

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 6/3/2020 5:03 pm
--	-----------------------	---------------------------------------	--

PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only
 5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended
 6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN
 10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 6/3/2020 Time: 5:03 pm

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by DEARBORN COUNTY HOSPITAL (15-0086) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 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) MI CHAEL SCHWEBLER
 Officer or Administrator of Provider(s)

PRESIDENT AND CEO
 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	246,252	17,756	0	-249,224	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	-1		0	9.00
200.00 Total	0	246,252	17,755	0	-249,224	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 6/3/2020 5:03 pm
---	--	-----------------------	---	--

1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 600 WILSON CREEK ROAD			PO Box:						1.00	
2.00	City: LAWRENCEBURG			State: IN		Zip Code: 47025-		County: DEARBORN		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		
							V	XVIII	XIX		
Hospital and Hospital -Based Component Identification:											
3.00	Hospital		DEARBORN COUNTY HOSPITAL	150086	17140	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										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		HEALTH SERVICES CORP. OF SE IN	157055	17140		10/01/1978	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital -Based Hospice		HOSPICE OF SOUTHEASTERN INDIANA	151531	17140		12/22/1994				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)						01/01/2019	12/31/2019		20.00	
21.00	Type of Control (see instructions)						9			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	N			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0086		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/3/2020 5:03 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	171	1,363	0	50	251	0	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					Y	Y	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	Y	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0086		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/3/2020 5:03 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 §413.85? (see instructions)	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	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted FTE Count	IME	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	5.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00		0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00		0.00	61.20
				1.00			
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
		Unweighted FTEs Nonprovi- der Site	Unweighted FTEs in Hospi- tal	Ratio (col. 1/ (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0086		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/3/2020 5:03 pm	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			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)					0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0086		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/3/2020 5:03 pm			
						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N				80.00		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N				81.00		
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N				85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00		
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N				87.00		
						V	XIX		
						1.00	2.00		
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N		Y		90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N		Y		91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N		92.00		
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N		N		93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N		N		94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00		95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N		N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00		97.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.00		
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.01		
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.02		
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		N		98.03		
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N		N		98.04		
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.05		
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		Y		98.06		
Rural Providers									
105.00	Does this hospital qualify as a CAH?		N				105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N				106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.		N				107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N				108.00		
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N		N		N		109.00
						1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N			110.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 6/3/2020 5:03 pm		
		1.00	2.00			
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	302,653	0			118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 6/3/2020 5:03 pm			
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:			
142.00	Street:	PO Box:					
143.00	City:	State:		Zip Code:			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00	
				1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				N	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N	146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
				1.00			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						
						0.00	
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				9.99	169.00	
				Beginning	Ending		
				1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					170.00	
				1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)				N	0171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0086		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part II Date/Time Prepared: 6/3/2020 5:03 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				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	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 cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/02/2020	Y	04/02/2020		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)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-2
Part II
Date/Time Prepared:
6/3/2020 5:03 pm

		Description		Y/N	Y/N	
		0		1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N	N	20.00
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N	N	21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				Y	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				N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N	35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?				N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
				1.00	2.00	
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KYLE		SMITH		41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-713-7957		KCSMITH@BLUEANDCO.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 6/3/2020 5:03 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.	SENIOR MANAGER		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: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part I
Date/Time Prepared:
6/3/2020 5:03 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				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	54	19,710	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)		54	19,710	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,920	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)		62	22,630	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		62			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part I
Date/Time Prepared:
6/3/2020 5:03 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)	3,604	169	7,135			1.00
2.00 HMO and other (see instructions)	914	1,656				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	3,604	169	7,135			7.00
8.00 INTENSIVE CARE UNIT	734	0	1,807			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	587			13.00
14.00 Total (see instructions)	4,338	169	9,529	0.00	552.17	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	4,094	725	7,938	0.00	14.20	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	4.41	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	570.78	27.00
28.00 Observation Bed Days		0	2,068			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	10	45			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: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part I
Date/Time Prepared:
6/3/2020 5:03 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
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	1,280	43	2,931	1.00
2.00 HMO and other (see instructions)			252	527		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,280	43	2,931	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					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: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part II
Date/Time Prepared:
6/3/2020 5:03 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	34,176,147	0	34,176,147	1,187,244.00	28.79
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)		1,803,243	249,142	2,052,385	62,180.00	33.01
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		767,824	0	767,824	9,820.00	78.19
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		458,333	0	458,333	2,031.00	225.67
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		6,769,968	0	6,769,968		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		374,166	0	374,166		
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)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	364,635	0	364,635	11,105.00	32.84
27.00	Administrative & General	5.00	5,707,463	0	5,707,463	184,913.00	30.87

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part II
Date/Time Prepared:
6/3/2020 5:03 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	
28.00	Administrative & General under contract (see inst.)	709,018	0	709,018	5,717.00	124.02	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,117,593	-50,771	1,066,822	37,149.00	28.72	30.00
31.00	Laundry & Linen Service	88,573	0	88,573	6,396.00	13.85	31.00
32.00	Housekeeping	879,516	0	879,516	63,771.00	13.79	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	893,698	-680,819	212,879	12,303.00	17.30	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	680,819	680,819	39,347.00	17.30	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	745,701	0	745,701	19,843.00	37.58	38.00
39.00	Central Services and Supply	293,621	0	293,621	15,763.00	18.63	39.00
40.00	Pharmacy	1,483,275	-198,371	1,284,904	29,417.00	43.68	40.00
41.00	Medical Records & Medical Records Library	669,923	0	669,923	30,555.00	21.93	41.00
42.00	Social Service	171,579	0	171,579	6,395.00	26.83	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part III
Date/Time Prepared:
6/3/2020 5:03 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation 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)	34,885,165	0	34,885,165	1,192,961.00	29.24	1.00
2.00	Excluded area salaries (see instructions)	1,803,243	249,142	2,052,385	62,180.00	33.01	2.00
3.00	Subtotal salaries (line 1 minus line 2)	33,081,922	-249,142	32,832,780	1,130,781.00	29.04	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,226,157	0	1,226,157	11,851.00	103.46	4.00
5.00	Subtotal wage-related costs (see inst.)	6,769,968	0	6,769,968	0.00	20.62	5.00
6.00	Total (sum of lines 3 thru 5)	41,078,047	-249,142	40,828,905	1,142,632.00	35.73	6.00
7.00	Total overhead cost (see instructions)	13,124,595	-249,142	12,875,453	462,674.00	27.83	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part IV Date/Time Prepared: 6/3/2020 5:03 pm
-----------------------------	-----------------------	---	---

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	813,788	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	2,958,549	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	234,534	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	50,620	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)	94,927	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	220,100	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	2,012,244	17.00
18.00	Medicare Taxes - Employers Portion Only	478,923	18.00
19.00	Unemployment Insurance	27,387	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	253,062	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	7,144,134	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: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part V Date/Time Prepared: 6/3/2020 5:03 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	767,824	7,144,134	1.00
2.00	Hospital	767,824	7,144,134	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	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			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0086 Component CCN: 15-7055		Period: From 01/01/2019 To 12/31/2019		Worksheet S-4 Date/Time Prepared: 6/3/2020 5:03 pm	
				Home Health Agency I		PPS	
						1.00	
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	
2.00	Unduplicated Census Count (see instructions)	0.00	299.00	0.00	0.00	0.00	
				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	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		3.99	0.00	3.99	
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	
5.00	Other Administrative Personnel			0.00	0.00	0.00	
6.00	Direct Nursing Service			6.78	0.00	6.78	
7.00	Nursing Supervisor			0.00	0.00	0.00	
8.00	Physical Therapy Service			2.18	0.00	2.18	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	
10.00	Occupational Therapy Service			0.66	0.00	0.66	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	
12.00	Speech Pathology Service			0.06	0.00	0.06	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	
14.00	Medical Social Service			0.03	0.00	0.03	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	
16.00	Home Health Aide			0.67	0.00	0.67	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	
18.00	Other (specify)			0.00	0.00	0.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2			
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			17140			
20.01				99915			
				Full Episodes			
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	1,806	234	63	43	2,146	
22.00	Skilled Nursing Visit Charges	362,464	46,964	12,644	8,630	430,702	
23.00	Physical Therapy Visits	1,285	31	44	26	1,386	
24.00	Physical Therapy Visit Charges	283,002	6,828	9,691	5,727	305,248	
25.00	Occupational Therapy Visits	322	2	9	7	340	
26.00	Occupational Therapy Visit Charges	70,921	441	1,982	1,542	74,886	
27.00	Speech Pathology Visits	12	2	1	0	15	
28.00	Speech Pathology Visit Charges	2,643	441	220	0	3,304	
29.00	Medical Social Service Visits	0	0	0	0	0	
30.00	Medical Social Service Visit Charges	0	0	0	0	0	
31.00	Home Health Aide Visits	204	3	0	0	207	
32.00	Home Health Aide Visit Charges	42,982	701	0	0	43,683	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,629	272	117	76	4,094	
34.00	Other Charges	0	0	0	0	0	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	762,012	55,375	24,537	15,899	857,823	
36.00	Total Number of Episodes (standard/non outlier)	291		41	8	340	
37.00	Total Number of Outlier Episodes		10		1	11	
38.00	Total Non-Routine Medical Supply Charges	23,863	6,815	945	666	32,289	

HOSPITAL-BASED HOSPI CE IDENTIFICATION DATA		Provider CCN: 15-0086 Hospice CCN: 15-1531	Period: From 01/01/2019 To 12/31/2019	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 6/3/2020 5:03 pm
---	--	---	---	--

