.096820	21,274,246	65.00
66.00	06600	PHYSICAL THERAPY	0.152573	6,429,046	66.00
66.01	06601	REHAB OUTPATIENT	0.304262	1,998	66.01
66.02	06602	REHAB MED SURGICAL	0.201033	3,319,841	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.037938	10,946,779	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.099072	474,343	70.00
70.01	07001	NEUROMEG	0.000000	0	70.01
70.02	07002	SLEEP LAB	0.135916	4,914	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.616707	14,816,517	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.420841	29,545,606	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215327	44,312,875	73.00
74.00	07400	RENAL DIALYSIS	0.316908	2,886,095	74.00
76.97	07697	CARDIAC REHABILITATION	0.714788	3,943	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.182387	273,605	90.00
90.01	09001	DAY REHAB	0.238041	1,659	90.01
90.02	09002	IMAGING CENTERS	0.101037	20,182	90.02
90.03	09003	COUMADIN CLINIC	0.334030	457	90.03
90.04	09004	WOUND CLINIC	0.082105	24,449	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.061250	218,117	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0.490396	971	90.06
91.00	09100	EMERGENCY	0.099285	16,656,591	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.316892	4,336,302	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		339,162,730	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)		339,162,730	202.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0258	Period: From 07/01/2019	Worksheet D-3
			Component CCN:14-S258	To 06/30/2020	Date/Time Prepared: 11/24/2020 4:19 pm
			Title XVIII	Subprovider - IPF	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		2,809,667	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	0.140882	0	50.00
50.01	05001	GAMMA KNIFE	0.092568	0	50.01
50.02	03330	ENDOSCOPY	0.072084	0	50.02
51.00	05100	RECOVERY ROOM	0.131619	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.385065	0	52.00
53.00	05300	ANESTHESIOLOGY	0.013927	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.102640	43,862	54.00
54.01	03630	ULTRA SOUND	0.079979	10,245	54.01
54.02	05401	PET SCAN	0.091570	0	54.02
54.03	03480	ONCOLOGY	0.051458	0	54.03
54.04	03440	MAMMOGRAPHY	0.109544	0	54.04
56.00	05600	RADIOISOTOPE	0.053310	0	56.00
57.00	05700	CT SCAN	0.030110	124,416	57.00
58.00	05800	MRI	0.060822	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.064989	0	59.00
60.00	06000	LABORATORY	0.077156	549,205	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.163724	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.755143	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.096820	28,258	65.00
66.00	06600	PHYSICAL THERAPY	0.152573	0	66.00
66.01	06601	REHAB OUTPATIENT	0.304262	0	66.01
66.02	06602	REHAB MED SURGICAL	0.201033	47,118	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.037938	25,832	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.099072	0	70.00
70.01	07001	NEUROMEG	0.000000	0	70.01
70.02	07002	SLEEP LAB	0.135916	0	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.616707	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.420841	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215327	275,442	73.00
74.00	07400	RENAL DIALYSIS	0.316908	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.714788	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.182387	0	90.00
90.01	09001	DAY REHAB	0.238041	0	90.01
90.02	09002	IMAGING CENTERS	0.101037	0	90.02
90.03	09003	COUMADIN CLINIC	0.334030	0	90.03
90.04	09004	WOUND CLINIC	0.082105	0	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.061250	0	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0.490396	0	90.06
91.00	09100	EMERGENCY	0.099285	130,754	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.316892	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,235,132	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		1,235,132	202.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet D-3
			Component CCN:14-T258	Date/Time Prepared: 11/24/2020 4:19 pm	
			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		162	30.00
31.00	03100	INTENSIVE CARE UNIT		181,146	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		30,720,382	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.140882	24,579	50.00
50.01	05001	GAMMA KNIFE	0.092568	7,281	50.01
50.02	03330	ENDOSCOPY	0.072084	46,408	50.02
51.00	05100	RECOVERY ROOM	0.131619	15,770	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.385065	12,760	52.00
53.00	05300	ANESTHESIOLOGY	0.013927	33,304	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.102640	260,245	54.00
54.01	03630	ULTRA SOUND	0.079979	109,323	54.01
54.02	05401	PET SCAN	0.091570	66	54.02
54.03	03480	ONCOLOGY	0.051458	181,910	54.03
54.04	03440	MAMMOGRAPHY	0.109544	1,065	54.04
56.00	05600	RADIOISOTOPE	0.053310	74,117	56.00
57.00	05700	CT SCAN	0.030110	263,679	57.00
58.00	05800	MRI	0.060822	76,252	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.064989	144,396	59.00
60.00	06000	LABORATORY	0.077156	5,165,583	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.163724	165,224	63.00
64.00	06400	INTRAVENOUS THERAPY	0.755143	4,668	64.00
65.00	06500	RESPIRATORY THERAPY	0.096820	1,734,874	65.00
66.00	06600	PHYSICAL THERAPY	0.152573	16,581,950	66.00
66.01	06601	REHAB OUTPATIENT	0.304262	4,321	66.01
66.02	06602	REHAB MED SURGICAL	0.201033	7,308,914	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.037938	53,928	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.099072	1,906	70.00
70.01	07001	NEUROLOG	0.000000	0	70.01
70.02	07002	SLEEP LAB	0.135916	13	70.02
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.616707	38,389	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.420841	46,584	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215327	4,972,740	73.00
74.00	07400	RENAL DIALYSIS	0.316908	662,694	74.00
76.97	07697	CARDIAC REHABILITATION	0.714788	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.182387	5,067	90.00
90.01	09001	DAY REHAB	0.238041	4,716	90.01
90.02	09002	IMAGING CENTERS	0.101037	356	90.02
90.03	09003	COUMADIN CLINIC	0.334030	41	90.03
90.04	09004	WOUND CLINIC	0.082105	172	90.04
90.05	09005	CARDIOVASCULAR IMAGING CENTERS	0.061250	3,227	90.05
90.06	09007	CONGESTIVE HEART FAILURE CLINIC	0.490396	4	90.06
91.00	09100	EMERGENCY	0.099285	46,060	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.316892	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		38,052,586	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)		38,052,586	202.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/24/2020 4:19 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			19,147,884	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			364,587	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)			1,144,773	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			1,716,899	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)			237.99	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)			2.02	30.00
31.00	Percentage of Medicaid patient days (see instructions)			16.46	31.00
32.00	Sum of lines 30 and 31			18.48	32.00
33.00	Allowable disproportionate share percentage (see instructions)			4.76	33.00
34.00	Disproportionate share adjustment (see instructions)			839,099	34.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/24/2020 4:19 pm	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		8,272,872,447	8,350,599,096	35.00
35.01	Factor 3 (see instructions)		0.000357265	0.000435945	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,955,610	3,640,401	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		744,976	2,725,328	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,470,304		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)		77,683,546		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)			77,683,546	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			5,732,967	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			132,562	53.00
54.00	Special add-on payments for new technologies			2,389	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).			247,395	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			9,930	58.00
59.00	Total (sum of amounts on lines 49 through 58)			83,808,789	59.00
60.00	Primary payer payments			67,137	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			83,741,652	61.00
62.00	Deductibles billed to program beneficiaries			5,575,416	62.00
63.00	Coinurance billed to program beneficiaries			360,063	63.00
64.00	Allowable bad debts (see instructions)			638,300	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			414,895	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			490,694	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			78,221,068	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)			-33,530	70.93
70.94	HRR adjustment amount (see instructions)			-139,972	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part A Date/Time Prepared: 11/24/2020 4:19 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		78,047,566	71.00
71.01	Sequestration adjustment (see instructions)		1,303,394	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		76,203,413	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)		540,759	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		1,410,444	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/24/2020 4:19 pm