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of col.s. 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 col.s. 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	2,277	64	425	2,766	11.00
12.00	Hospice Inpatient Respite Care	0	0	0	0	12.00
13.00	Hospice General Inpatient Care	133	7	56	196	13.00
14.00	Total Hospice Days	2,410	71	481	2,962	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet S-10 Date/Time Prepared: 6/3/2020 5:03 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)		0.322496	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		-934,391	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		16,844,808	6.00	
7.00	Medicaid cost (line 1 times line 6)		5,432,383	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)		6,366,774	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		6,366,774	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)	202,709	204,521	407,230	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	65,373	204,521	269,894	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)	65,373	204,521	269,894	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)			4,657,214	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			181,658	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			279,475	27.01
28.00	Non-Medicare bad debt expense (see instructions)			4,377,739	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,509,620	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			1,779,514	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			8,146,288	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet A
Date/Time Prepared:
6/3/2020 5:03 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (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 NEW CAP REL COSTS-BLDG & FIXT		3,867,978	3,867,978	138,774	4,006,752	1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		1,815,698	1,815,698	0	1,815,698	2.00
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	364,635	7,325,404	7,690,039	0	7,690,039	4.00
5.01 01160 COMMUNICATIONS	106,872	145,603	252,475	0	252,475	5.01
5.02 00550 DATA PROCESSING	1,227,075	2,054,819	3,281,894	0	3,281,894	5.02
5.03 00560 PURCHASING RECEIVING AND STORES	180,932	147,376	328,308	86	328,394	5.03
5.04 00570 ADMINITTING	580,279	66,344	646,623	0	646,623	5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	723,694	1,048,893	1,772,587	0	1,772,587	5.05
5.06 00591 OTHER ADMINISTRATIVE AND GENERAL	2,888,611	7,233,349	10,121,960	-149,380	9,972,580	5.06
7.00 00700 OPERATION OF PLANT	1,117,593	1,857,574	2,975,167	-54,274	2,920,893	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	88,573	330,566	419,139	0	419,139	8.00
9.00 00900 HOUSEKEEPING	879,516	236,657	1,116,173	21,614	1,137,787	9.00
10.00 01000 DIETARY	893,698	638,388	1,532,086	-1,167,142	364,944	10.00
11.00 01100 CAFETERIA	0	0	0	1,167,142	1,167,142	11.00
13.00 01300 NURSING ADMINISTRATION	745,701	71,592	817,293	0	817,293	13.00
14.00 01400 CENTRAL SERVICE & SUPPLY	293,621	375,200	668,821	-200,755	468,066	14.00
15.00 01500 PHARMACY	1,483,275	262,025	1,745,300	-278,101	1,467,199	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	669,923	114,727	784,650	-1,593	783,057	16.00
17.00 01700 SOCIAL SERVICE	171,579	10,887	182,466	0	182,466	17.00
23.00 02300 PHARMACY RESIDENCY	0	0	0	234,770	234,770	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	5,732,278	1,101,126	6,833,404	-854,088	5,979,316	30.00
31.00 03100 INTENSIVE CARE UNIT	1,288,220	179,305	1,467,525	129	1,467,654	31.00
43.00 04300 NURSERY	0	0	0	521,681	521,681	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,049,149	5,864,411	7,913,560	-1,131,349	6,782,211	50.00
51.00 05100 RECOVERY ROOM	658,546	92,111	750,657	-2,929	747,728	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	314,609	314,609	52.00
53.00 05300 ANESTHESIOLOGY	0	2,135,998	2,135,998	-35,996	2,100,002	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,348,393	613,205	1,961,598	-4,316	1,957,282	54.00
54.01 05401 ULTRASOUND	242,089	71,325	313,414	-27,531	285,883	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	479,161	227,377	706,538	-60,838	645,700	55.00
57.00 05700 CT SCAN	572,762	334,629	907,391	-43,933	863,458	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	280,160	300,003	580,163	-840	579,323	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	2,283,078	3,073,830	5,356,908	-133	5,356,775	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	800,947	150,728	951,675	-38,855	912,820	65.00
65.01 03950 SLEEP CLINIC	0	212,509	212,509	0	212,509	65.01
66.00 06600 PHYSICAL THERAPY	1,444,440	105,550	1,549,990	-4,387	1,545,603	66.00
67.00 06700 OCCUPATIONAL THERAPY	256,249	10,865	267,114	-2,405	264,709	67.00
68.00 06800 SPEECH PATHOLOGY	185,587	3,128	188,715	0	188,715	68.00
69.00 06900 ELECTROCARDIOLOGY	711,097	361,661	1,072,758	-777	1,071,981	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,658,015	1,658,015	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	165,305	165,305	0	165,305	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	2,750,578	2,750,578	0	2,750,578	73.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	1,625,171	648,730	2,273,901	-3,733	2,270,168	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	996,163	180,380	1,176,543	-6,104	1,170,439	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE		0	0	0	0	113.00
116.00 11600 HOSPICE	294,238	358,222	652,460	-32,284	620,176	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1 through 117)	33,663,305	46,544,056	80,207,361	-44,923	80,162,438	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	7,367	237,714	245,081	44,688	289,769	192.00
192.01 19201 PHYSICIAN CLINIC	9,597	33,486	43,083	0	43,083	192.01
192.02 19202 LIFELINE	0	1,888	1,888	0	1,888	192.02
192.03 19203 CREDIT UNION	0	0	0	0	0	192.03
192.04 19204 ENT	0	299,300	299,300	0	299,300	192.04
192.05 19205 HOSPITALIST	0	2,049,099	2,049,099	0	2,049,099	192.05
192.06 19206 ORTHO	0	682,787	682,787	0	682,787	192.06
194.00 07950 COMMUNITY MENTAL HEALTH	0	0	0	0	0	194.00
194.01 07951 MARKETING	178,934	176,291	355,225	0	355,225	194.01
194.02 07953 OCCUPATIONAL HEALTH	198,064	64,595	262,659	235	262,894	194.02
194.03 07952 PATHS EDUCATION	0	54,621	54,621	0	54,621	194.03
194.04 07954 FOUNDATION	118,880	25,653	144,533	0	144,533	194.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0086		Period: From 01/01/2019 To 12/31/2019	Worksheet A Date/Time Prepared: 6/3/2020 5:03 pm		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
200.00	TOTAL (SUM OF LINES 118 through 199)	34,176,147	50,169,490	84,345,637	0	84,345,637	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet A
Date/Time Prepared:
6/3/2020 5:03 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-216,251	3,790,501	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-3,718	1,811,980	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-12,371	7,677,668	4.00
5.01	01160	COMMUNICATIONS	-7,138	245,337	5.01
5.02	00550	DATA PROCESSING	0	3,281,894	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	328,394	5.03
5.04	00570	ADMINITTING	0	646,623	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-4,463	1,768,124	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	-5,277,085	4,695,495	5.06
7.00	00700	OPERATION OF PLANT	-109,696	2,811,197	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	419,139	8.00
9.00	00900	HOUSEKEEPING	0	1,137,787	9.00
10.00	01000	DIETARY	-6,166	358,778	10.00
11.00	01100	CAFETERIA	-497,842	669,300	11.00
13.00	01300	NURSING ADMINISTRATION	0	817,293	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	0	468,066	14.00
15.00	01500	PHARMACY	0	1,467,199	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-20,963	762,094	16.00
17.00	01700	SOCIAL SERVICE	0	182,466	17.00
23.00	02300	PHARMACY RESIDENCY	0	234,770	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-381,338	5,597,978	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,467,654	31.00
43.00	04300	NURSERY	0	521,681	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-58,310	6,723,901	50.00
51.00	05100	RECOVERY ROOM	0	747,728	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	314,609	52.00
53.00	05300	ANESTHESIOLOGY	-2,008,922	91,080	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-4,524	1,952,758	54.00
54.01	05401	ULTRASOUND	0	285,883	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	645,700	55.00
57.00	05700	CT SCAN	-2,776	860,682	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	579,323	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-164,614	5,192,161	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-16,739	896,081	65.00
65.01	03950	SLEEP CLINIC	0	212,509	65.01
66.00	06600	PHYSICAL THERAPY	0	1,545,603	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	264,709	67.00
68.00	06800	SPEECH PATHOLOGY	0	188,715	68.00
69.00	06900	ELECTROCARDIOLOGY	-236,197	835,784	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,658,015	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	165,305	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-909,425	1,841,153	73.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-89,334	2,180,834	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	1,170,439	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-4,187	615,989	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-10,032,059	70,130,379	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	289,769	192.00
192.01	19201	PHYSICIAN CLINIC	0	43,083	192.01
192.02	19202	LIFELINE	0	1,888	192.02
192.03	19203	CREDIT UNION	0	0	192.03
192.04	19204	ENT	0	299,300	192.04
192.05	19205	HOSPITALIST	0	2,049,099	192.05
192.06	19206	ORTHO	0	682,787	192.06
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	194.00
194.01	07951	MARKETING	0	355,225	194.01
194.02	07953	OCCUPATIONAL HEALTH	0	262,894	194.02
194.03	07952	PATHS EDUCATION	0	54,621	194.03
194.04	07954	FOUNDATION	0	144,533	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-10,032,059	74,313,578	200.00

RECLASSIFICATIONS

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
6/3/2020 5:03 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	680,819	486,323	1.00
	O		680,819	486,323	
B - NURSERY					
1.00	NURSERY	43.00	445,363	76,318	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	268,584	46,025	2.00
	O		713,947	122,343	
C - UTILIZATION REVIEW COST					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,593	1.00
	O		0	1,593	
D - SECURITY GUARD					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	50,771	139	1.00
	O		50,771	139	
E - MED SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,658,015	1.00
2.00	PURCHASING RECEIVING AND STORES	5.03	0	86	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	129	3.00
4.00	OCCUPATIONAL HEALTH	194.02	0	235	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
	O		0	1,658,465	
F - POB HOUSEKEEPING					
1.00	HOUSEKEEPING	9.00	0	21,614	1.00
2.00		0.00	0	0	2.00
	O		0	21,614	
G - INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	138,774	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	12,199	2.00
	O		0	150,973	
H - PHARMACY RESIDENCY RECLASS					
1.00	PHARMACY RESIDENCY	23.00	198,371	36,399	1.00
	TOTALS		198,371	36,399	
500.00	Grand Total: Increases		1,643,908	2,477,849	500.00

RECLASSIFICATIONS

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
6/3/2020 5:03 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - CAFETERIA							
1.00	DIETARY	10.00	680,819	486,323	0		1.00
	O		680,819	486,323			
B - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	713,947	122,343	0		1.00
2.00		0.00	0	0	0		2.00
	O		713,947	122,343			
C - UTILIZATION REVIEW COST							
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,593	0		1.00
	O		0	1,593			
D - SECURITY GUARD							
1.00	OPERATION OF PLANT	7.00	50,771	139	0		1.00
	O		50,771	139			
E - MED SUPPLY RECLASS							
1.00	OPERATION OF PLANT	7.00	0	171	0		1.00
2.00	CENTRAL SERVICE & SUPPLY	14.00	0	200,755	0		2.00
3.00	PHARMACY	15.00	0	43,331	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	17,798	0		4.00
5.00	OPERATING ROOM	50.00	0	1,131,349	0		5.00
6.00	RECOVERY ROOM	51.00	0	2,929	0		6.00
7.00	ANESTHESIOLOGY	53.00	0	35,996	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,316	0		8.00
9.00	ULTRASOUND	54.01	0	27,531	0		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	60,838	0		10.00
11.00	CT SCAN	57.00	0	43,933	0		11.00
12.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	840	0		12.00
13.00	LABORATORY	60.00	0	133	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	38,855	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	4,387	0		15.00
16.00	OCCUPATIONAL THERAPY	67.00	0	2,405	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	777	0		17.00
18.00	EMERGENCY	91.00	0	3,733	0		18.00
19.00	HOME HEALTH AGENCY	101.00	0	6,104	0		19.00
20.00	HOSPICE	116.00	0	32,284	0		20.00
	O		0	1,658,465			
F - POB HOUSEKEEPING							
1.00	OPERATION OF PLANT	7.00	0	3,193	0		1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	18,421	0		2.00
	O		0	21,614			
G - INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	150,973	12		1.00
2.00		0.00	0	0	0		2.00
	O		0	150,973			
H - PHARMACY RESIDENCY RECLASS							
1.00	PHARMACY	15.00	198,371	36,399	0		1.00
	TOTALS		198,371	36,399			
500.00	Grand Total: Decreases		1,643,908	2,477,849			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-7
Part I
Date/Time Prepared:
6/3/2020 5:03 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	1,408,112	0	0	0	0	1.00
2.00	Land Improvements	2,615,940	0	0	0	0	2.00
3.00	Buildings and Fixtures	74,554,397	480,823	0	480,823	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	62,752,321	6,694,210	0	6,694,210	1,390,037	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	141,330,770	7,175,033	0	7,175,033	1,390,037	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	141,330,770	7,175,033	0	7,175,033	1,390,037	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,408,112	0				1.00
2.00	Land Improvements	2,615,940	0				2.00
3.00	Buildings and Fixtures	75,035,220	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	68,056,494	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	147,115,766	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	147,115,766	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-7
Part II
Date/Time Prepared:
6/3/2020 5:03 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	NEW CAP REL COSTS-BLDG & FIXT	2,890,424	0	977,554	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	1,815,698	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,890,424	1,815,698	977,554	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	NEW CAP REL COSTS-BLDG & FIXT	0	3,867,978				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	1,815,698				2.00
3.00	Total (sum of lines 1-2)	0	5,683,676				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-7
Part III
Date/Time Prepared:
6/3/2020 5:03 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	NEW CAP REL COSTS-BLDG & FIXT	147,115,766	0	147,115,766	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	147,115,766	0	147,115,766	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	2,715,773	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	-3,718	1,815,698	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,712,055	1,815,698	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 col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	935,954	138,774	0	0	3,790,501	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,811,980	2.00
3.00	Total (sum of lines 1-2)	935,954	138,774	0	0	5,602,481	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
6/3/2020 5:03 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst.	A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)		0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-7,594	OTHER ADMINISTRATIVE AND GENERAL	5.06		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)	A	-7,138	COMMUNICATIONS	5.01		0	7.00
8.00 Television and radio service (chapter 21)	A	-3,718	NEW CAP REL COSTS-MVBLE EQUIP	2.00		9	8.00
9.00 Parking lot (chapter 21)		0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,920,433				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-497,842	CAFETERIA	11.00		0	14.00
15.00 Rental of quarters to employee and others		0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00 Sale of drugs to other than patients	B	-909,425	DRUGS CHARGED TO PATIENTS	73.00		0	17.00
18.00 Sale of medical records and abstracts	B	-20,963	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		0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant		0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00			31.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 REV - FITNESS CENTER	B	-12,371	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
35.00 SIC BILLING SERVICES	B	-4,463	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	35.00
36.00 HEALTH SERV/WIC MANAGMNT FEE	B	-4,266	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36.00
37.00 RENT - LUDLOW HILL CLINIC	B	-23,129	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	37.00
39.00 DIET - NUTRITION COUNSELING	B	-6,166	DIETARY	10.00	0	39.00
40.00 REV - COMMUNITY EDUCATION PROGRAM	B	-37,812	ADULTS & PEDIATRICS	30.00	0	40.00
40.01 MISCELLANEOUS INCOME	B	-4,509	RADIOLOGY-DIAGNOSTIC	54.00	0	40.01
42.00 ADVERTISING	A	-40,690	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	42.00
43.00 AHA & IHA DUES	A	-7,354	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43.00
44.00 MISC. OFFSET	A	-8,313	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.00
45.00 MISC. NONALLOWABLE	A	-4,187	HOSPICE	116.00	0	45.00
45.01 ADVERTISING STAFF	A	-13,040	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.01
45.02 NON ALLOWABLE REPAIRS	A	-75,890	OPERATION OF PLANT	7.00	0	45.02
45.03 PHYSICIAN RECRUITMENT & HSC LOSS	A	-80,967	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.03
45.04 MENTAL HEALTH UTILITIES	A	-33,806	OPERATION OF PLANT	7.00	0	45.04
45.05 NON-ALLOWABLE DEPRECIATION	A	-174,651	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.05
45.06 NON ALLOWABLE INTEREST	A	-41,600	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	45.06
45.07 HAF OFFSET	A	-5,091,732	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.07
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,032,059				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-2