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	19,147,884	0	19,147,884		19,147,884	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	51,364,587	0		51,364,587	51,364,587	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	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	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	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,144,773	0	1,144,773		1,144,773	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,716,899	0		1,716,899	1,716,899	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	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	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	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	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	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	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0476	0.0476	0.0476	0.0476		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	839,099	0	227,860	611,239	839,099	11.00
11.01	Uncompensated care payments	36.00	3,470,304	0	580,956	2,212,670	2,793,626	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	0	12.00
13.00	Subtotal (see instructions)	47.00	77,683,546	0	21,101,473	56,582,073	77,683,546	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	77,683,546	0	21,101,473	56,582,073	77,683,546	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,732,967	0	7,320,825	-1,587,858	5,732,967	16.00
17.00	Special add-on payments for new technologies	54.00	2,389	0	1,400	989	2,389	17.00
17.01	Net organ acquisition cost							17.01

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/24/2020 4:19 pm

				Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
		0	1.00	2.00	3.00	4.00	5.00		
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00	
19.00	SUBTOTAL			0	28,423,698	54,995,204	83,418,902	19.00	
		W/S L, line	(Amounts from L)						
		0	1.00	2.00	3.00	4.00	5.00		
20.00	Capital DRG other than outlier	1.00	5,623,737	0	7,181,503	-1,557,766	5,623,737	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	109,230	0	139,322	-30,092	109,230	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	5,732,967	0	7,320,825	-1,587,858	5,732,967	26.00	
		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		27.00	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00	
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00	
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/24/2020 4:19 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	19,147,884	19,147,884		19,147,884	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	51,364,587		51,364,587	51,364,587	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	1,144,773	1,144,773		1,144,773	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	1,716,899		1,716,899	1,716,899	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	0.0476	0.0476	0.0476		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	839,099	227,860	611,239	839,099	11.00
11.01	Uncompensated care payments	36.00	3,470,304	580,956	2,212,670	2,793,626	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	77,683,546	21,101,473	56,582,073	77,683,546	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	77,683,546	21,101,473	56,582,073	77,683,546	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,732,967	7,320,825	-1,587,858	5,732,967	16.00
17.00	Special add-on payments for new technologies	54.00	2,389	1,400	989	2,389	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			28,423,698	54,995,204	83,418,902	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/24/2020 4:19 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	5,623,737	7,181,503	-1,557,766	5,623,737	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	109,230	139,322	-30,092	109,230	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	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,732,967	7,320,825	-1,587,858	5,732,967	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	-33,530	12,801	-46,331	-33,530	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	-139,972	-109,151	-30,821	-139,972	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet E Part B Date/Time Prepared: 11/24/2020 4:19 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			15,455	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			39,923,520	2.00
3.00	OPPS payments			43,666,644	3.00
4.00	Outlier payment (see instructions)			48,787	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			9,573	9.00
10.00	Organ acquisitions			0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			15,455	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			102,160	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)			102,160	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 charge basis 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)			102,160	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			86,705	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)			15,455	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)			43,725,004	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)			10,418	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)			7,433,484	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)			36,296,557	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)			36,296,557	30.00
31.00	Primary payer payments			20,603	31.00
32.00	Subtotal (line 30 minus line 31)			36,275,954	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)			890,800	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			579,020	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			752,909	36.00
37.00	Subtotal (see instructions)			36,854,974	37.00
38.00	MSP-LCC reconciliation amount from PS&R			845	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)			36,854,129	40.00
40.01	Sequestration adjustment (see instructions)			615,464	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			36,133,135	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)			105,530	43.00
43.01	Balance due provider/program-PARHM (see instructions)			0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	44.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)			0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0	91.00
92.00	The rate used to calculate the Time Value of Money			0.00	92.00
93.00	Time Value of Money (see instructions)			0	93.00
94.00	Total (sum of lines 91 and 93)			0	94.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0258	Period: From 07/01/2019	Worksheet E	
		Component CCN:14-S258	To 06/30/2020	Part B	
				Date/Time Prepared: 11/24/2020 4:19 pm	
		Title XVIII	Subprovider - IP#	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)		204	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)		328	2.00	
3.00	OPPS payments		505	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)		204	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges		949	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)		949	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 charge basis 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)		949	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		745	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)		204	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)		505	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)		709	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)		709	30.00	
31.00	Primary payer payments		0	31.00	
32.00	Subtotal (line 30 minus line 31)		709	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)		709	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)		709	40.00	
40.01	Sequestration adjustment (see instructions)		12	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		709	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)		-12	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	

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0258	Period: From 07/01/2019	Worksheet E	
		Component CCN:14-T258	To 06/30/2020	Part B	
				Date/Time Prepared: 11/24/2020 4:19 pm	
		Title XVIII	Subprovider - IR#	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			1,119	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			1,313	2.00
3.00	OPPS payments			2,953	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)			1,119	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			5,215	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)			5,215	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 charge basis 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)			5,215	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			4,096	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)			1,119	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)			2,953	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)			70	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)			4,002	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)			4,002	30.00
31.00	Primary payer payments			0	31.00
32.00	Subtotal (line 30 minus line 31)			4,002	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)			4,002	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	39.50
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)			4,002	40.00
40.01	Sequestration adjustment (see instructions)			67	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			3,985	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)			-50	43.00
43.01	Balance due provider/program-PARHM (see instructions)			0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	44.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Original outlier amount (see instructions)			0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0	91.00
92.00	The rate used to calculate the Time Value of Money			0.00	92.00
93.00	Time Value of Money (see instructions)			0	93.00
94.00	Total (sum of lines 91 and 93)			0	94.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN:14-0258		Period: From 07/01/2019 To 06/30/2020	
		Title XVIII		Hospital	
		Inpatient Part A		Part B	
		mm/dd/yyyy		mm/dd/yyyy	
		Amount		Amount	
		1.00		2.00	
		3.00		4.00	
1.00	Total interim payments paid to provider		75,523,722		35,636,318
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		604,991		496,817
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)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	12/31/2019	74,700		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		74,700		0
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)		76,203,413		36,133,135
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)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		540,759		105,530
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		76,744,172		36,238,665
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet E-1 Part I Date/Time Prepared: 11/24/2020 4:19 pm	
		Title XVIII	Subprovider - IP#	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		1,101,587		709
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
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)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,101,587		709
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)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		51,916		0
6.02	SETTLEMENT TO PROGRAM		0		12
7.00	Total Medicare program liability (see instructions)		1,153,503		697
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet E-1 Part I Date/Time Prepared: 11/24/2020 4:19 pm	
		Title XVIII	Subprovider - IR#	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		21,990,345		3,985
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		104,246		0
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)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
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)		22,094,591		3,985
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)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		64,137		0
6.02	SETTLEMENT TO PROGRAM		0		50
7.00	Total Medicare program liability (see instructions)		22,158,728		3,935
				Contractor Number	NPR Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN:14-0258