Date/Time Prepared:
6/3/2020 5:03 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	343,526	343,526	0	0	0	1.00
2.00	50.00	OPERATING ROOM	58,310	58,310	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	2,008,922	2,008,922	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	15	15	0	0	0	4.00
5.00	57.00	CT SCAN	2,776	2,776	0	0	0	5.00
6.00	60.00	LABORATORY	245,833	0	245,833	260,300	649	6.00
7.00	65.00	RESPIRATORY THERAPY	23,101	13,101	10,000	197,500	67	7.00
8.00	69.00	ELECTROCARDIOLOGY	236,197	236,197	0	0	0	8.00
9.00	91.00	EMERGENCY	202,500	0	202,500	179,000	1,315	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			3,121,180	2,662,847	458,333		2,031	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	57.00	CT SCAN	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	81,219	4,061	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	6,362	318	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	113,166	5,658	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			200,747	10,037	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	343,526		1.00
2.00	50.00	OPERATING ROOM	0	0	0	58,310		2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	2,008,922		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	15		4.00
5.00	57.00	CT SCAN	0	0	0	2,776		5.00
6.00	60.00	LABORATORY	0	81,219	164,614	164,614		6.00
7.00	65.00	RESPIRATORY THERAPY	0	6,362	3,638	16,739		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	236,197		8.00
9.00	91.00	EMERGENCY	0	113,166	89,334	89,334		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	200,747	257,586	2,920,433		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
6/3/2020 5:03 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	3,790,501	3,790,501			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	1,811,980		1,811,980		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	7,677,668	26,038	12,659	7,716,365	4.00
5.01 01160	COMMUNICATIONS	245,337	3,713	1,805	24,390	275,245 5.01
5.02 00550	DATA PROCESSING	3,281,894	43,088	20,947	280,039	16,084 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	328,394	78,054	37,946	41,292	2,945 5.03
5.04 00570	ADMINISTRATIVE	646,623	42,196	20,514	132,430	9,062 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	1,768,124	32,926	16,007	165,159	12,007 5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	4,695,495	152,101	73,945	659,230	9,062 5.06
7.00 00700	OPERATION OF PLANT	2,811,197	1,191,885	579,443	243,467	8,608 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	419,139	19,443	9,452	20,214	453 8.00
9.00 00900	HOUSEKEEPING	1,137,787	14,387	6,994	200,721	4,531 9.00
10.00 01000	DIETARY	358,778	48,852	23,750	48,583	1,133 10.00
11.00 01100	CAFETERIA	669,300	34,648	16,844	155,374	3,851 11.00
13.00 01300	NURSING ADMINISTRATION	817,293	7,328	3,562	170,182	3,398 13.00
14.00 01400	CENTRAL SERVICE & SUPPLY	468,066	86,566	42,085	67,009	4,078 14.00
15.00 01500	PHARMACY	1,467,199	18,112	8,805	293,237	6,796 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	762,094	58,708	28,541	152,888	16,537 16.00
17.00 01700	SOCIAL SERVICE	182,466	2,748	1,336	39,157	3,172 17.00
23.00 02300	PHARMACY RESIDENCY	234,770	3,578	1,740	45,272	1,359 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	5,597,978	817,089	397,232	1,145,272	31,942 30.00
31.00 03100	INTENSIVE CARE UNIT	1,467,654	90,377	43,937	293,994	3,851 31.00
43.00 04300	NURSERY	521,681	4,885	2,375	101,639	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	6,723,901	314,926	153,103	467,651	10,421 50.00
51.00 05100	RECOVERY ROOM	747,728	14,204	6,905	150,291	3,851 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	314,609	6,155	2,992	61,295	0 52.00
53.00 05300	ANESTHESIOLOGY	91,080	195	95	0	1,812 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,952,758	143,222	69,628	307,726	14,952 54.00
54.01 05401	ULTRASOUND	285,883	7,572	3,681	55,249	453 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	645,700	14,106	6,858	109,353	1,586 55.00
57.00 05700	CT SCAN	860,682	0	0	130,714	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	579,323	9,807	4,768	63,937	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	5,192,161	82,072	39,900	521,037	8,835 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	896,081	14,216	6,911	182,790	1,586 65.00
65.01 03950	SLEEP CLINIC	212,509	0	0	0	1,133 65.01
66.00 06600	PHYSICAL THERAPY	1,545,603	92,379	44,911	329,646	4,078 66.00
67.00 06700	OCCUPATIONAL THERAPY	264,709	9,697	4,714	58,480	2,492 67.00
68.00 06800	SPEECH PATHOLOGY	188,715	5,178	2,517	42,354	227 68.00
69.00 06900	ELECTROCARDIOLOGY	835,784	52,040	25,299	162,284	9,288 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,658,015	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	165,305	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,841,153	0	0	0	0 73.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	2,180,834	118,271	57,498	370,892	7,249 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	1,170,439	37,677	18,317	227,341	1,359 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
116.00 11600	HOSPICE	615,989	3,847	1,870	67,150	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	70,130,379	3,702,286	1,799,886	7,587,739	208,191 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	29,800	0	0	1,133 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	289,769	0	0	13,268	59,125 192.00
192.01 19201	PHYSICIAN CLINIC	43,083	20,762	0	2,190	1,812 192.01
192.02 19202	LIFELINE	1,888	0	0	0	0 192.02
192.03 19203	CREDIT UNION	0	12,775	0	0	2,492 192.03
192.04 19204	ENT	299,300	0	0	0	0 192.04
192.05 19205	HOSPITALIST	2,049,099	4,788	2,327	0	0 192.05
192.06 19206	ORTHO	682,787	0	0	0	0 192.06
194.00 07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0 194.00
194.01 07951	MARKETING	355,225	13,190	6,412	40,836	1,133 194.01
194.02 07953	OCCUPATIONAL HEALTH	262,894	0	0	45,202	906 194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
6/3/2020 5:03 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.03 07952 PATHS EDUCATION	54,621	0	0	0	0	194.03
194.04 07954 FOUNDATION	144,533	6,900	3,355	27,130	453	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	74,313,578	3,790,501	1,811,980	7,716,365	275,245	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
6/3/2020 5:03 pm

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING	3,642,052				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	43,574	532,205			5.03
5.04	00570	ADMINISTRATIVE	119,828	1,338	971,991		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	188,820	563	0	2,183,606	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	196,083	9,425	0	0	5,795,341
7.00	00700	OPERATION OF PLANT	50,836	6,063	0	0	4,891,499
8.00	00800	LAUNDRY & LINEN SERVICE	0	16,693	0	0	485,394
9.00	00900	HOUSEKEEPING	18,156	7,951	0	0	1,390,527
10.00	01000	DIETARY	116,197	5,147	0	0	602,440
11.00	01100	CAFETERIA	0	0	0	0	880,017
13.00	01300	NURSING ADMINISTRATION	61,730	1,524	0	0	1,065,017
14.00	01400	CENTRAL SERVICE & SUPPLY	76,254	14,694	0	0	758,752
15.00	01500	PHARMACY	94,410	3,745	0	0	1,892,304
16.00	01600	MEDICAL RECORDS & LIBRARY	196,083	601	0	0	1,215,452
17.00	01700	SOCIAL SERVICE	32,680	457	0	0	262,016
23.00	02300	PHARMACY RESIDENCY	18,156	741	0	0	305,616
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	646,347	22,553	705,773	153,628	9,517,814
31.00	03100	INTENSIVE CARE UNIT	98,041	6,664	161,210	57,224	2,222,952
43.00	04300	NURSERY	0	0	105,008	5,237	740,825
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	228,763	108,649	0	367,347	8,374,761
51.00	05100	RECOVERY ROOM	0	4,203	0	36,068	963,250
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	16,549	401,600
53.00	05300	ANESTHESIOLOGY	0	6,299	0	48,674	148,155
54.00	05400	RADIOLOGY-DIAGNOSTIC	174,296	10,121	0	146,552	2,819,255
54.01	05401	ULTRASOUND	0	1,653	0	32,379	386,870
55.00	05500	RADIOLOGY-THERAPEUTIC	36,312	5,937	0	46,355	866,207
57.00	05700	CT SCAN	0	6,471	0	215,725	1,213,592
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,561	0	33,863	693,259
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	246,919	88,085	0	339,392	6,518,401
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	130,722	3,267	0	56,421	1,291,994
65.01	03950	SLEEP CLINIC	0	168	0	8,195	222,005
66.00	06600	PHYSICAL THERAPY	79,885	2,064	0	70,747	2,169,313
67.00	06700	OCCUPATIONAL THERAPY	0	334	0	11,328	351,754
68.00	06800	SPEECH PATHOLOGY	0	72	0	6,043	245,106
69.00	06900	ELECTROCARDIOLOGY	0	1,131	0	91,293	1,177,119
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,736	1,671,751
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	177,793	0	69,876	412,974
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	102,742	1,943,895
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	123,459	9,712	0	229,667	3,097,582
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	148,877	2,145	0	12,813	1,618,968
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
116.00	11600	HOSPICE	0	2,562	0	10,857	702,275
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,126,428	530,386	971,991	2,182,711	69,316,052
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	30,933
192.00	19200	PHYSICIANS' PRIVATE OFFICES	464,788	674	0	0	827,624
192.01	19201	PHYSICIAN CLINIC	32,680	28	0	0	100,555
192.02	19202	LIFELINE	0	0	0	0	1,888
192.03	19203	CREDIT UNION	0	0	0	0	15,267
192.04	19204	ENT	0	0	0	0	299,300
192.05	19205	HOSPITALIST	14,525	113	0	0	2,070,852
192.06	19206	ORTHO	0	0	0	0	682,787
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0
194.01	07951	MARKETING	3,631	668	0	0	421,095
194.02	07953	OCCUPATIONAL HEALTH	0	75	0	895	309,972
194.03	07952	PATHS EDUCATION	0	4	0	0	54,625
194.04	07954	FOUNDATION	0	257	0	0	182,628
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part I Date/Time Prepared: 6/3/2020 5:03 pm
Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal
		5.02	5.03	5.04	5.05	5A.05
202.00	TOTAL (sum lines 118 through 201)	3,642,052	532,205	971,991	2,183,606	74,313,578
						202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
6/3/2020 5:03 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.06	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					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	00591	OTHER ADMINISTRATIVE AND GENERAL	5,795,341				5.06	
7.00	00700	OPERATION OF PLANT	413,728	5,305,227			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	41,055	46,454	572,903		8.00	
9.00	00900	HOUSEKEEPING	117,612	34,373	0	1,542,512	9.00	
10.00	01000	DIETARY	50,955	116,718	3,279	34,461	807,853	10.00
11.00	01100	CAFETERIA	74,433	82,782	10,489	24,442	0	11.00
13.00	01300	NURSING ADMINISTRATION	90,080	17,508	0	5,169	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	64,176	206,824	5,026	61,065	0	14.00
15.00	01500	PHARMACY	160,053	43,273	0	12,776	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	102,804	140,265	0	41,414	0	16.00
17.00	01700	SOCIAL SERVICE	22,162	6,565	0	1,938	0	17.00
23.00	02300	PHARMACY RESIDENCY	25,849	8,550	0	2,524	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	805,023	1,952,188	219,195	576,387	542,358	30.00
31.00	03100	INTENSIVE CARE UNIT	188,020	215,928	32,702	63,753	61,572	31.00
43.00	04300	NURSERY	62,660	11,672	0	3,446	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	708,346	752,421	70,021	222,153	0	50.00
51.00	05100	RECOVERY ROOM	81,473	33,936	0	10,020	841	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,968	14,706	0	4,342	0	52.00
53.00	05300	ANESTHESIOLOGY	12,531	467	0	138	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	238,455	342,187	33,884	101,031	0	54.00
54.01	05401	ULTRASOUND	32,722	18,091	11,697	5,341	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	73,265	33,702	3,936	9,951	0	55.00
57.00	05700	CT SCAN	102,647	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58,637	23,431	0	6,918	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	551,333	196,086	187	57,895	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	109,278	33,965	10,444	10,028	0	65.00
65.01	03950	SLEEP CLINIC	18,777	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	183,483	220,713	15,123	65,166	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	29,752	23,168	3,043	6,841	0	67.00
68.00	06800	SPEECH PATHOLOGY	20,731	12,372	0	3,653	0	68.00
69.00	06900	ELECTROCARDIOLOGY	99,562	124,334	2,180	36,710	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	141,398	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	34,930	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	164,417	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	261,997	282,574	132,091	83,430	16,118	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	136,934	90,019	0	26,578	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	59,399	9,192	0	2,714	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,372,645	5,094,464	553,297	1,480,284	620,889	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,616	71,198	0	21,021	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	70,001	0	308	0	0	192.00
192.01	19201	PHYSICIAN CLINIC	8,505	49,605	0	14,646	0	192.01
192.02	19202	LIFELINE	160	0	0	0	0	192.02
192.03	19203	CREDIT UNION	1,291	30,522	0	9,012	0	192.03
192.04	19204	ENT	25,315	0	0	0	0	192.04
192.05	19205	HOSPITALIST	175,155	11,438	0	3,377	0	192.05
192.06	19206	ORTHO	57,751	0	0	0	0	192.06
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	19,298	0	186,964	194.00
194.01	07951	MARKETING	35,617	31,514	0	9,304	0	194.01
194.02	07953	OCCUPATIONAL HEALTH	26,218	0	0	0	0	194.02
194.03	07952	PATHS EDUCATION	4,620	0	0	0	0	194.03
194.04	07954	FOUNDATION	15,447	16,486	0	4,868	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
6/3/2020 5:03 pm

Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	5.06	7.00	8.00	9.00	10.00	
202.00 TOTAL (sum lines 118 through 201)	5,795,341	5,305,227	572,903	1,542,512	807,853	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
6/3/2020 5:03 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,072,163					11.00
13.00	01300	27,641	1,205,415				13.00
14.00	01400	21,958	47,745	1,165,546			14.00
15.00	01500	40,978	0	0	2,149,384		15.00
16.00	01600	42,563	0	0	0	1,542,498	16.00
17.00	01700	8,908	0	0	0	0	17.00
23.00	02300	8,111	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	247,918	539,068	0	0	105,700	30.00
31.00	03100	56,883	123,686	0	0	39,945	31.00
43.00	04300	19,183	41,711	0	0	3,728	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	94,409	205,282	0	0	261,437	50.00
51.00	05100	27,205	59,155	0	0	25,679	51.00
52.00	05200	11,569	25,155	0	0	11,638	52.00
53.00	05300	0	0	0	0	34,654	53.00
54.00	05400	65,571	0	0	0	104,338	54.00
54.01	05401	9,433	0	0	0	23,052	54.01
55.00	05500	17,283	0	0	0	33,003	55.00
57.00	05700	0	0	0	0	153,586	57.00
58.00	05800	0	0	0	0	23,895	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	128,023	0	0	0	241,630	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	34,786	0	0	0	39,521	65.00
65.01	03950	0	0	0	0	5,834	65.01
66.00	06600	63,984	0	0	0	50,368	66.00
67.00	06700	8,572	0	0	0	8,065	67.00
68.00	06800	5,703	0	0	0	4,302	68.00
69.00	06900	31,673	0	0	0	59,098	69.00
71.00	07100	0	0	1,165,546	0	9,779	71.00
72.00	07200	0	0	0	0	49,748	72.00
73.00	07300	0	0	0	2,149,384	73,147	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	75,245	163,613	0	0	163,499	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	0	9,122	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	0	0	0	7,730	116.00
118.00		1,047,599	1,205,415	1,165,546	2,149,384	1,542,498	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	2,758	0	0	0	0	192.00
192.01	19201	804	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	0	0	0	0	192.05
192.06	19206	0	0	0	0	0	192.06
194.00	07950	0	0	0	0	0	194.00
194.01	07951	7,213	0	0	0	0	194.01
194.02	07953	8,000	0	0	0	0	194.02
194.03	07952	0	0	0	0	0	194.03
194.04	07954	5,789	0	0	0	0	194.04
200.00							200.00
201.00		0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0086			Period: From 01/01/2019 To 12/31/2019		Worksheet B Part I Date/Time Prepared: 6/3/2020 5:03 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
202.00	TOTAL (sum lines 118 through 201)	1,072,163	1,205,415	1,165,546	2,149,384	1,542,498	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
6/3/2020 5:03 pm