Period:
From 07/01/2019
To 06/30/2020Worksheet E-1
Part II
Date/Time Prepared:
11/24/2020 4:19 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet E-3 Part II Date/Time Prepared: 11/24/2020 4:19 pm
		Component CCN:14-S258		
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,186,130	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		3.893443	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,186,130	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		0	14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,186,130	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,186,130	18.00
19.00	Deductibles		58,652	19.00
20.00	Subtotal (line 18 minus line 19)		1,127,478	20.00
21.00	Coinsurance		3,410	21.00
22.00	Subtotal (line 20 minus line 21)		1,124,068	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		60,098	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		39,064	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		49,019	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,163,132	26.00
27.00	Direct graduate medical education payments (see instructions)		0	27.00
28.00	Other pass through costs (see instructions)		9,962	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,173,094	31.00
31.01	Sequestration adjustment (see instructions)		19,591	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	31.02
32.00	Interim payments		1,101,587	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)		51,916	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0258	Period: From 07/01/2019	Worksheet E-3	
		Component CCN:14-T258	To 06/30/2020	Part III	
		Title XVIII	Subprovider - IRF	Date/Time Prepared: 11/24/2020 4:19 pm	
				PPS	
				1.00	
PART III - MEDICARE PART A SERVICES - IRF PPS					
1.00	Net Federal PPS Payment (see instructions)			20,533,448	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0165	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			593,417	3.00
4.00	Outlier Payments			1,575,411	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)			56.926230	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)			22,702,276	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)				15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0	16.00
17.00	Subtotal (see instructions)			22,702,276	17.00
18.00	Primary payer payments			5,000	18.00
19.00	Subtotal (line 17 less line 18).			22,697,276	19.00
20.00	Deductibles			53,812	20.00
21.00	Subtotal (line 19 minus line 20)			22,643,464	21.00
22.00	Coinsurance			253,957	22.00
23.00	Subtotal (line 21 minus line 22)			22,389,507	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			58,385	24.00
25.00	Adjusted reimbursable bad debts (see instructions)			37,950	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			56,040	26.00
27.00	Subtotal (sum of lines 23 and 25)			22,427,457	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)			107,607	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)			22,535,064	32.00
32.01	Sequestration adjustment (see instructions)			376,336	32.01
32.02	Demonstration payment adjustment amount after sequestration			0	32.02
33.00	Interim payments			22,094,591	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)			64,137	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0	36.00
TO BE COMPLETED BY CONTRACTOR					
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			1,575,411	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0	51.00
52.00	The rate used to calculate the Time Value of Money			0.00	52.00
53.00	Time Value of Money (see instructions)			0	53.00

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

Provider CCN:14-0258

Period:

Worksheet G

From 07/01/2019

Date/Time Prepared:

To 06/30/2020

11/24/2020 4:19 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	19,069,610	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	185,874,189	0	0	0	4.00
5.00	Other receivable	49,998,736	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-131,969,232	0	0	0	6.00
7.00	Inventory	9,568,765	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	132,542,068	0	0	0	11.00
FIXED ASSETS						
12.00	Land	10,100,000	0	0	0	12.00
13.00	Land improvements	1,958,087	0	0	0	13.00
14.00	Accumulated depreciation	-822,125	0	0	0	14.00
15.00	Buildings	209,422,307	0	0	0	15.00
16.00	Accumulated depreciation	-66,754,598	0	0	0	16.00
17.00	Leasehold improvements	2,118,583	0	0	0	17.00
18.00	Accumulated depreciation	-1,124,371	0	0	0	18.00
19.00	Fixed equipment	2,333,490	0	0	0	19.00
20.00	Accumulated depreciation	-1,377,942	0	0	0	20.00
21.00	Automobiles and trucks	295,320	0	0	0	21.00
22.00	Accumulated depreciation	-277,737	0	0	0	22.00
23.00	Major movable equipment	84,652,471	0	0	0	23.00
24.00	Accumulated depreciation	-62,376,493	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	680,469	0	0	0	27.00
28.00	Accumulated depreciation	-160,471	0	0	0	28.00
29.00	Minor equipment-nondepreciable	6,378,094	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	185,045,084	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	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	2,762,819	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,762,819	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	320,349,971	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	10,668,603	0	0	0	37.00
38.00	Salaries, wages, and fees payable	13,137,469	0	0	0	38.00
39.00	Payroll taxes payable	1,466,793	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	107,291,377	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	132,564,242	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,484,776	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	3,484,776	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	136,049,018	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	184,300,953	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)	184,300,953	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	320,349,971	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN:14-0258

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

Worksheet G-1

Date/Time Prepared:
11/24/2020 4:19 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		190,896,046		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		15,409,574				2.00
3.00	Total (sum of line 1 and line 2)		206,305,620		0		3.00
4.00	TRANSFER FROM AFFILIATES	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		206,305,620		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	TRANSFER TO AFFILIATES	22,004,667		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)		22,004,667		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		184,300,953		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	TRANSFER FROM AFFILIATES		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	TRANSFER TO AFFILIATES		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

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES			Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet G-2 Parts I & II Date/Time Prepared: 11/24/2020 4:19 pm
Cost Center Description			Inpatient	Outpatient	Total
			1.00	2.00	3.00
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital		176,615,529		176,615,529 1.00
2.00	SUBPROVIDER - IPF		3,352,192		3,352,192 2.00
3.00	SUBPROVIDER - IRF		51,656,398		51,656,398 3.00
4.00	SUBPROVIDER				
5.00	Swing bed - SNF		0		0 5.00
6.00	Swing bed - NF		0		0 6.00
7.00	SKILLED NURSING FACILITY				
8.00	NURSING FACILITY				
9.00	OTHER LONG TERM CARE				
10.00	Total general inpatient care services (sum of lines 1-9)		231,624,119		231,624,119 10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT		49,800,632		49,800,632 11.00
12.00	CORONARY CARE UNIT				
13.00	BURN INTENSIVE CARE UNIT				
14.00	SURGICAL INTENSIVE CARE UNIT				
15.00	OTHER SPECIAL CARE (SPECIFY)				
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)		49,800,632		49,800,632 16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)		281,424,751		281,424,751 17.00
18.00	Ancillary services		823,385,846	0	823,385,846 18.00
19.00	Outpatient services		0	1,022,286,508	1,022,286,508 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			10,891,778	10,891,778 22.00
23.00	AMBULANCE SERVICES				
24.00	CMHC				
25.00	AMBULATORY SURGICAL CENTER (D.P.)				
26.00	HOSPICE		0	10,976,463	10,976,463 26.00
27.00	PHYSICIAN		0	0	0 27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. line 1)		6,304,810,597	1,044,154,749	2,148,965,346 28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)			452,232,620	
30.00	ADD (SPECIFY)		0		
31.00	ROUNDING		4		
32.00			0		
33.00			0		
34.00			0		
35.00			0		
36.00	Total additions (sum of lines 30-35)			4	
37.00	DEDUCT (SPECIFY)		0		
38.00			0		
39.00			0		
40.00			0		
41.00			0		
42.00	Total deductions (sum of lines 37-41)			0	
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)			452,232,624	