Cost Center Description			SOCIAL SERVICE	PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						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	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
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 SERVICE & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	301,589					17.00
23.00	02300	PHARMACY RESIDENCY	0	350,650				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	259,872	0	14,765,523	0	14,765,523	30.00
31.00	03100	INTENSIVE CARE UNIT	11,689	0	3,017,130	0	3,017,130	31.00
43.00	04300	NURSERY	0	0	883,225	0	883,225	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,301	0	10,702,131	0	10,702,131	50.00
51.00	05100	RECOVERY ROOM	202	0	1,201,761	0	1,201,761	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	502,978	0	502,978	52.00
53.00	05300	ANESTHESIOLOGY	0	0	195,945	0	195,945	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,704,721	0	3,704,721	54.00
54.01	05401	ULTRASOUND	0	0	487,206	0	487,206	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,037,347	0	1,037,347	55.00
57.00	05700	CT SCAN	0	0	1,469,825	0	1,469,825	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	806,140	0	806,140	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	7,693,555	0	7,693,555	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	1,530,016	0	1,530,016	65.00
65.01	03950	SLEEP CLINIC	0	0	246,616	0	246,616	65.01
66.00	06600	PHYSICAL THERAPY	0	0	2,768,150	0	2,768,150	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	431,195	0	431,195	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	291,867	0	291,867	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,530,676	0	1,530,676	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	2,988,474	0	2,988,474	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	497,652	0	497,652	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	350,650	4,681,493	0	4,681,493	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	6,650	0	4,282,799	0	4,282,799	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	302	0	1,881,923	0	1,881,923	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	9,573	0	790,883	0	790,883	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	301,589	350,650	68,389,231	0	68,389,231	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	125,768	0	125,768	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	900,691	0	900,691	192.00
192.01	19201	PHYSICIAN CLINIC	0	0	174,115	0	174,115	192.01
192.02	19202	LIFELINE	0	0	2,048	0	2,048	192.02
192.03	19203	CREDIT UNION	0	0	56,092	0	56,092	192.03
192.04	19204	ENT	0	0	324,615	0	324,615	192.04
192.05	19205	HOSPITALIST	0	0	2,260,822	0	2,260,822	192.05
192.06	19206	ORTHO	0	0	740,538	0	740,538	192.06
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	206,262	0	206,262	194.00
194.01	07951	MARKETING	0	0	504,743	0	504,743	194.01
194.02	07953	OCCUPATIONAL HEALTH	0	0	344,190	0	344,190	194.02
194.03	07952	PATHS EDUCATION	0	0	59,245	0	59,245	194.03
194.04	07954	FOUNDATION	0	0	225,218	0	225,218	194.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
6/3/2020 5:03 pm

Cost Center Description		SOCI AL SERVICE	PHARMACY RESI DENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	23.00	24.00	25.00	26.00	
200.00	Cross Foot Adjustments		0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	301,589	350,650	74,313,578	0	74,313,578	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part II
Date/Time Prepared:
6/3/2020 5:03 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	26,038	12,659	38,697	38,697 4.00
5.01 01160	COMMUNICATIONS	0	3,713	1,805	5,518	122 5.01
5.02 00550	DATA PROCESSING	0	43,088	20,947	64,035	1,404 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	0	78,054	37,946	116,000	207 5.03
5.04 00570	ADMITTING	0	42,196	20,514	62,710	664 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	32,926	16,007	48,933	828 5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	0	152,101	73,945	226,046	3,305 5.06
7.00 00700	OPERATION OF PLANT	0	1,191,885	579,443	1,771,328	1,220 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	19,443	9,452	28,895	101 8.00
9.00 00900	HOUSEKEEPING	0	14,387	6,994	21,381	1,006 9.00
10.00 01000	DIETARY	0	48,852	23,750	72,602	244 10.00
11.00 01100	CAFETERIA	0	34,648	16,844	51,492	779 11.00
13.00 01300	NURSING ADMINISTRATION	0	7,328	3,562	10,890	853 13.00
14.00 01400	CENTRAL SERVICE & SUPPLY	0	86,566	42,085	128,651	336 14.00
15.00 01500	PHARMACY	0	18,112	8,805	26,917	1,470 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	58,708	28,541	87,249	766 16.00
17.00 01700	SOCIAL SERVICE	0	2,748	1,336	4,084	196 17.00
23.00 02300	PHARMACY RESIDENCY	0	3,578	1,740	5,318	227 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	817,089	397,232	1,214,321	5,758 30.00
31.00 03100	INTENSIVE CARE UNIT	0	90,377	43,937	134,314	1,474 31.00
43.00 04300	NURSERY	0	4,885	2,375	7,260	509 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	314,926	153,103	468,029	2,344 50.00
51.00 05100	RECOVERY ROOM	0	14,204	6,905	21,109	753 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	6,155	2,992	9,147	307 52.00
53.00 05300	ANESTHESIOLOGY	0	195	95	290	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	143,222	69,628	212,850	1,543 54.00
54.01 05401	ULTRASOUND	0	7,572	3,681	11,253	277 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	14,106	6,858	20,964	548 55.00
57.00 05700	CT SCAN	0	0	0	0	655 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,807	4,768	14,575	321 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	82,072	39,900	121,972	2,612 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	0	14,216	6,911	21,127	916 65.00
65.01 03950	SLEEP CLINIC	0	0	0	0	0 65.01
66.00 06600	PHYSICAL THERAPY	0	92,379	44,911	137,290	1,652 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	9,697	4,714	14,411	293 67.00
68.00 06800	SPEECH PATHOLOGY	0	5,178	2,517	7,695	212 68.00
69.00 06900	ELECTROCARDIOLOGY	0	52,040	25,299	77,339	813 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	0	118,271	57,498	175,769	1,859 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	37,677	18,317	55,994	1,140 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
116.00 11600	HOSPICE	0	3,847	1,870	5,717	337 116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1 through 117)	0	3,702,286	1,799,886	5,502,172	38,051 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	29,800	0	29,800	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	67 192.00
192.01 19201	PHYSICIAN CLINIC	0	20,762	0	20,762	11 192.01
192.02 19202	LIFELINE	0	0	0	0	0 192.02
192.03 19203	CREDIT UNION	0	12,775	0	12,775	0 192.03
192.04 19204	ENT	0	0	0	0	0 192.04
192.05 19205	HOSPITALIST	0	4,788	2,327	7,115	0 192.05
192.06 19206	ORTHO	0	0	0	0	0 192.06
194.00 07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0 194.00
194.01 07951	MARKETING	0	13,190	6,412	19,602	205 194.01
194.02 07953	OCCUPATIONAL HEALTH	0	0	0	0	227 194.02
194.03 07952	PATHS EDUCATION	0	0	0	0	0 194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part II
Date/Time Prepared:
6/3/2020 5:03 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
194.04 07954 FOUNDATION	0	6,900	3,355	10,255	136	194.04
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0		201.00
202.00 TOTAL (sum lines 118 through 201)	0	3,790,501	1,811,980	5,602,481	38,697	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0086		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 6/3/2020 5:03 pm	
Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS	5,640					5.01
5.02	00550	DATA PROCESSING	330	65,769				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	60	787	117,054			5.03
5.04	00570	ADMINISTRATIVE	186	2,164	294	66,018		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	246	3,410	124	0	53,541	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	186	3,541	2,073	0	0	5.06
7.00	00700	OPERATION OF PLANT	176	918	1,333	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9	0	3,671	0	0	8.00
9.00	00900	HOUSEKEEPING	93	328	1,749	0	0	9.00
10.00	01000	DIETARY	23	2,098	1,132	0	0	10.00
11.00	01100	CAFETERIA	79	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	70	1,115	335	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	84	1,377	3,232	0	0	14.00
15.00	01500	PHARMACY	139	1,705	824	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	339	3,541	132	0	0	16.00
17.00	01700	SOCIAL SERVICE	65	590	101	0	0	17.00
23.00	02300	PHARMACY RESIDENCY	28	328	163	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	655	11,672	4,960	47,937	3,774	30.00
31.00	03100	INTENSIVE CARE UNIT	79	1,770	1,466	10,949	1,406	31.00
43.00	04300	NURSERY	0	0	0	7,132	129	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	214	4,131	23,896	0	8,921	50.00
51.00	05100	RECOVERY ROOM	79	0	924	0	886	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	407	52.00
53.00	05300	ANESTHESIOLOGY	37	0	1,385	0	1,196	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	306	3,147	2,226	0	3,600	54.00
54.01	05401	ULTRASOUND	9	0	364	0	795	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	32	656	1,306	0	1,139	55.00
57.00	05700	CT SCAN	0	0	1,423	0	5,300	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	343	0	832	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	181	4,459	19,373	0	8,338	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	32	2,361	719	0	1,386	65.00
65.01	03950	SLEEP CLINIC	23	0	37	0	201	65.01
66.00	06600	PHYSICAL THERAPY	84	1,443	454	0	1,738	66.00
67.00	06700	OCCUPATIONAL THERAPY	51	0	73	0	278	67.00
68.00	06800	SPEECH PATHOLOGY	5	0	16	0	148	68.00
69.00	06900	ELECTROCARDIOLOGY	190	0	249	0	2,243	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	337	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	39,105	0	1,717	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,524	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	149	2,229	2,136	0	5,642	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	28	2,688	472	0	315	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	563	0	267	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,267	56,458	116,653	66,018	53,519	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	23	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,211	8,393	148	0	0	192.00
192.01	19201	PHYSICIAN CLINIC	37	590	6	0	0	192.01
192.02	19202	LIFELINE	0	0	0	0	0	192.02
192.03	19203	CREDIT UNION	51	0	0	0	0	192.03
192.04	19204	ENT	0	0	0	0	0	192.04
192.05	19205	HOSPITALIST	0	262	25	0	0	192.05
192.06	19206	ORTHO	0	0	0	0	0	192.06
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0	194.00
194.01	07951	MARKETING	23	66	147	0	0	194.01
194.02	07953	OCCUPATIONAL HEALTH	19	0	17	0	22	194.02
194.03	07952	PATHS EDUCATION	0	0	1	0	0	194.03
194.04	07954	FOUNDATION	9	0	57	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0086			Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 6/3/2020 5:03 pm	
Cost Center Description		COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
202.00	TOTAL (sum lines 118 through 201)	5,640	65,769	117,054	66,018	53,541	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0086		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 6/3/2020 5:03 pm	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMINITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	235,151					5.06
7.00	00700	OPERATION OF PLANT	16,788	1,791,763				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,666	15,689	50,031			8.00
9.00	00900	HOUSEKEEPING	4,772	11,609	0	40,938		9.00
10.00	01000	DIETARY	2,068	39,420	286	915	118,788	10.00
11.00	01100	CAFETERIA	3,020	27,958	916	649	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,655	5,913	0	137	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	2,604	69,852	439	1,621	0	14.00
15.00	01500	PHARMACY	6,494	14,615	0	339	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,171	47,373	0	1,099	0	16.00
17.00	01700	SOCIAL SERVICE	899	2,217	0	51	0	17.00
23.00	02300	PHARMACY RESIDENCY	1,049	2,887	0	67	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32,667	659,326	19,143	15,297	79,748	30.00
31.00	03100	INTENSIVE CARE UNIT	7,629	72,926	2,856	1,692	9,054	31.00
43.00	04300	NURSERY	2,543	3,942	0	91	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,742	254,119	6,115	5,896	0	50.00
51.00	05100	RECOVERY ROOM	3,306	11,461	0	266	124	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,378	4,967	0	115	0	52.00
53.00	05300	ANESTHESIOLOGY	508	158	0	4	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,676	115,569	2,959	2,681	0	54.00
54.01	05401	ULTRASOUND	1,328	6,110	1,021	142	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,973	11,382	344	264	0	55.00
57.00	05700	CT SCAN	4,165	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,379	7,914	0	184	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	22,371	66,225	16	1,537	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	4,434	11,471	912	266	0	65.00
65.01	03950	SLEEP CLINIC	762	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	7,445	74,543	1,321	1,729	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,207	7,825	266	182	0	67.00
68.00	06800	SPEECH PATHOLOGY	841	4,178	0	97	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,040	41,992	190	974	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,737	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,417	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,671	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	10,631	95,435	11,535	2,214	2,370	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	5,556	30,402	0	705	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,410	3,104	0	72	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	218,002	1,720,582	48,319	39,286	91,296	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	106	24,046	0	558	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,840	0	27	0	0	192.00
192.01	19201	PHYSICIAN CLINIC	345	16,753	0	389	0	192.01
192.02	19202	LIFELINE	6	0	0	0	0	192.02
192.03	19203	CREDIT UNION	52	10,308	0	239	0	192.03
192.04	19204	ENT	1,027	0	0	0	0	192.04
192.05	19205	HOSPITALIST	7,107	3,863	0	90	0	192.05
192.06	19206	ORTHO	2,343	0	0	0	0	192.06
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	1,685	0	27,492	194.00
194.01	07951	MARKETING	1,445	10,643	0	247	0	194.01
194.02	07953	OCCUPATIONAL HEALTH	1,064	0	0	0	0	194.02
194.03	07952	PATHS EDUCATION	187	0	0	0	0	194.03
194.04	07954	FOUNDATION	627	5,568	0	129	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0086			Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 6/3/2020 5:03 pm	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.06	7.00	8.00	9.00	10.00		
202.00	TOTAL (sum lines 118 through 201)	235,151	1,791,763	50,031	40,938	118,788		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0086		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 6/3/2020 5:03 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	84,893					11.00
13.00	01300	2,189	25,157				13.00
14.00	01400	1,739	996	210,931			14.00
15.00	01500	3,245	0	0	55,748		15.00
16.00	01600	3,370	0	0	0	148,040	16.00
17.00	01700	705	0	0	0	0	17.00
23.00	02300	642	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	19,630	11,250	0	0	10,143	30.00
31.00	03100	4,504	2,581	0	0	3,833	31.00
43.00	04300	1,519	871	0	0	358	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	7,475	4,284	0	0	25,112	50.00
51.00	05100	2,154	1,235	0	0	2,464	51.00
52.00	05200	916	525	0	0	1,117	52.00
53.00	05300	0	0	0	0	3,325	53.00
54.00	05400	5,192	0	0	0	10,012	54.00
54.01	05401	747	0	0	0	2,212	54.01
55.00	05500	1,368	0	0	0	3,167	55.00
57.00	05700	0	0	0	0	14,738	57.00
58.00	05800	0	0	0	0	2,293	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	10,137	0	0	0	23,186	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	2,754	0	0	0	3,792	65.00
65.01	03950	0	0	0	0	560	65.01
66.00	06600	5,066	0	0	0	4,833	66.00
67.00	06700	679	0	0	0	774	67.00
68.00	06800	452	0	0	0	413	68.00
69.00	06900	2,508	0	0	0	5,671	69.00
71.00	07100	0	0	210,931	0	938	71.00
72.00	07200	0	0	0	0	4,774	72.00
73.00	07300	0	0	0	55,748	7,019	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	5,958	3,415	0	0	15,689	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	0	875	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	0	0	0	742	116.00
118.00		82,949	25,157	210,931	55,748	148,040	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	218	0	0	0	0	192.00
192.01	19201	64	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	0	0	0	0	192.05
192.06	19206	0	0	0	0	0	192.06
194.00	07950	0	0	0	0	0	194.00
194.01	07951	571	0	0	0	0	194.01
194.02	07953	633	0	0	0	0	194.02
194.03	07952	0	0	0	0	0	194.03
194.04	07954	458	0	0	0	0	194.04
200.00							200.00
201.00		0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0086			Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 6/3/2020 5:03 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
202.00	TOTAL (sum lines 118 through 201)	84,893	25,157	210,931	55,748	148,040	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part II
Date/Time Prepared:
6/3/2020 5:03 pm

Cost Center Description		SOCIAL SERVICE	PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					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	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06
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 SERVICE & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	8,908				17.00
23.00	02300	PHARMACY RESIDENCY	0	10,709			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,676	2,143,957	0	2,143,957	30.00
31.00	03100	INTENSIVE CARE UNIT	345	256,878	0	256,878	31.00
43.00	04300	NURSERY	0	24,354	0	24,354	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	393	839,671	0	839,671	50.00
51.00	05100	RECOVERY ROOM	6	44,767	0	44,767	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,879	0	18,879	52.00
53.00	05300	ANESTHESIOLOGY	0	6,903	0	6,903	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	369,761	0	369,761	54.00
54.01	05401	ULTRASOUND	0	24,258	0	24,258	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	44,143	0	44,143	55.00
57.00	05700	CT SCAN	0	26,281	0	26,281	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	28,841	0	28,841	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	280,407	0	280,407	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	50,170	0	50,170	65.00
65.01	03950	SLEEP CLINIC	0	1,583	0	1,583	65.01
66.00	06600	PHYSICAL THERAPY	0	237,598	0	237,598	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	26,039	0	26,039	67.00
68.00	06800	SPEECH PATHOLOGY	0	14,057	0	14,057	68.00
69.00	06900	ELECTROCARDIOLOGY	0	136,209	0	136,209	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	217,943	0	217,943	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	47,013	0	47,013	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	71,962	0	71,962	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	196	335,227	0	335,227	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	9	98,184	0	98,184	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	283	13,495	0	13,495	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,908	5,358,580	0	5,358,580	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	54,533	0	54,533	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	12,904	0	12,904	192.00
192.01	19201	PHYSICIAN CLINIC	0	38,957	0	38,957	192.01
192.02	19202	LIFELINE	0	6	0	6	192.02
192.03	19203	CREDIT UNION	0	23,425	0	23,425	192.03
192.04	19204	ENT	0	1,027	0	1,027	192.04
192.05	19205	HOSPITALIST	0	18,462	0	18,462	192.05
192.06	19206	ORTHO	0	2,343	0	2,343	192.06
194.00	07950	COMMUNITY MENTAL HEALTH	0	29,177	0	29,177	194.00
194.01	07951	MARKETING	0	32,949	0	32,949	194.01
194.02	07953	OCCUPATIONAL HEALTH	0	1,982	0	1,982	194.02
194.03	07952	PATHS EDUCATION	0	188	0	188	194.03
194.04	07954	FOUNDATION	0	17,239	0	17,239	194.04

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0086		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 6/3/2020 5:03 pm	
Cost Center Description		SOCI AL SERVICE	PHARMACY RESI DENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adj ustments	Total	
		17.00	23.00	24.00	25.00	26.00	
200.00	Cross Foot Adjustments		10,709	10,709	0	10,709	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	8,908	10,709	5,602,481	0	5,602,481	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1
Date/Time Prepared:
6/3/2020 5:03 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DP EQUIPMENT)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	310,365				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		305,179			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,132	2,132	33,811,512		4.00
5.01 01160	COMMUNICATIONS	304	304	106,872	1,215	5.01
5.02 00550	DATA PROCESSING	3,528	3,528	1,227,075	71	1,003 5.02
5.03 00560	PURCHASING RECEIVING AND STORES	6,391	6,391	180,932	13	12 5.03
5.04 00570	ADMINISTRATIVE	3,455	3,455	580,279	40	33 5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	2,696	2,696	723,694	53	52 5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	12,454	12,454	2,888,611	40	54 5.06
7.00 00700	OPERATION OF PLANT	97,591	97,591	1,066,822	38	14 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,592	1,592	88,573	2	0 8.00
9.00 00900	HOUSEKEEPING	1,178	1,178	879,516	20	5 9.00
10.00 01000	DIETARY	4,000	4,000	212,879	5	32 10.00
11.00 01100	CAFETERIA	2,837	2,837	680,819	17	0 11.00
13.00 01300	NURSING ADMINISTRATION	600	600	745,701	15	17 13.00
14.00 01400	CENTRAL SERVICE & SUPPLY	7,088	7,088	293,621	18	21 14.00
15.00 01500	PHARMACY	1,483	1,483	1,284,904	30	26 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,807	4,807	669,923	73	54 16.00
17.00 01700	SOCIAL SERVICE	225	225	171,579	14	9 17.00
23.00 02300	PHARMACY RESIDENCY	293	293	198,371	6	5 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	66,903	66,903	5,018,331	141	178 30.00
31.00 03100	INTENSIVE CARE UNIT	7,400	7,400	1,288,220	17	27 31.00
43.00 04300	NURSERY	400	400	445,363	0	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	25,786	25,786	2,049,149	46	63 50.00
51.00 05100	RECOVERY ROOM	1,163	1,163	658,546	17	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	504	504	268,584	0	0 52.00
53.00 05300	ANESTHESIOLOGY	16	16	0	8	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,727	11,727	1,348,393	66	48 54.00
54.01 05401	ULTRASOUND	620	620	242,089	2	0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	1,155	1,155	479,161	7	10 55.00
57.00 05700	CT SCAN	0	0	572,762	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	803	803	280,160	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	6,720	6,720	2,283,078	39	68 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	1,164	1,164	800,947	7	36 65.00
65.01 03950	SLEEP CLINIC	0	0	0	5	0 65.01
66.00 06600	PHYSICAL THERAPY	7,564	7,564	1,444,440	18	22 66.00
67.00 06700	OCCUPATIONAL THERAPY	794	794	256,249	11	0 67.00
68.00 06800	SPEECH PATHOLOGY	424	424	185,587	1	0 68.00
69.00 06900	ELECTROCARDIOLOGY	4,261	4,261	711,097	41	0 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	9,684	9,684	1,625,171	32	34 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	3,085	3,085	996,163	6	41 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	315	315	294,238	0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	303,142	303,142	33,247,899	919	861 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,440	0	0	5	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	58,138	261	128 192.00
192.01 19201	PHYSICIAN CLINIC	1,700	0	9,597	8	9 192.01
192.02 19202	LIFELINE	0	0	0	0	0 192.02
192.03 19203	CREDIT UNION	1,046	0	0	11	0 192.03
192.04 19204	ENT	0	0	0	0	0 192.04
192.05 19205	HOSPITALIST	392	392	0	0	4 192.05
192.06 19206	ORTHO	0	0	0	0	0 192.06
194.00 07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0 194.00
194.01 07951	MARKETING	1,080	1,080	178,934	5	1 194.01
194.02 07953	OCCUPATIONAL HEALTH	0	0	198,064	4	0 194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/3/2020 5:03 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DP EQUIPMENT)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
194.03 07952 PATHS EDUCATION	0	0	0	0	0	194.03
194.04 07954 FOUNDATION	565	565	118,880	2	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,790,501	1,811,980	7,716,365	275,245	3,642,052	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	12.213043	5.937433	0.228217	226.539095	3,631.158524	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			38,697	5,640	65,769	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001144	4.641975	65.572283	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: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1
Date/Time Prepared:
6/3/2020 5:03 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMINISTRATIVE (ADMINISTRATIONS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	10,227,366				5.03
5.04	00570	ADMINISTRATIVE	25,705	3,286			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	10,820	0	213,715,121		5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	181,123	0	0	-5,795,341	5.06
7.00	00700	OPERATION OF PLANT	116,510	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	320,785	0	0	0	8.00
9.00	00900	HOUSEKEEPING	152,788	0	0	0	9.00
10.00	01000	DIETARY	98,907	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	29,291	0	0	0	13.00
14.00	01400	CENTRAL SERVICE & SUPPLY	282,384	0	0	0	14.00
15.00	01500	PHARMACY	71,961	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,551	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	8,788	0	0	0	17.00
23.00	02300	PHARMACY RESIDENCY	14,244	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	433,410	2,386	15,036,510	0	30.00
31.00	03100	INTENSIVE CARE UNIT	128,063	545	5,600,831	0	31.00
43.00	04300	NURSERY	0	355	512,529	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,087,922	0	35,947,106	0	50.00
51.00	05100	RECOVERY ROOM	80,768	0	3,530,213	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,619,766	0	52.00
53.00	05300	ANESTHESIOLOGY	121,053	0	4,764,041	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	194,495	0	14,343,926	0	54.00
54.01	05401	ULTRASOUND	31,767	0	3,169,142	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	114,087	0	4,537,076	0	55.00
57.00	05700	CT SCAN	124,356	0	21,114,315	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	29,991	0	3,314,365	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	1,692,740	0	33,218,317	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	62,779	0	5,522,226	0	65.00
65.01	03950	SLEEP CLINIC	3,219	0	802,090	0	65.01
66.00	06600	PHYSICAL THERAPY	39,669	0	6,924,454	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,412	0	1,108,710	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,376	0	591,457	0	68.00
69.00	06900	ELECTROCARDIOLOGY	21,732	0	8,935,362	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,344,407	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,416,610	0	6,839,181	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	10,055,942	0	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	186,628	0	22,478,866	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	41,230	0	1,254,042	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00	11600	HOSPICE	49,228	0	1,062,666	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,192,392	3,286	213,627,540	-5,795,341	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,956	0	0	0	192.00
192.01	19201	PHYSICIAN CLINIC	540	0	0	0	192.01
192.02	19202	LIFELINE	0	0	0	0	192.02
192.03	19203	CREDIT UNION	0	0	0	0	192.03
192.04	19204	ENT	0	0	0	0	192.04
192.05	19205	HOSPITALIST	2,170	0	0	0	192.05
192.06	19206	ORTHO	0	0	0	0	192.06
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	0	0	194.00
194.01	07951	MARKETING	12,840	0	0	0	194.01
194.02	07953	OCCUPATIONAL HEALTH	1,449	0	87,581	0	194.02
194.03	07952	PATHS EDUCATION	77	0	0	0	194.03
194.04	07954	FOUNDATION	4,942	0	0	0	194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/3/2020 5:03 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMINISTRATIVE (ADMISSIONS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
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)	532,205	971,991	2,183,606		5,795,341	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.052037	295.797626	0.010217		0.084581	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	117,054	66,018	53,541		235,151	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.011445	20.090688	0.000251		0.003432	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: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1
Date/Time Prepared:
6/3/2020 5:03 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	181,814				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,592	468,576			8.00
9.00	00900	HOUSEKEEPING	1,178	0	179,044		9.00
10.00	01000	DIETARY	4,000	2,682	4,000	38,443	10.00
11.00	01100	CAFETERIA	2,837	8,579	2,837	0	769,682
13.00	01300	NURSING ADMINISTRATION	600	0	600	0	19,843
14.00	01400	CENTRAL SERVICE & SUPPLY	7,088	4,111	7,088	0	15,763
15.00	01500	PHARMACY	1,483	0	1,483	0	29,417
16.00	01600	MEDICAL RECORDS & LIBRARY	4,807	0	4,807	0	30,555
17.00	01700	SOCIAL SERVICE	225	0	225	0	6,395
23.00	02300	PHARMACY RESIDENCY	293	0	293	0	5,823
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	66,903	179,278	66,903	25,809	177,974
31.00	03100	INTENSIVE CARE UNIT	7,400	26,747	7,400	2,930	40,835
43.00	04300	NURSERY	400	0	400	0	13,771
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,786	57,270	25,786	0	67,774
51.00	05100	RECOVERY ROOM	1,163	0	1,163	40	19,530
52.00	05200	DELIVERY ROOM & LABOR ROOM	504	0	504	0	8,305
53.00	05300	ANESTHESIOLOGY	16	0	16	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,727	27,714	11,727	0	47,072
54.01	05401	ULTRASOUND	620	9,567	620	0	6,772
55.00	05500	RADIOLOGY-THERAPEUTIC	1,155	3,219	1,155	0	12,407
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	803	0	803	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	6,720	153	6,720	0	91,905
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,164	8,542	1,164	0	24,972
65.01	03950	SLEEP CLINIC	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	7,564	12,369	7,564	0	45,933
67.00	06700	OCCUPATIONAL THERAPY	794	2,489	794	0	6,154
68.00	06800	SPEECH PATHOLOGY	424	0	424	0	4,094
69.00	06900	ELECTROCARDIOLOGY	4,261	1,783	4,261	0	22,737
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	9,684	108,037	9,684	767	54,017
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	3,085	0	3,085	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	315	0	315	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	174,591	452,540	171,821	29,546	752,048
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,440	0	2,440	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	252	0	0	1,980
192.01	19201	PHYSICIAN CLINIC	1,700	0	1,700	0	577
192.02	19202	LIFELINE	0	0	0	0	0
192.03	19203	CREDIT UNION	1,046	0	1,046	0	0
192.04	19204	ENT	0	0	0	0	0
192.05	19205	HOSPITALIST	392	0	392	0	0
192.06	19206	ORTHO	0	0	0	0	0
194.00	07950	COMMUNITY MENTAL HEALTH	0	15,784	0	8,897	0
194.01	07951	MARKETING	1,080	0	1,080	0	5,178
194.02	07953	OCCUPATIONAL HEALTH	0	0	0	0	5,743
194.03	07952	PATHS EDUCATION	0	0	0	0	0
194.04	07954	FOUNDATION	565	0	565	0	4,156
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/3/2020 5:03 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	
		7.00	8.00	9.00	10.00	11.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,305,227	572,903	1,542,512	807,853	1,072,163	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	29.179420	1.222647	8.615268	21.014307	1.392995	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,791,763	50,031	40,938	118,788	84,893	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	9.854923	0.106772	0.228648	3.089977	0.110296	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: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/3/2020 5:03 pm