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER	In Lieu of Form CMS-2552-10	
STATEMENT OF REVENUES AND EXPENSES		Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet G-3 Date/Time Prepared: 11/24/2020 4:19 pm
				1.00
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)		2,148,965,346	1.00
2.00	Less contractual allowances and discounts on patients' accounts		1,707,452,835	2.00
3.00	Net patient revenues (line 1 minus line 2)		441,512,511	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)		452,232,624	4.00
5.00	Net income from service to patients (line 3 minus line 4)		-10,720,113	5.00
OTHER INCOME				
6.00	Contributions, donations, bequests, etc		0	6.00
7.00	Income from investments		0	7.00
8.00	Revenues from telephone and other miscellaneous communication services		0	8.00
9.00	Revenue from television and radio service		0	9.00
10.00	Purchase discounts		0	10.00
11.00	Rebates and refunds of expenses		0	11.00
12.00	Parking lot receipts		0	12.00
13.00	Revenue from laundry and linen service		0	13.00
14.00	Revenue from meals sold to employees and guests		1,160,514	14.00
15.00	Revenue from rental of living quarters		0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients		0	16.00
17.00	Revenue from sale of drugs to other than patients		0	17.00
18.00	Revenue from sale of medical records and abstracts		0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)		0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen		570,880	20.00
21.00	Rental of vending machines		116,943	21.00
22.00	Rental of hospital space		2,035,755	22.00
23.00	Governmental appropriations		0	23.00
24.00	CAPITATION		0	24.00
24.01	NET ASSETS RELEASED FROM RESTRICTIO		0	24.01
24.02	REFERENCE LAB		838,750	24.02
24.03	REHAB		559,501	24.03
24.04	PATIENT INTEREST INCOME		176,302	24.04
24.05	INTERCOMPANY LAB		2,772,000	24.05
24.06	MGMT INCENTIVE FEE		219,804	24.06
24.07	MEDICAL STAFF DUES		15,604	24.07
24.08	UNCLAIMED PROPERTY EXEMPTIONS		409,772	24.08
24.09	ACO SHARED SAVINGS		553,376	24.09
24.10	OTHER (SPECIFY)		0	24.10
24.11	OUTPATIENT PHARMACY		4,230,230	24.11
24.12	MISC INCOME		0	24.12
24.13	OTHER (SPECIFY)		0	24.13
24.14	ANSWERING SERVICE		519,700	24.14
24.15	MISC INCOME		450,754	24.15
24.50	COVID-19 PHE Funding		11,506,911	24.50
25.00	Total other income (sum of lines 6-24)		26,136,796	25.00
26.00	Total (line 5 plus line 25)		15,416,683	26.00
27.00	NON RECURRING EXPENSES		7,109	27.00
28.00	Total other expenses (sum of line 27 and subscripts)		7,109	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)		15,409,574	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS	Provider CCN:14-0258 HHA CCN: 14-7583	Period: From 07/01/2019 To 06/30/2020	Worksheet H Date/Time Prepared: 11/24/2020 4:19 pm
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					Home Health Agency I	PPS	
	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	

GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,387,221	101,208	165,197	44,239	340,459	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,100,819	153,271	0	0	2,254,090	6.00
7.00	Physical Therapy	1,809,327	132,004	0	0	1,941,331	7.00
8.00	Occupational Therapy	584,695	42,658	0	0	627,353	8.00
9.00	Speech Pathology	54,477	3,974	0	0	58,451	9.00
10.00	Medical Social Services	33,761	2,463	0	0	36,224	10.00
11.00	Home Health Aide	103,230	7,531	0	0	110,761	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	6,073,530	443,109	165,197	44,239	340,459	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	-2,893	2,035,431	0	2,035,431		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	2,254,090	0	2,254,090		6.00
7.00	Physical Therapy	0	1,941,331	0	1,941,331		7.00
8.00	Occupational Therapy	0	627,353	0	627,353		8.00
9.00	Speech Pathology	0	58,451	0	58,451		9.00
10.00	Medical Social Services	0	36,224	0	36,224		10.00
11.00	Home Health Aide	0	110,761	0	110,761		11.00
12.00	Supplies (see instructions)	0	0	0	0		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Telemedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	-2,893	7,063,641	0	7,063,641		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:14-0258

Period:

Worksheet H-1

HHA CCN: 14-7583

From 07/01/2019

Part I

To 06/30/2020

Date/Time Prepared:

11/24/2020 4:19 pm

Home Health
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		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
			Bldgs & Fixtures	Movable Equipment				
		0	1.00	2.00	3.00	4.00	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	2,035,431	0	0	0	0	2,035,431	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	2,254,090	0	0	0	0	2,254,090	6.00
7.00	Physical Therapy	1,941,331	0	0	0	0	1,941,331	7.00
8.00	Occupational Therapy	627,353	0	0	0	0	627,353	8.00
9.00	Speech Pathology	58,451	0	0	0	0	58,451	9.00
10.00	Medical Social Services	36,224	0	0	0	0	36,224	10.00
11.00	Home Health Aide	110,761	0	0	0	0	110,761	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	7,063,641	0	0	0	0	7,063,641	24.00
		Administrative	Total (cols. 4A					
		& General	+ 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	2,035,431						5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	912,461	3,166,551					6.00
7.00	Physical Therapy	785,855	2,727,186					7.00
8.00	Occupational Therapy	253,954	881,307					8.00
9.00	Speech Pathology	23,661	82,112					9.00
10.00	Medical Social Services	14,664	50,888					10.00
11.00	Home Health Aide	44,836	155,597					11.00
12.00	Supplies (see instructions)	0	0					12.00
13.00	Drugs	0	0					13.00
14.00	DME	0	0					14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0					15.00
16.00	Respiratory Therapy	0	0					16.00
17.00	Private Duty Nursing	0	0					17.00
18.00	Clinic	0	0					18.00
19.00	Health Promotion Activities	0	0					19.00
20.00	Day Care Program	0	0					20.00
21.00	Home Delivered Meals Program	0	0					21.00
22.00	Homemaker Service	0	0					22.00
23.00	All Others (specify)	0	0					23.00
23.50	Telemedicine	0	0					23.50
24.00	Total (sum of lines 1-23)		7,063,641					24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN:14-0258

Period:

Worksheet H-1

HHA CCN: 14-7583

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/24/2020 4:19 pmHome Health
Agency I

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	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	-2,035,431	5,028,210
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	2,254,090	6.00
7.00	Physical Therapy	0	0	0	0	1,941,331	7.00
8.00	Occupational Therapy	0	0	0	0	627,353	8.00
9.00	Speech Pathology	0	0	0	0	58,451	9.00
10.00	Medical Social Services	0	0	0	0	36,224	10.00
11.00	Home Health Aide	0	0	0	0	110,761	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,035,431	5,028,210
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		2,035,431
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.404802

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN:14-0258

Period:

Worksheet H-2

HHA CCN: 14-7583

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/24/2020 4:19 pmHome Health
Agency I

PPS

Cost Center Description		HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	5.01	5.02	
1.00	Administrative and General	0	0	0	218,504	49,941	0	1.00
2.00	Skilled Nursing Care	3,166,551	0	0	330,904	0	0	2.00
3.00	Physical Therapy	2,727,186	0	0	284,991	0	0	3.00
4.00	Occupational Therapy	881,307	0	0	92,096	0	0	4.00
5.00	Speech Pathology	82,112	0	0	8,581	0	0	5.00
6.00	Medical Social Services	50,888	0	0	5,318	0	0	6.00
7.00	Home Health Aide	155,597	0	0	16,260	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)	7,063,641	0	0	956,654	49,941	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		PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.03	5.04	5.05	5A.05	5.06	6.00	
1.00	Administrative and General	0	828	0	269,273	91,420	0	1.00
2.00	Skilled Nursing Care	0	0	0	3,497,455	1,187,415	0	2.00
3.00	Physical Therapy	0	0	0	3,012,177	1,022,658	0	3.00
4.00	Occupational Therapy	0	0	0	973,403	330,478	0	4.00
5.00	Speech Pathology	0	0	0	90,693	30,791	0	5.00
6.00	Medical Social Services	0	0	0	56,206	19,082	0	6.00
7.00	Home Health Aide	0	0	0	171,857	58,347	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	828	0	8,071,064	2,740,191	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.				0.000000			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN:14-0258

Period:

Worksheet H-2

HHA CCN: 14-7583

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/24/2020 4:19 pmHome Health
Agency I

PPS

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

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN:14-0258

Period:

Worksheet H-2

HHA CCN: 14-7583

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/24/2020 4:19 pmHome Health
Agency I