Cost Center Description		NURSING ADMINISTRATION (GROSS HOURS)	CENTRAL SERVICE & SUPPLY (100%)	PHARMACY (100%)	MEDICAL RECORDS & LIBRARY (ADJUSTED CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	397,969					13.00
14.00	01400	15,763	100				14.00
15.00	01500	0	0	100			15.00
16.00	01600	0	0	0	212,062,128		16.00
17.00	01700	0	0	0	0	2,993	17.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	177,974	0	0	14,531,180	2,579	30.00
31.00	03100	40,835	0	0	5,491,473	116	31.00
43.00	04300	13,771	0	0	512,529	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	67,774	0	0	35,947,106	132	50.00
51.00	05100	19,530	0	0	3,530,213	2	51.00
52.00	05200	8,305	0	0	1,599,989	0	52.00
53.00	05300	0	0	0	4,764,041	0	53.00
54.00	05400	0	0	0	14,343,926	0	54.00
54.01	05401	0	0	0	3,169,142	0	54.01
55.00	05500	0	0	0	4,537,076	0	55.00
57.00	05700	0	0	0	21,114,315	0	57.00
58.00	05800	0	0	0	3,285,007	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	33,218,317	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	0	0	5,433,161	0	65.00
65.01	03950	0	0	0	802,090	0	65.01
66.00	06600	0	0	0	6,924,454	0	66.00
67.00	06700	0	0	0	1,108,710	0	67.00
68.00	06800	0	0	0	591,457	0	68.00
69.00	06900	0	0	0	8,124,514	0	69.00
71.00	07100	0	100	0	1,344,407	0	71.00
72.00	07200	0	0	0	6,839,181	0	72.00
73.00	07300	0	0	100	10,055,942	0	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	54,017	0	0	22,477,190	66	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	1,254,042	3	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	0	0	1,062,666	95	116.00
118.00		397,969	100	100	212,062,128	2,993	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	0	0	0	0	192.05
192.06	19206	0	0	0	0	0	192.06
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07953	0	0	0	0	0	194.02
194.03	07952	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/3/2020 5:03 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY (100%)	MEDICAL RECORDS & LIBRARY (ADJUSTED CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		(GROSS HOURS)	(100%)				
		13.00	14.00	15.00	16.00	17.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,205,415	1,165,546	2,149,384	1,542,498	301,589	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3.028917	11,655.460000	21,493.840000	0.007274	100.764784	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	25,157	210,931	55,748	148,040	8,908	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.063213	2,109.310000	557.480000	0.000698	2.976278	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: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1
Date/Time Prepared:
6/3/2020 5:03 pm

Cost Center Description		PHARMACY RESIDENCY (ASSIGNED TIME)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	01160	COMMUNICATIONS	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00570	ADMINISTRATIVE	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	5.06
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 SERVICE & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
23.00	02300	PHARMACY RESIDENCY	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	ULTRASOUND	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
65.00	06500	RESPIRATORY THERAPY	65.00
65.01	03950	SLEEP CLINIC	65.01
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.01	19201	PHYSICIAN CLINIC	192.01
192.02	19202	LIFELINE	192.02
192.03	19203	CREDIT UNION	192.03
192.04	19204	ENT	192.04
192.05	19205	HOSPITALIST	192.05
192.06	19206	ORTHO	192.06
194.00	07950	COMMUNITY MENTAL HEALTH	194.00
194.01	07951	MARKETING	194.01
194.02	07953	OCCUPATIONAL HEALTH	194.02
194.03	07952	PATHS EDUCATION	194.03
194.04	07954	FOUNDATION	194.04
200.00		Cross Foot Adjustments	200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1
Date/Time Prepared:
6/3/2020 5:03 pm

Cost Center Description		PHARMACY RESIDENCY (ASSIGNED TIME)	
		23.00	
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	350,650	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3,506.500000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	10,709	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	107.090000	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet C
Part I
Date/Time Prepared:
6/3/2020 5:03 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	14,765,523		14,765,523	0	14,765,523	30.00
31.00	03100 INTENSIVE CARE UNIT	3,017,130		3,017,130	0	3,017,130	31.00
43.00	04300 NURSERY	883,225		883,225	0	883,225	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	10,702,131		10,702,131	0	10,702,131	50.00
51.00	05100 RECOVERY ROOM	1,201,761		1,201,761	0	1,201,761	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	502,978		502,978	0	502,978	52.00
53.00	05300 ANESTHESIOLOGY	195,945		195,945	0	195,945	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,704,721		3,704,721	0	3,704,721	54.00
54.01	05401 ULTRASOUND	487,206		487,206	0	487,206	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	1,037,347		1,037,347	0	1,037,347	55.00
57.00	05700 CT SCAN	1,469,825		1,469,825	0	1,469,825	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	806,140		806,140	0	806,140	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	7,693,555		7,693,555	164,614	7,858,169	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	1,530,016	0	1,530,016	3,638	1,533,654	65.00
65.01	03950 SLEEP CLINIC	246,616	0	246,616	0	246,616	65.01
66.00	06600 PHYSICAL THERAPY	2,768,150	0	2,768,150	0	2,768,150	66.00
67.00	06700 OCCUPATIONAL THERAPY	431,195	0	431,195	0	431,195	67.00
68.00	06800 SPEECH PATHOLOGY	291,867	0	291,867	0	291,867	68.00
69.00	06900 ELECTROCARDIOLOGY	1,530,676		1,530,676	0	1,530,676	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,988,474		2,988,474	0	2,988,474	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	497,652		497,652	0	497,652	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,681,493		4,681,493	0	4,681,493	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	4,282,799		4,282,799	89,334	4,372,133	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,317,941		3,317,941		3,317,941	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	1,881,923		1,881,923		1,881,923	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	790,883		790,883		790,883	116.00
200.00	Subtotal (see instructions)	71,707,172	0	71,707,172	257,586	71,964,758	200.00
201.00	Less Observation Beds	3,317,941		3,317,941		3,317,941	201.00
202.00	Total (see instructions)	68,389,231	0	68,389,231	257,586	68,646,817	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0086		Period: From 01/01/2019 To 12/31/2019		Worksheet C Part I Date/Time Prepared: 6/3/2020 5:03 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	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	11,840,528		11,840,528				30.00
31.00	03100	INTENSIVE CARE UNIT	5,491,473		5,491,473				31.00
43.00	04300	NURSERY	512,529		512,529				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	12,900,405	23,046,701	35,947,106	0.297719	0.000000		50.00
51.00	05100	RECOVERY ROOM	745,854	2,784,359	3,530,213	0.340422	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,485,607	114,382	1,599,989	0.314363	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	1,751,160	3,012,881	4,764,041	0.041130	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,921,484	12,422,442	14,343,926	0.258278	0.000000		54.00
54.01	05401	ULTRASOUND	293,419	2,875,723	3,169,142	0.153734	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,095,599	2,441,477	4,537,076	0.228638	0.000000		55.00
57.00	05700	CT SCAN	3,926,289	17,188,026	21,114,315	0.069613	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	209,858	3,075,149	3,285,007	0.245400	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000		59.00
60.00	06000	LABORATORY	7,186,378	26,031,939	33,218,317	0.231606	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	4,185,219	1,247,942	5,433,161	0.281607	0.000000		65.00
65.01	03950	SLEEP CLINIC	30,000	772,090	802,090	0.307467	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	1,045,465	5,878,989	6,924,454	0.399764	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	493,030	615,680	1,108,710	0.388916	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	149,935	441,522	591,457	0.493471	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	1,981,875	6,142,639	8,124,514	0.188402	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	731,486	612,921	1,344,407	2.222894	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,590,497	2,248,684	6,839,181	0.072765	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,914,669	4,141,273	10,055,942	0.465545	0.000000		73.00
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	3,885,040	18,592,150	22,477,190	0.190540	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	225,000	2,465,652	2,690,652	1.233136	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	0	1,254,042	1,254,042				101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	0	1,062,666	1,062,666				116.00
200.00		Subtotal (see instructions)	73,592,799	138,469,329	212,062,128				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	73,592,799	138,469,329	212,062,128				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 6/3/2020 5:03 pm
		Title XVIII	Hospital	PPS