PPS

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	360,693	0	360,693				1.00
2.00	Skilled Nursing Care	4,684,870	0	4,684,870	161,697	4,846,567		2.00
3.00	Physical Therapy	4,034,835	0	4,034,835	139,258	4,174,093		3.00
4.00	Occupational Therapy	1,303,881	0	1,303,881	45,002	1,348,883		4.00
5.00	Speech Pathology	121,484	0	121,484	4,193	125,677		5.00
6.00	Medical Social Services	75,288	0	75,288	2,598	77,886		6.00
7.00	Home Health Aide	230,204	0	230,204	7,945	238,149		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	10,811,255	0	10,811,255	360,693	10,811,255		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.				0.034514			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:14-0258		Period: From 07/01/2019 To 06/30/2020		Worksheet H-2 Part II Date/Time Prepared: 11/24/2020 4:19 pm	
				HHA CCN: 14-7583		Home Health Agency I		PPS	
Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHON ES)	DATA PROCESSING (DATA PROCE SSING)	PURCHASING RECEIVING AND STORES (PURCHASING)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DEPREC EXP ENSE)						
		1.00	2.00						4.00
1.00	Administrative and General	0	0	1,387,221	98	0	0	1.00	
2.00	Skilled Nursing Care	0	0	2,100,819	0	0	0	2.00	
3.00	Physical Therapy	0	0	1,809,327	0	0	0	3.00	
4.00	Occupational Therapy	0	0	584,695	0	0	0	4.00	
5.00	Speech Pathology	0	0	54,477	0	0	0	5.00	
6.00	Medical Social Services	0	0	33,761	0	0	0	6.00	
7.00	Home Health Aide	0	0	103,230	0	0	0	7.00	
8.00	Supplies (see instructions)	0	0	0	0	0	293,596	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	6,073,530	98	0	293,596	20.00	
21.00	Total cost to be allocated	0	0	956,654	49,941	0	0	21.00	
22.00	Unit cost multiplier	0.000000	0.000000	0.157512	509.602041	0.000000	0.000000	22.00	
Cost Center Description		ADMITTING (GROSS CHARGES)	CASHIERING/ACCReconciliation UNTS RECEIVABLE (GROSS CHARGES)	5A.06	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)		
		5.04	5.05		5.06	6.00	7.00		
1.00	Administrative and General	10,891,779	10,891,779	0	269,273	0	0	1.00	
2.00	Skilled Nursing Care	0	0	0	3,497,455	0	0	2.00	
3.00	Physical Therapy	0	0	0	3,012,177	0	0	3.00	
4.00	Occupational Therapy	0	0	0	973,403	0	0	4.00	
5.00	Speech Pathology	0	0	0	90,693	0	0	5.00	
6.00	Medical Social Services	0	0	0	56,206	0	0	6.00	
7.00	Home Health Aide	0	0	0	171,857	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)	10,891,779	10,891,779	0	8,071,064	0	0	20.00	
21.00	Total cost to be allocated	828	0	0	2,740,191	0	0	21.00	
22.00	Unit cost multiplier	0.000076	0.000000	0	0.339508	0.000000	0.000000	22.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS					Provider CCN:14-0258 HHA CCN: 14-7583	Period: From 07/01/2019 To 06/30/2020	Worksheet H-2 Part II Date/Time Prepared: 11/24/2020 4:19 pm	
						Home Health Agency I	PPS	
Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL PATIENT DAYS)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED ED PRGM (TOTAL PATIENT DAYS)		
		15.00	16.00	17.00	19.00	23.00		
1.00	Administrative and General	0	0	0	0	0		1.00
2.00	Skilled Nursing Care	0	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
19.50	Telemedicine	0	0	0	0	0		19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0		20.00
21.00	Total cost to be allocated	0	0	0	0	0		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN:14-0258

Period:

Worksheet H-3

HHA CCN: 14-7583

From 07/01/2019

Part I

To 06/30/2020

Date/Time Prepared:

Title XVIII				Home Health Agency I	PPS
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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	4,846,567		4,846,567	21,938	220.92	1.00
2.00	Physical Therapy	3.00	4,174,093	0	4,174,093	18,306	228.02	2.00
3.00	Occupational Therapy	4.00	1,348,883	0	1,348,883	7,672	175.82	3.00
4.00	Speech Pathology	5.00	125,677	0	125,677	646	194.55	4.00
5.00	Medical Social Services	6.00	77,886		77,886	379	205.50	5.00
6.00	Home Health Aide	7.00	238,149		238,149	3,203	74.35	6.00
7.00	Total (sum of lines 1-6)		10,811,255	0	10,811,255	52,144		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		

Limitation Cost Computation

8.00	Skilled Nursing Care		16974	0	13,890			8.00
8.01	Skilled Nursing Care		20994	0	992			8.01
8.02	Skilled Nursing Care		29404	0	252			8.02
9.00	Physical Therapy		16974	0	11,218			9.00
9.01	Physical Therapy		20994	0	842			9.01
9.02	Physical Therapy		29404	0	234			9.02
10.00	Occupational Therapy		16974	0	5,029			10.00
10.01	Occupational Therapy		20994	0	419			10.01
10.02	Occupational Therapy		29404	0	93			10.02
11.00	Speech Pathology		16974	0	464			11.00
11.01	Speech Pathology		20994	0	26			11.01
11.02	Speech Pathology		29404	0	26			11.02
12.00	Medical Social Services		16974	0	268			12.00
12.01	Medical Social Services		20994	0	9			12.01
12.02	Medical Social Services		29404	0	2			12.02
13.00	Home Health Aide		16974	0	2,420			13.00
13.01	Home Health Aide		20994	0	203			13.01
13.02	Home Health Aide		29404	0	57			13.02
14.00	Total (sum of lines 8-13)			0	36,444			14.00

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

Supplies and Drugs Cost Computations

15.00	Cost of Medical Supplies	8.00	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0.000000	16.00

Cost Center Description	Program Visits			Cost of Services			
	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00		8.00	9.00	10.00

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

Cost Per Visit Computation

1.00	Skilled Nursing Care	0	15,134	0	3,343,403		1.00
2.00	Physical Therapy	0	12,294	0	2,803,278		2.00
3.00	Occupational Therapy	0	5,541	0	974,219		3.00
4.00	Speech Pathology	0	516	0	100,388		4.00
5.00	Medical Social Services	0	279	0	57,335		5.00
6.00	Home Health Aide	0	2,680	0	199,258		6.00
7.00	Total (sum of lines 1-6)	0	36,444	0	7,477,881		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN:14-0258 HHA CCN: 14-7583	Period: From 07/01/2019 To 06/30/2020	Worksheet H-3 Part I Date/Time Prepared: 11/24/2020 4:19 pm
	Title XVIII	Home Health Agency I	PPS

Cost Center Description						Agency 1			
		6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
8.01	Skilled Nursing Care							8.01	
8.02	Skilled Nursing Care							8.02	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
9.02	Physical Therapy							9.02	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
10.02	Occupational Therapy							10.02	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
11.02	Speech Pathology							11.02	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
12.02	Medical Social Services							12.02	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
13.02	Home Health Aide							13.02	
14.00	Total (sum of lines 8-13)							14.00	
Cost Center Description		Program Covered Charges			Cost of Services				
		Part A	Part B		Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
			6.00	7.00		8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	0	272,412	0	0	0	0	15.00	
16.00	Cost of Drugs		0	0		0	0	16.00	
Cost Center Description		Total Program Cost (sum of cols. 9-10)							
		12.00							
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	3,343,403						1.00	
2.00	Physical Therapy	2,803,278						2.00	
3.00	Occupational Therapy	974,219						3.00	
4.00	Speech Pathology	100,388						4.00	
5.00	Medical Social Services	57,335						5.00	
6.00	Home Health Aide	199,258						6.00	
7.00	Total (sum of lines 1-6)	7,477,881						7.00	
Cost Center Description									
		12.00							
Limitation Cost Computation									
8.00	Skilled Nursing Care							8.00	
8.01	Skilled Nursing Care							8.01	
8.02	Skilled Nursing Care							8.02	
9.00	Physical Therapy							9.00	
9.01	Physical Therapy							9.01	
9.02	Physical Therapy							9.02	
10.00	Occupational Therapy							10.00	
10.01	Occupational Therapy							10.01	
10.02	Occupational Therapy							10.02	
11.00	Speech Pathology							11.00	
11.01	Speech Pathology							11.01	
11.02	Speech Pathology							11.02	
12.00	Medical Social Services							12.00	
12.01	Medical Social Services							12.01	
12.02	Medical Social Services							12.02	
13.00	Home Health Aide							13.00	
13.01	Home Health Aide							13.01	
13.02	Home Health Aide							13.02	
14.00	Total (sum of lines 8-13)							14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN:14-0258

Period:

Worksheet H-3

HHA CCN: 14-7583

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/24/2020 4:19 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.152573	0	0	col. 2, line 2.00	1.00
1.01	Physical Therapy 1	66.01	0.304262	0	0	col. 2, line 2.01	1.01
1.02	Physical Therapy 2	66.02	0.201033	0	0	col. 2, line 2.02	1.02
2.00	Occupational Therapy	67.00	0.000000	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.000000	0	0	col. 2, line 4.00	3.00
4.00	Cost of Medical Supplies	71.00	0.616707	0	0	col. 2, line 15.00	4.00
5.00	Cost of Drugs	73.00	0.215327	0	0	col. 2, line 16.00	5.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10		
CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN:14-0258 HHA CCN: 14-7583		Period: From 07/01/2019 To 06/30/2020 Worksheet H-4 Part I-II Date/Time Prepared: 11/24/2020 4:19 pm		
		Title XVIII		Home Health Agency I PPS		
		Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		1.00	2.00	3.00		
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES						
Reasonable Cost of Part A & Part B Services						
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00	
2.00	Total charges	0	0	0	2.00	
Customary Charges						
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00	
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00	
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00	
6.00	Total customary charges (see instructions)	0	0	0	6.00	
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00	
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00	
9.00	Primary payer amounts	0	13,202	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		-13,202	10.00	
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0		7,100,710	11.00	
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0		302,003	12.00	
13.00	Total PPS Reimbursement - LUPA Episodes	0		130,617	13.00	
14.00	Total PPS Reimbursement - PEP Episodes	0		94,363	14.00	
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0		61,391	15.00	
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0		1,286	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		7,677,168	22.00	
23.00	Excess reasonable cost (from line 8)	0		0	23.00	
24.00	Subtotal (line 22 minus line 23)	0		7,677,168	24.00	
25.00	Coinsurance billed to program patients (from your records)	0		2,091	25.00	
26.00	Net cost (line 24 minus line 25)	0		7,675,077	26.00	
27.00	Reimbursable bad debts (from your records)	0		0	27.00	
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		0	28.00	
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0		7,675,077	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		7,675,077	31.00	
31.01	Sequestration adjustment (see instructions)	0		130,661	31.01	
31.02	Demonstration payment adjustment amount after sequestration	0		0	31.02	
32.00	Interim payments (see instructions)	0		7,544,416	32.00	
33.00	Tentative settlement (for contractor use only)	0		0	33.00	
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0		0	34.00	
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0		0	35.00	

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10		
ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED PROGRAM BENEFICIARIES		Provider CCN:14-0258 HHA CCN: 14-7583		Period: From 07/01/2019 To 06/30/2020 Worksheet H-5 Date/Time Prepared: 11/24/2020 4:19 pm		
				Home Health Agency I PPS		
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		7,544,416	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		7,544,416	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		7,544,416	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER			In Lieu of Form CMS-2552-10										
ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS				Provider CCN:14-0258		Period: From 07/01/2019 To 06/30/2020		Worksheet 0							
				Hospice CCN: 14-1632				Date/Time Prepared: 11/24/2020 4:19 pm							
						Hospice I									
				SALARIES		OTHER		SUBTOTAL (col. 1 plus col. 2)		RECLASSIFI- CATIONS		SUBTOTAL			
				1.00		2.00		3.00		4.00		5.00			
GENERAL SERVICE COST CENTERS															
1.00	CAP REL COSTS-BLDG & FIXT*				243,264		243,264		0		243,264		1.00		
2.00	CAP REL COSTS-MVBLE EQUIP*				0		0		0		0		2.00		
3.00	EMPLOYEE BENEFITS DEPARTMENT*		0		344,658		344,658		0		344,658		3.00		
4.00	ADMINISTRATIVE & GENERAL*		371,698		349,505		721,203		0		721,203		4.00		
5.00	PLANT OPERATION & MAINTENANCE*		0		71,155		71,155		0		71,155		5.00		
6.00	LAUNDRY & LINEN SERVICE*		0		23,860		23,860		0		23,860		6.00		
7.00	HOUSEKEEPING*		0		105,505		105,505		0		105,505		7.00		
8.00	DIETARY*		0		11,212		11,212		0		11,212		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		63,987		63,987		0		63,987		12.00		
13.00	VOLUNTEER SERVICE COORDINATION*		0		1		1		0		1		13.00		
14.00	PHARMACY*		0		175,366		175,366		-175,366		0		14.00		
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*		195,213		493,998		689,211		0		689,211		15.00		
16.00	OTHER GENERAL SERVICE*		0		0		0		0		0		16.00		
17.00	PATIENT/RESIDENTIAL CARE SERVICES												17.00		
DIRECT PATIENT CARE SERVICE COST CENTERS															
25.00	INPATIENT CARE-CONTRACTED**				0		0		0		0		25.00		
26.00	PHYSICIAN SERVICES**		0		0		0		0		0		26.00		
27.00	NURSE PRACTITIONER**		0		0		0		0		0		27.00		
28.00	REGISTERED NURSE**		2,681,036		0		2,681,036		0		2,681,036		28.00		
29.00	LPN/LVN**		57,718		0		57,718		0		57,718		29.00		
30.00	PHYSICAL THERAPY**		2,277		0		2,277		0		2,277		30.00		
31.00	OCCUPATIONAL THERAPY**		525		0		525		0		525		31.00		
32.00	SPEECH/LANGUAGE PATHOLOGY**		0		0		0		0		0		32.00		
33.00	MEDICAL SOCIAL SERVICES**		74,910		0		74,910		0		74,910		33.00		
34.00	SPIRITUAL COUNSELING**		415,383		0		415,383		0		415,383		34.00		
35.00	DIETARY COUNSELING**		0		0		0		0		0		35.00		
36.00	COUNSELING - OTHER**		26,371		0		26,371		0		26,371		36.00		
37.00	HOSPICE AIDE & HOME MAKER SERVICES**		643,534		0		643,534		0		643,534		37.00		
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**		0		11,502		11,502		-45		11,457		38.00		
39.00	PATIENT TRANSPORTATION**		50		35,827		35,877		0		35,877		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		176,190		176,190		-176,190		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		1,155,343		1,155,343		0		1,155,343		46.00		
NONREIMBURSABLE COST CENTERS															
60.00	BEREAVEMENT PROGRAM *		47,252		0		47,252		0		47,252		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*		258,584		5,071		263,655		0		263,655		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		4,774,551		3,266,444		8,040,995		-351,601		7,689,394		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:14-0258

Period:

Worksheet 0

Hospice CCN: 14-1632

From 07/01/2019
To 06/30/2020Date/Time Prepared:
11/24/2020 4:19 pm

Hospice I

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	243,264	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	344,658	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	721,203	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	71,155	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	23,860	6.00
7.00	HOUSEKEEPING*	0	105,505	7.00
8.00	DIETARY*	0	11,212	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	63,987	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	1	13.00
14.00	PHARMACY*	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	-545,590	143,621	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	2,681,036	28.00
29.00	LPN/LVN**	0	57,718	29.00
30.00	PHYSICAL THERAPY**	0	2,277	30.00
31.00	OCCUPATIONAL THERAPY**	0	525	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	74,910	33.00
34.00	SPIRITUAL COUNSELING**	0	415,383	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	26,371	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	643,534	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	11,457	38.00
39.00	PATIENT TRANSPORTATION**	0	35,877	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	1,155,343	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	47,252	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	263,655	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	-545,590	7,143,804	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:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet 0-2
	Hospice CCN: 14-1632	Date/Time Prepared: 11/24/2020 4:19 pm	

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,359,792	0	1,359,792	0	1,359,792	28.00
29.00	LPN/LVN	244	0	244	0	244	29.00
30.00	PHYSICAL THERAPY	2,277	0	2,277	0	2,277	30.00
31.00	OCCUPATIONAL THERAPY	525	0	525	0	525	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	64,329	0	64,329	0	64,329	33.00
34.00	SPIRITUAL COUNSELING	290,801	0	290,801	0	290,801	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	26,120	0	26,120	0	26,120	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	120,945	0	120,945	0	120,945	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	50	6,267	6,317	0	6,317	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	84,317	84,317	-84,317	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	1,147,281	1,147,281	0	1,147,281	46.00
100.00	TOTAL *	1,865,083	1,237,865	3,102,948	-84,317	3,018,631	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,359,792	28.00
29.00	LPN/LVN	0	244	29.00
30.00	PHYSICAL THERAPY	0	2,277	30.00
31.00	OCCUPATIONAL THERAPY	0	525	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	64,329	33.00
34.00	SPIRITUAL COUNSELING	0	290,801	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	26,120	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	120,945	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	6,317	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	1,147,281	46.00
100.00	TOTAL *	0	3,018,631	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 RESIDENT	Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet 0-3
CARE	Hospice CCN: 14-1632	Date/Time Prepared: 11/24/2020 4:19 pm	

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	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	89,535	0	89,535	0	89,535	28.00
29.00	LPN/LVN	3,895	0	3,895	0	3,895	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	717	0	717	0	717	33.00
34.00	SPIRITUAL COUNSELING	8,442	0	8,442	0	8,442	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	17	0	17	0	17	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	35,414	0	35,414	0	35,414	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	1,150	1,150	-45	1,105	38.00
39.00	PATIENT TRANSPORTATION	0	2,956	2,956	0	2,956	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	9,187	9,187	-9,187	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	806	806	0	806	46.00
100.00	TOTAL *	138,020	14,099	152,119	-9,232	142,887	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	89,535	28.00
29.00	LPN/LVN	0	3,895	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	717	33.00
34.00	SPIRITUAL COUNSELING	0	8,442	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	17	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	35,414	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	1,105	38.00
39.00	PATIENT TRANSPORTATION	0	2,956	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	806	46.00
100.00	TOTAL *	0	142,887	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:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet 0-4
	Hospice CCN: 14-1632	Date/Time Prepared: 11/24/2020 4:19 pm	

		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFICATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,231,709	0	1,231,709	0	1,231,709	28.00
29.00	LPN/LVN	53,579	0	53,579	0	53,579	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	9,864	0	9,864	0	9,864	33.00
34.00	SPIRITUAL COUNSELING	116,140	0	116,140	0	116,140	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	234	0	234	0	234	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	487,175	0	487,175	0	487,175	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	10,352	10,352	0	10,352	38.00
39.00	PATIENT TRANSPORTATION	0	26,604	26,604	0	26,604	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	82,686	82,686	-82,686	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	7,256	7,256	0	7,256	46.00
100.00	TOTAL *	1,898,701	126,898	2,025,599	-82,686	1,942,913	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	1,231,709	28.00
29.00	LPN/LVN	0	53,579	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	9,864	33.00
34.00	SPIRITUAL COUNSELING	0	116,140	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	234	36.00
37.00	HOSPICE AIDE & HOMEMAKER SERVICES	0	487,175	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	10,352	38.00
39.00	PATIENT TRANSPORTATION	0	26,604	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	7,256	46.00
100.00	TOTAL *	0	1,942,913	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 Provider CCN:14-0258 Period: From 07/01/2019 Worksheet 0-5
 FOR ALLOCATION Hospice CCN: 14-1632 To 06/30/2020 Date/Time Prepared: 11/24/2020 4:19 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	243,264	0	243,264	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	73,441	73,441	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	344,658	752,049	1,096,707	3.00
4.00	ADMINISTRATIVE & GENERAL	721,203	2,706,756	3,427,959	4.00
5.00	PLANT OPERATION & MAINTENANCE	71,155	0	71,155	5.00
6.00	LAUNDRY & LINEN SERVICE	23,860	0	23,860	6.00
7.00	HOUSEKEEPING	105,505	0	105,505	7.00
8.00	DIETARY	11,212	0	11,212	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	63,987	0	63,987	12.00
13.00	VOLUNTEER SERVICE COORDINATION	1	0	1	13.00
14.00	PHARMACY	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	143,621	0	143,621	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	3,018,631	0	3,018,631	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	142,887	0	142,887	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,942,913	0	1,942,913	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM	47,252	0	47,252	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	263,655	0	263,655	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	7,143,804	3,532,246	10,676,050	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN:14-0258

Period:

Worksheet 0-6

Hospice CCN: 14-1632

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/24/2020 4:19 pm

Descriptions		TOTAL EXPENSES		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
		0	1.00	2.00	3.00	3A		
GENERAL SERVICE COST CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	243,264	243,264					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	73,441		73,441				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	1,096,707	0	0	1,096,707			3.00
4.00	ADMINISTRATIVE & GENERAL	3,427,959	0	0	166,576	3,594,535		4.00
5.00	PLANT OPERATION & MAINTENANCE	71,155	0	0	0	71,155		5.00
6.00	LAUNDRY & LINEN SERVICE	23,860	0	0	0	23,860		6.00
7.00	HOUSEKEEPING	105,505	0	0	0	105,505		7.00
8.00	DIETARY	11,212	0	0	0	11,212		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	63,987	0	0	0	63,987		12.00
13.00	VOLUNTEER SERVICE COORDINATION	1	0	0	3,893	3,894		13.00
14.00	PHARMACY	0	0	0	0	0		14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	143,621	0	0	0	143,621		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	3,018,631			810,099	3,828,730		51.00
52.00	HOSPICE INPATIENT RESPITE CARE	142,887	24,132	0	9,144	176,163		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,942,913	219,132	73,441	106,995	2,342,481		53.00
NONREIMBURSABLE COST CENTERS								
60.00	BEREAVEMENT PROGRAM	47,252	0	0	0	47,252		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	263,655	0	0	0	263,655		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	0	0	0	0	0		99.00
100.00	TOTAL	10,676,050	243,264	73,441	1,096,707	10,676,050		100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN:14-0258

Period:

Worksheet 0-6

Hospice CCN: 14-1632

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/24/2020 4:19 pm

Descriptions		Hospice I				
		ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	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	3,594,535				4.00
5.00	PLANT OPERATION & MAINTENANCE	36,118	107,273			5.00
6.00	LAUNDRY & LINEN SERVICE	12,111	0	35,971		6.00
7.00	HOUSEKEEPING	53,554	0		159,059	7.00
8.00	DIETARY	5,691	0		0	16,903
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	32,479	0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	1,977	0		0	13.00
14.00	PHARMACY	0	0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	72,901	0		0	15.00
16.00	OTHER GENERAL SERVICE	0	0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0		0	17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0				50.00
51.00	HOSPICE ROUTINE HOME CARE	1,943,441				51.00
52.00	HOSPICE INPATIENT RESPITE CARE	89,419	10,641	2,178	15,779	1,024
53.00	HOSPICE GENERAL INPATIENT CARE	1,189,029	96,632	33,793	143,280	15,879
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	23,985	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	133,830	0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0
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
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	3,594,535	107,273	35,971	159,059	16,903

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN:14-0258

Period:

Worksheet 0-6

Hospice CCN: 14-1632

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/24/2020 4:19 pm

				Hospice I			
	Descriptions	NURSING	ROUTINE	MEDICAL	STAFF	VOLUNTEER	
		ADMINISTRATION	MEDICAL SUPPLIES	RECORDS	TRANSPORTATION	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			96,466		12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	5,871	13.00
14.00	PHARMACY	0			0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	0	15.00
16.00	OTHER GENERAL SERVICE	0			0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0	96,466	5,283	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	36	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	552	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	96,466	5,871	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN:14-0258

Period:

Worksheet 0-6

Hospice CCN: 14-1632

From 07/01/2019
To 06/30/2020Part I
Date/Time Prepared:
11/24/2020 4:19 pm

Descriptions		Hospice I				TOTAL	
		PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
		14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES						10.00
11.00	MEDICAL RECORDS						11.00
12.00	STAFF TRANSPORTATION						12.00
13.00	VOLUNTEER SERVICE COORDINATION						13.00
14.00	PHARMACY	0					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	216,522				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	0	194,832	0		6,068,752	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	1,314	0	0	296,554	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	20,376	0	0	3,842,022	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		71,237	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		397,485	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	0	216,522	0	0	10,676,050	100.00

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

Provider CCN:14-0258

Period:

Worksheet 0-6

Hospice CCN: 14-1632

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/24/2020 4:19 pm

Cost Center Descriptions		CAP REL BLDG & FIX (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	124,124					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		11,313				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	4,073,133			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	618,659	-3,594,535	7,081,515	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	71,155	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	23,860	6.00
7.00	HOUSEKEEPING	0	0	0	0	105,505	7.00
8.00	DIETARY	0	0	0	0	11,212	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	63,987	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	14,459	0	3,894	13.00
14.00	PHARMACY	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	143,621	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			3,008,676	0	3,828,730	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	12,313	0	33,962	0	176,163	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	111,811	11,313	397,377	0	2,342,481	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	47,252	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	263,655	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)	243,264	73,441	1,096,707		3,594,535	100.00
101.00	UNIT COST MULTIPLIER	1.959847	6.491735	0.269254		0.507594	101.00

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

Provider CCN:14-0258

Period:

Worksheet 0-6

Hospice CCN: 14-1632

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/24/2020 4:19 pm

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	124,124					5.00
6.00	LAUNDRY & LINEN SERVICE	0	3,484				6.00
7.00	HOUSEKEEPING	0		124,124			7.00
8.00	DIETARY	0		0	3,484		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	12,313	211	12,313	211	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	111,811	3,273	111,811	3,273	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)	107,273	35,971	159,059	16,903	0	100.00
101.00	UNIT COST MULTIPLIER	0.864241	10.324627	1.281452	4.851607	0.000000	101.00

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

Provider CCN:14-0258

Period:

Worksheet 0-6

Hospice CCN: 14-1632

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/24/2020 4:19 pm

Cost Center Descriptions		Hospice I				
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)
		10.00	11.00	12.00	13.00	14.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES	34,780				10.00
11.00	MEDICAL RECORDS		0			11.00
12.00	STAFF TRANSPORTATION			31,296		12.00
13.00	VOLUNTEER SERVICE COORDINATION			0	34,780	13.00
14.00	PHARMACY			0	0	34,780
15.00	PHYSICIAN ADMINISTRATIVE SERVICES			0	0	0
16.00	OTHER GENERAL SERVICE			0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	31,296	0	31,296	31,296	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	211	0	0	211	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,273	0	0	3,273	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM			0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	61.00
62.00	FUNDRAISING			0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	65.00
66.00	RESIDENTIAL CARE			0	0	66.00
67.00	ADVERTISING			0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	68.00
69.00	THRIFT STORE			0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			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	96,466	5,871	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	3.082375	0.168804	0.000000

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

Provider CCN:14-0258

Period:

Worksheet 0-6

Hospice CCN: 14-1632

From 07/01/2019
To 06/30/2020Part II
Date/Time Prepared:
11/24/2020 4:19 pm

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	34,780				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	31,296	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	211	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,273	0	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	216,522	0	0		100.00
101.00	UNIT COST MULTIPLIER	6.225474	0.000000	0.000000		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE		Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet 0-7
		Hospice CCN: 14-1632		Date/Time Prepared: 11/24/2020 4:19 pm

			Hospice I				
Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
		0	1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.152573	0	0	0	1.00
1.01	REHAB OUTPATIENT	66.01	0.304262	0	0	0	1.01
1.02	REHAB MED SURGICAL	66.02	0.201033	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.215327	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.077156	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.616707	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	0.714788	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	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
1.01	REHAB OUTPATIENT	0	0	0	0	0	1.01
1.02	REHAB MED SURGICAL	0	0	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC						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:14-0258 Hospice CCN: 14-1632	Period: From 07/01/2019 To 06/30/2020	Worksheet 0-8 Date/Time Prepared: 11/24/2020 4:19 pm
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		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
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0
3.00	Total average cost per diem (line 1 divided by line 2)			0.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)			
5.00	Program cost (line 3 times line 4)	0	0	0
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)			6,068,752
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			31,296
8.00	Total average cost per diem (line 6 divided by line 7)			193.91
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	28,513	1,656	
10.00	Program cost (line 8 times line 9)	5,528,956	321,115	
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)			296,554
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			211
13.00	Total average cost per diem (line 11 divided by line 12)			1,405.47
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	194	5	
15.00	Program cost (line 13 times line 14)	272,661	7,027	
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)			3,842,022
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			3,273
18.00	Total average cost per diem (line 16 divided by line 17)			1,173.85
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	2,652	244	
20.00	Program cost (line 18 times line 19)	3,113,050	286,419	
TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			10,207,328
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			34,780
23.00	Average cost per diem (line 21 divided by line 22)			293.48

Health Financial Systems		ALEXIAN BROTHERS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF CAPITAL PAYMENT		Provider CCN:14-0258	Period: From 07/01/2019 To 06/30/2020	Worksheet L Parts I-III Date/Time Prepared: 11/24/2020 4:19 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART I - FULLY PROSPECTIVE METHOD					
CAPITAL FEDERAL AMOUNT					
1.00	Capital DRG other than outlier		5,623,737	1.00	
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01	
2.00	Capital DRG outlier payments		109,230	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)		187.23	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)		0.00	7.00	
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00	
9.00	Sum of lines 7 and 8		0.00	9.00	
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00	
11.00	Disproportionate share adjustment (see instructions)		0	11.00	
12.00	Total prospective capital payments (see instructions)		5,732,967	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	