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
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.297719	50.00
51.00	05100	RECOVERY ROOM	0.340422	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.314363	52.00
53.00	05300	ANESTHESIOLOGY	0.041130	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.258278	54.00
54.01	05401	ULTRASOUND	0.153734	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.228638	55.00
57.00	05700	CT SCAN	0.069613	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.245400	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.236561	60.00
60.01	06001	BLOOD LABORATORY	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0.282277	65.00
65.01	03950	SLEEP CLINIC	0.307467	65.01
66.00	06600	PHYSICAL THERAPY	0.399764	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.388916	67.00
68.00	06800	SPEECH PATHOLOGY	0.493471	68.00
69.00	06900	ELECTROCARDIOLOGY	0.188402	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.222894	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.072765	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.465545	73.00
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.194514	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.233136	92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY		101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet C
Part I
Date/Time Prepared:
6/3/2020 5:03 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	14,765,523		14,765,523	0	14,765,523	30.00
31.00	03100 INTENSIVE CARE UNIT	3,017,130		3,017,130	0	3,017,130	31.00
43.00	04300 NURSERY	883,225		883,225	0	883,225	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	10,702,131		10,702,131	0	10,702,131	50.00
51.00	05100 RECOVERY ROOM	1,201,761		1,201,761	0	1,201,761	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	502,978		502,978	0	502,978	52.00
53.00	05300 ANESTHESIOLOGY	195,945		195,945	0	195,945	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,704,721		3,704,721	0	3,704,721	54.00
54.01	05401 ULTRASOUND	487,206		487,206	0	487,206	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	1,037,347		1,037,347	0	1,037,347	55.00
57.00	05700 CT SCAN	1,469,825		1,469,825	0	1,469,825	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	806,140		806,140	0	806,140	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	7,693,555		7,693,555	164,614	7,858,169	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	1,530,016	0	1,530,016	3,638	1,533,654	65.00
65.01	03950 SLEEP CLINIC	246,616	0	246,616	0	246,616	65.01
66.00	06600 PHYSICAL THERAPY	2,768,150	0	2,768,150	0	2,768,150	66.00
67.00	06700 OCCUPATIONAL THERAPY	431,195	0	431,195	0	431,195	67.00
68.00	06800 SPEECH PATHOLOGY	291,867	0	291,867	0	291,867	68.00
69.00	06900 ELECTROCARDIOLOGY	1,530,676		1,530,676	0	1,530,676	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,988,474		2,988,474	0	2,988,474	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	497,652		497,652	0	497,652	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	4,681,493		4,681,493	0	4,681,493	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	4,282,799		4,282,799	89,334	4,372,133	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,317,941		3,317,941		3,317,941	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	1,881,923		1,881,923		1,881,923	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	790,883		790,883		790,883	116.00
200.00	Subtotal (see instructions)	71,707,172	0	71,707,172	257,586	71,964,758	200.00
201.00	Less Observation Beds	3,317,941		3,317,941		3,317,941	201.00
202.00	Total (see instructions)	68,389,231	0	68,389,231	257,586	68,646,817	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0086		Period: From 01/01/2019 To 12/31/2019		Worksheet C Part I Date/Time Prepared: 6/3/2020 5:03 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,840,528		11,840,528			30.00
31.00	03100	INTENSIVE CARE UNIT	5,491,473		5,491,473			31.00
43.00	04300	NURSERY	512,529		512,529			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,900,405	23,046,701	35,947,106	0.297719	0.000000	50.00
51.00	05100	RECOVERY ROOM	745,854	2,784,359	3,530,213	0.340422	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,485,607	114,382	1,599,989	0.314363	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,751,160	3,012,881	4,764,041	0.041130	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,921,484	12,422,442	14,343,926	0.258278	0.000000	54.00
54.01	05401	ULTRASOUND	293,419	2,875,723	3,169,142	0.153734	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,095,599	2,441,477	4,537,076	0.228638	0.000000	55.00
57.00	05700	CT SCAN	3,926,289	17,188,026	21,114,315	0.069613	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	209,858	3,075,149	3,285,007	0.245400	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	7,186,378	26,031,939	33,218,317	0.231606	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	4,185,219	1,247,942	5,433,161	0.281607	0.000000	65.00
65.01	03950	SLEEP CLINIC	30,000	772,090	802,090	0.307467	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	1,045,465	5,878,989	6,924,454	0.399764	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	493,030	615,680	1,108,710	0.388916	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	149,935	441,522	591,457	0.493471	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,981,875	6,142,639	8,124,514	0.188402	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	731,486	612,921	1,344,407	2.222894	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,590,497	2,248,684	6,839,181	0.072765	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,914,669	4,141,273	10,055,942	0.465545	0.000000	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,885,040	18,592,150	22,477,190	0.190540	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	225,000	2,465,652	2,690,652	1.233136	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	1,254,042	1,254,042			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	1,062,666	1,062,666			116.00
200.00		Subtotal (see instructions)	73,592,799	138,469,329	212,062,128			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	73,592,799	138,469,329	212,062,128			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 6/3/2020 5:03 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
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000	50.00
51.00	05100	RECOVERY ROOM	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
54.01	05401	ULTRASOUND	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
65.01	03950	SLEEP CLINIC	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	10100	HOME HEALTH AGENCY		101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part I Date/Time Prepared: 6/3/2020 5:03 pm
--	--	-----------------------	---	--

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	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,143,957	0	2,143,957	9,203	232.96	30.00
31.00	INTENSIVE CARE UNIT	256,878		256,878	1,807	142.16	31.00
43.00	NURSERY	24,354		24,354	587	41.49	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30 through 199)	2,425,189		2,425,189	11,597		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	3,604	839,588				
31.00	INTENSIVE CARE UNIT	734	104,345				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	4,338	943,933				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 6/3/2020 5:03 pm
--	--	-----------------------	---	---

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	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	839,671	35,947,106	0.023359	5,389,067	125,883	50.00
51.00	05100 RECOVERY ROOM	44,767	3,530,213	0.012681	294,528	3,735	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	18,879	1,599,989	0.011799	7,349	87	52.00
53.00	05300 ANESTHESIOLOGY	6,903	4,764,041	0.001449	739,964	1,072	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	369,761	14,343,926	0.025778	1,063,255	27,409	54.00
54.01	05401 ULTRASOUND	24,258	3,169,142	0.007654	92,021	704	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	44,143	4,537,076	0.009729	931,937	9,067	55.00
57.00	05700 CT SCAN	26,281	21,114,315	0.001245	2,318,685	2,887	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	28,841	3,285,007	0.008780	123,634	1,086	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	280,407	33,218,317	0.008441	3,830,817	32,336	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	50,170	5,433,161	0.009234	3,007,473	27,771	65.00
65.01	03950 SLEEP CLINIC	1,583	802,090	0.001974	28,592	56	65.01
66.00	06600 PHYSICAL THERAPY	237,598	6,924,454	0.034313	609,633	20,918	66.00
67.00	06700 OCCUPATIONAL THERAPY	26,039	1,108,710	0.023486	294,825	6,924	67.00
68.00	06800 SPEECH PATHOLOGY	14,057	591,457	0.023767	100,227	2,382	68.00
69.00	06900 ELECTROCARDIOLOGY	136,209	8,124,514	0.016765	1,075,686	18,034	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	217,943	1,344,407	0.162111	161,147	26,124	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	47,013	6,839,181	0.006874	1,610,061	11,068	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	71,962	10,055,942	0.007156	3,229,269	23,109	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	335,227	22,477,190	0.014914	2,116,446	31,565	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	481,765	2,690,652	0.179051	224,585	40,212	92.00
200.00	Total (lines 50 through 199)	3,303,477	191,900,890		27,249,201	412,429	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part III Date/Time Prepared: 6/3/2020 5:03 pm
---	-----------------------	---	--

Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	9,203	0.00	3,604	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	1,807	0.00	734	31.00	
43.00	04300	NURSERY		0	587	0.00	0	43.00	
44.00	04400	SKILLED NURSING FACILITY		0	0	0.00	0	44.00	
200.00		Total (lines 30 through 199)		0	11,597		4,338	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
43.00	04300	NURSERY	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0						44.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/3/2020 5:03 pm
--	-----------------------	---	---

Cost Center Description	Title XVIII					Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03950	SLEEP CLINIC	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	350,650	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	350,650	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/3/2020 5:03 pm
--	-----------------------	---	---

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)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	35,947,106	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	3,530,213	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,599,989	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	4,764,041	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	14,343,926	0.000000	54.00
54.01	05401	ULTRASOUND	0	0	0	3,169,142	0.000000	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	4,537,076	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	21,114,315	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	3,285,007	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	33,218,317	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,433,161	0.000000	65.00
65.01	03950	SLEEP CLINIC	0	0	0	802,090	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	6,924,454	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,108,710	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	591,457	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	8,124,514	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,344,407	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	6,839,181	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	350,650	350,650	10,055,942	0.034870	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	22,477,190	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	2,690,652	0.000000	92.00
200.00		Total (lines 50 through 199)	0	350,650	350,650	191,900,890		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/3/2020 5:03 pm
--	-----------------------	---	---

Cost Center Description		Title XVIII					Hospital	
		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)	PPS	
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	5,389,067	0	4,671,225	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	294,528	0	851,318	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	7,349	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	739,964	0	672,238	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,063,255	0	3,822,672	0	54.00
54.01	05401	ULTRASOUND	0.000000	92,021	0	503,023	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	931,937	0	1,706,232	0	55.00
57.00	05700	CT SCAN	0.000000	2,318,685	0	5,367,822	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	123,634	0	836,731	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	3,830,817	0	2,485,695	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.000000	3,007,473	0	639,650	0	65.00
65.01	03950	SLEEP CLINIC	0.000000	28,592	0	207,644	0	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	609,633	0	305,222	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	294,825	0	14,608	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	100,227	0	5,187	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,075,686	0	1,795,938	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	161,147	0	54,081	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	1,610,061	0	487,441	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.034870	3,229,269	112,605	1,512,485	52,740	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.000000	2,116,446	0	3,682,488	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	224,585	0	1,478,149	0	92.00
200.00		Total (lines 50 through 199)		27,249,201	112,605	31,099,849	52,740	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 6/3/2020 5:03 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.297719	4,671,225	0	0	1,390,712	50.00
51.00	05100	RECOVERY ROOM	0.340422	851,318	0	0	289,807	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.314363	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.041130	672,238	0	0	27,649	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.258278	3,822,672	0	0	987,312	54.00
54.01	05401	ULTRASOUND	0.153734	503,023	0	0	77,332	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.228638	1,706,232	0	0	390,109	55.00
57.00	05700	CT SCAN	0.069613	5,367,822	0	0	373,670	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.245400	836,731	0	0	205,334	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.231606	2,485,695	18,050	0	575,702	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.281607	639,650	0	0	180,130	65.00
65.01	03950	SLEEP CLINIC	0.307467	207,644	0	0	63,844	65.01
66.00	06600	PHYSICAL THERAPY	0.399764	305,222	0	0	122,017	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.388916	14,608	0	0	5,681	67.00
68.00	06800	SPEECH PATHOLOGY	0.493471	5,187	0	0	2,560	68.00
69.00	06900	ELECTROCARDIOLOGY	0.188402	1,795,938	0	0	338,358	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.222894	54,081	0	0	120,216	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.072765	487,441	0	0	35,469	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.465545	1,512,485	0	1,233	704,130	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.190540	3,682,488	0	0	701,661	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.233136	1,478,149	0	0	1,822,759	92.00
200.00		Subtotal (see instructions)		31,099,849	18,050	1,233	8,414,452	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		31,099,849	18,050	1,233	8,414,452	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 6/3/2020 5:03 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
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 05401 ULTRASOUND	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	4,180	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 03950 SLEEP CLINIC	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	574		73.00
OUTPATIENT SERVICE COST CENTERS				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	4,180	574		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	4,180	574		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/3/2020 5:03 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,203	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,203	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)		7,135	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)		3,604	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)		14,765,523	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)		14,765,523	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)		14,765,523	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)		1,604.42	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,782,330	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)		5,782,330	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0086		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 6/3/2020 5:03 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)	PPS
42.00	NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	42.00
Intensive Care Type Inpatient Hospital Units		0	0	0.00	0	0	
43.00	INTENSIVE CARE UNIT	3,017,130	1,807	1,669.69	734	1,225,552	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)					7,472,831	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					14,480,713	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)					943,933	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					525,034	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,468,967	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					13,011,746	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)					2,068	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,604.42	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,317,941	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0086		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 6/3/2020 5:03 pm	
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	2,143,957	14,765,523	0.145200	3,317,941	481,765	90.00
91.00	Nursing School cost	0	14,765,523	0.000000	3,317,941	0	91.00
92.00	Allied health cost	0	14,765,523	0.000000	3,317,941	0	92.00
93.00	All other Medical Education	0	14,765,523	0.000000	3,317,941	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/3/2020 5:03 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,203	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,203	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)		7,135	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)		169	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		587	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)		14,765,523	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)		14,765,523	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)		14,765,523	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)		1,604.42	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		271,147	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)		271,147	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/3/2020 5:03 pm		
Cost Center Description			Title XIX		Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	883,225	587	1,504.64	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,017,130	1,807	1,669.69	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)					156,347	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					427,494	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,068	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,604.42	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,317,941	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0086		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 6/3/2020 5:03 pm	
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	2,143,957	14,765,523	0.145200	3,317,941	481,765	90.00
91.00	Nursing School cost	0	14,765,523	0.000000	3,317,941	0	91.00
92.00	Allied health cost	0	14,765,523	0.000000	3,317,941	0	92.00
93.00	All other Medical Education	0	14,765,523	0.000000	3,317,941	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 6/3/2020 5:03 pm	
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		3,998,549	30.00
31.00	03100	INTENSIVE CARE UNIT		2,512,931	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.297719	5,389,067	50.00
51.00	05100	RECOVERY ROOM	0.340422	294,528	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.314363	7,349	52.00
53.00	05300	ANESTHESIOLOGY	0.041130	739,964	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.258278	1,063,255	54.00
54.01	05401	ULTRASOUND	0.153734	92,021	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.228638	931,937	55.00
57.00	05700	CT SCAN	0.069613	2,318,685	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.245400	123,634	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.236561	3,830,817	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.282277	3,007,473	65.00
65.01	03950	SLEEP CLINIC	0.307467	28,592	65.01
66.00	06600	PHYSICAL THERAPY	0.399764	609,633	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.388916	294,825	67.00
68.00	06800	SPEECH PATHOLOGY	0.493471	100,227	68.00
69.00	06900	ELECTROCARDIOLOGY	0.188402	1,075,686	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2.222894	161,147	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.072765	1,610,061	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.465545	3,229,269	73.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.194514	2,116,446	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.233136	224,585	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		27,249,201	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)		27,249,201	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 6/3/2020 5:03 pm
--	--	-----------------------	---	--

Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	Cost
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		64,393		30.00
31.00	03100 INTENSIVE CARE UNIT		326,402		31.00
43.00	04300 NURSERY		134		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.297719	66,479	19,792	50.00
51.00	05100 RECOVERY ROOM	0.340422	187	64	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.314363	31,622	9,941	52.00
53.00	05300 ANESTHESIOLOGY	0.041130	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.258278	36,702	9,479	54.00
54.01	05401 ULTRASOUND	0.153734	5,659	870	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.228638	29,832	6,821	55.00
57.00	05700 CT SCAN	0.069613	40,608	2,827	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.245400	3,549	871	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.231606	156,771	36,309	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.281607	116,722	32,870	65.00
65.01	03950 SLEEP CLINIC	0.307467	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.399764	8,155	3,260	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.388916	1,020	397	67.00
68.00	06800 SPEECH PATHOLOGY	0.493471	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.188402	19,619	3,696	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2.222894	39	87	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.072765	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.465545	0	0	73.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.190540	152,530	29,063	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.233136	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		669,494	156,347	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		669,494		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 6/3/2020 5:03 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)		7,046,527	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		2,479,064	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)		222,470	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		147,577	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)		56.33	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)		3.93	30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.17	31.00
32.00	Sum of lines 30 and 31		23.10	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.27	33.00
34.00	Disproportionate share adjustment (see instructions)		196,942	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 6/3/2020 5:03 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)	0.000104040	0.000102247	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	860,711	853,827	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	643,764	214,623	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	858,387		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
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 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		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	10,950,967		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)		10,950,967	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		820,009	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		112,605	58.00
59.00	Total (sum of amounts on lines 49 through 58)		11,883,581	59.00
60.00	Primary payer payments		2,731	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		11,880,850	61.00
62.00	Deductibles billed to program beneficiaries		1,240,880	62.00
63.00	Coinurance billed to program beneficiaries		21,483	63.00
64.00	Allowable bad debts (see instructions)		94,519	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		61,437	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		25,574	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		10,679,924	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)		15,844	70.93
70.94	HRR adjustment amount (see instructions)		-149,748	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 6/3/2020 5:03 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)	2020		167,797 70.97
70.98	Low Volume Payment-3			0 70.98
70.99	HAC adjustment amount (see instructions)			118,049 70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			10,595,768 71.00
71.01	Sequestration adjustment (see instructions)			211,915 71.01
71.02	Demonstration payment adjustment amount after sequestration			0 71.02
72.00	Interim payments			10,137,601 72.00
73.00	Tentative settlement (for contractor use only)			0 73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			246,252 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			170,923 75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0 90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00 94.00
95.00	Time value of money for operating expenses (see instructions)			0 95.00
96.00	Time value of money for capital related expenses (see instructions)			0 96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)			0 100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000 101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0 102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000 103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0 104.00
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.			
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			
202.00	Medicare discharges (see instructions)			
203.00	Case-mix adjustment factor (see instructions)			
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			
205.00	Case-mix adjusted target amount (line 203 times line 204)			
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			
209.00	Adjustment to Medicare IPPS payments (see instructions)			
210.00	Reserved for future use			
211.00	Total adjustment to Medicare IPPS payments (see instructions)			
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			
213.00	Low-volume adjustment (see instructions)			
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/3/2020 5:03 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	7,046,527	0	7,046,527		7,046,527	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,479,064	0		2,479,064	2,479,064	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	222,470	0	222,470		222,470	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	147,577	0		147,577	147,577	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	0.0827	0.0827	0.0827	0.0827		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	196,942	0	145,687	51,255	196,942	11.00
11.01	Uncompensated care payments	36.00	858,387	0	643,764	214,623	858,387	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	10,950,967	0	8,058,448	2,892,519	10,950,967	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	10,950,967	0	8,058,448	2,892,519	10,950,967	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	820,009	0	599,407	220,602	820,009	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/3/2020 5:03 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	
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	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	8,657,855	3,113,121	11,770,976	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	766,243	0	569,805	196,438	766,243	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	53,766	0	29,602	24,164	53,766	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	820,009	0	599,407	220,602	820,009	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	0.053900		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				167,797	167,797	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: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
6/3/2020 5:03 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 (col. 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	7,046,527	7,046,527		7,046,527	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	2,479,064		2,479,064	2,479,064	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	222,470	222,470		222,470	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	147,577		147,577	147,577	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	0.0827	0.0827	0.0827		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	196,942	145,687	51,255	196,942	11.00
11.01	Uncompensated care payments	36.00	858,387	643,764	214,623	858,387	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	10,950,967	8,058,448	2,892,519	10,950,967	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	10,950,967	8,058,448	2,892,519	10,950,967	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	820,009	599,407	220,602	820,009	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			8,657,855	3,113,121	11,770,976	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
6/3/2020 5:03 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	766,243	569,805	196,438	766,243	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	53,766	29,602	24,164	53,766	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	820,009	599,407	220,602	820,009	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	167,797		167,797	167,797	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	15,844	17,906	-2,062	15,844	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	-149,748	-107,108	-42,640	-149,748	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		85,687	32,362	118,049	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 6/3/2020 5:03 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		4,754	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,361,712	2.00
3.00	OPPS payments		6,078,395	3.00
4.00	Outlier payment (see instructions)		48,262	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		52,740	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		4,754	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		19,283	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)		19,283	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)		19,283	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		14,529	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)		4,754	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)		6,179,397	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		3,610	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		1,246,041	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)		4,934,500	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)		4,934,500	30.00
31.00	Primary payer payments		793	31.00
32.00	Subtotal (line 30 minus line 31)		4,933,707	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)		184,956	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		120,221	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		147,136	36.00
37.00	Subtotal (see instructions)		5,053,928	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-17	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)		5,053,945	40.00
40.01	Sequestration adjustment (see instructions)		101,079	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		4,935,110	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		17,756	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet E-1
Part I
Date/Time Prepared:
6/3/2020 5:03 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		10,038,333		4,787,451	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	12/31/2019	99,268	12/31/2019	147,659	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		99,268		147,659	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		10,137,601		4,935,110	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		246,252		17,756	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		10,383,853		4,952,866	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet E-1 Part II Date/Time Prepared: 6/3/2020 5:03 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: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part VII Date/Time Prepared: 6/3/2020 5:03 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		427,494		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		427,494	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		427,494	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		390,928		8.00
9.00	Ancillary service charges		669,494	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		1,060,422	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		1,060,422	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		632,928	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		427,494	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		427,494	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		427,494	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		427,494	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		427,494	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		427,494	0	40.00
41.00	Interim payments		676,718	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-249,224	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet G
Date/Time Prepared:
6/3/2020 5:03 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	7,483,647	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	50,063,983	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-39,362,764	0	0	0	6.00
7.00	Inventory	1,365,432	0	0	0	7.00
8.00	Prepaid expenses	1,107,268	0	0	0	8.00
9.00	Other current assets	6,910,001	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)	27,567,567	0	0	0	11.00
FIXED ASSETS						
12.00	Land	75,208	0	0	0	12.00
13.00	Land improvements	1,548,970	0	0	0	13.00
14.00	Accumulated depreciation	-1,350,258	0	0	0	14.00
15.00	Buildings	56,127,457	0	0	0	15.00
16.00	Accumulated depreciation	-38,379,878	0	0	0	16.00
17.00	Leasehold improvements	11,660,366	0	0	0	17.00
18.00	Accumulated depreciation	-9,367,304	0	0	0	18.00
19.00	Fixed equipment	18,608,225	0	0	0	19.00
20.00	Accumulated depreciation	-14,576,029	0	0	0	20.00
21.00	Automobiles and trucks	277,439	0	0	0	21.00
22.00	Accumulated depreciation	-248,256	0	0	0	22.00
23.00	Major movable equipment	43,492,832	0	0	0	23.00
24.00	Accumulated depreciation	-31,750,932	0	0	0	24.00
25.00	Minor equipment depreciable	4,775	0	0	0	25.00
26.00	Accumulated depreciation	-4,775	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	36,117,840	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	83,314,072	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	83,314,072	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	146,999,479	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	55,668,231	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,505,110	0	0	0	38.00
39.00	Payroll taxes payable	943,168	0	0	0	39.00
40.00	Notes and loans payable (short term)	800,000	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	1,073,249	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	62,989,758	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	26,397,681	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	6,896,989	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	33,294,670	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	96,284,428	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	50,715,051				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	50,715,051	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	146,999,479	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-1

Date/Time Prepared:
6/3/2020 5:03 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		61,661,740		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-10,946,689			2.00
3.00	Total (sum of line 1 and line 2)		50,715,051		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		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)		50,715,051		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		50,715,051		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-2
Parts I & II
Date/Time Prepared:
6/3/2020 5:03 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	12,353,057		12,353,057	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	12,353,057		12,353,057	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	5,491,473		5,491,473	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	5,491,473		5,491,473	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	17,844,530		17,844,530	17.00
18.00	Ancillary services	51,608,229	115,124,819	166,733,048	18.00
19.00	Outpatient services	3,885,040	21,282,802	25,167,842	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		1,254,042	1,254,042	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	1,062,666	1,062,666	26.00
27.00	OCCUPATIONAL HEALTH	0	87,581	87,581	27.00
27.01	PROFESSIONAL FEES	0	1,565,412	1,565,412	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	73,337,799	140,377,322	213,715,121	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		84,345,637		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		84,345,637		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-3

Date/Time Prepared:
6/3/2020 5:03 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	213,715,121	1.00
2.00	Less contractual allowances and discounts on patients' accounts	150,534,167	2.00
3.00	Net patient revenues (line 1 minus line 2)	63,180,954	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	84,345,637	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-21,164,683	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	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OPERATING REVENUE	2,243,540	24.00
24.01	INVESTMENT INCOME	7,820,940	24.01
24.02	OTHER NON-OPERATING EXPENSES	153,514	24.02
25.00	Total other income (sum of lines 6-24)	10,217,994	25.00
26.00	Total (line 5 plus line 25)	-10,946,689	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-10,946,689	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0086

Period: From 01/01/2019

Worksheet H

HHA CCN: 15-7055

To 12/31/2019

Date/Time Prepared: 6/3/2020 5:03 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00		0	0	0	0	0	3.00
4.00		0	0	0	0	0	4.00
5.00	262,456	0	0	0	180,380	442,836	5.00
HHA REIMBURSABLE SERVICES							
6.00	490,615	0	0	0	0	490,615	6.00
7.00	166,284	0	0	0	0	166,284	7.00
8.00	50,465	0	0	0	0	50,465	8.00
9.00	5,538	0	0	0	0	5,538	9.00
10.00	0	0	0	0	0	0	10.00
11.00	20,805	0	0	0	0	20,805	11.00
12.00	0	0	0	0	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
23.50	0	0	0	0	0	0	23.50
24.00	996,163	0	0	0	180,380	1,176,543	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-6,104	436,732	0	436,732			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	490,615	0	490,615			6.00
7.00	0	166,284	0	166,284			7.00
8.00	0	50,465	0	50,465			8.00
9.00	0	5,538	0	5,538			9.00
10.00	0	0	0	0			10.00
11.00	0	20,805	0	20,805			11.00
12.00	0	0	0	0			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
23.50	0	0	0	0			23.50
24.00	-6,104	1,170,439	0	1,170,439			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: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet H-1 Part I Date/Time Prepared: 6/3/2020 5:03 pm
		HHA CCN: 15-7055	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bldgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
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	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	436,732	0	0	0	436,732	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	490,615	0	0	0	490,615	6.00	
7.00	Physical Therapy	166,284	0	0	0	166,284	7.00	
8.00	Occupational Therapy	50,465	0	0	0	50,465	8.00	
9.00	Speech Pathology	5,538	0	0	0	5,538	9.00	
10.00	Medical Social Services	0	0	0	0	0	10.00	
11.00	Home Health Aide	20,805	0	0	0	20,805	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	Tel emedicine	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	1,170,439	0	0	0	1,170,439	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures						1.00	
2.00	Capital Related - Movable Equipment						2.00	
3.00	Plant Operation & Maintenance						3.00	
4.00	Transportation						4.00	
5.00	Administrative and General	436,732					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	292,034	782,649				6.00	
7.00	Physical Therapy	98,979	265,263				7.00	
8.00	Occupational Therapy	30,039	80,504				8.00	
9.00	Speech Pathology	3,296	8,834				9.00	
10.00	Medical Social Services	0	0				10.00	
11.00	Home Health Aide	12,384	33,189				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	Tel emedicine	0	0				23.50	
24.00	Total (sum of lines 1-23)		1,170,439				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 15-0086	Period: From 01/01/2019	Worksheet H-1 Part II
		HHA CCN: 15-7055	To 12/31/2019	Date/Time Prepared: 6/3/2020 5:03 pm
			Home Health Agency I	PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
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	-436,732	733,707
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	490,615
7.00	Physical Therapy	0	0	0	0	0	166,284
8.00	Occupational Therapy	0	0	0	0	0	50,465
9.00	Speech Pathology	0	0	0	0	0	5,538
10.00	Medical Social Services	0	0	0	0	0	0
11.00	Home Health Aide	0	0	0	0	0	20,805
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-436,732	733,707
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		436,732
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.595240

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0086

Period: From 01/01/2019

Worksheet H-2 Part I

HHA CCN: 15-7055

To 12/31/2019

Date/Time Prepared: 6/3/2020 5:03 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	37,677	18,317	227,341	1,359	148,877	1.00
2.00 Skilled Nursing Care	782,649	0	0	0	0	0	2.00
3.00 Physical Therapy	265,263	0	0	0	0	0	3.00
4.00 Occupational Therapy	80,504	0	0	0	0	0	4.00
5.00 Speech Pathology	8,834	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	33,189	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	1,170,439	37,677	18,317	227,341	1,359	148,877	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	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
	5.03	5.04	5.05	5A.05	5.06	7.00	
1.00 Administrative and General	2,145	0	12,813	448,529	37,937	90,019	1.00
2.00 Skilled Nursing Care	0	0	0	782,649	66,198	0	2.00
3.00 Physical Therapy	0	0	0	265,263	22,436	0	3.00
4.00 Occupational Therapy	0	0	0	80,504	6,809	0	4.00
5.00 Speech Pathology	0	0	0	8,834	747	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	33,189	2,807	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)	2,145	0	12,813	1,618,968	136,934	90,019	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: 15-0086

Period: From 01/01/2019

Worksheet H-2

HHA CCN: 15-7055

To 12/31/2019

Part I
Date/Time Prepared:
6/3/2020 5:03 pm

Home Health Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	26,578	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	26,578	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		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		15.00	16.00	17.00	23.00	24.00	25.00	
1.00	Administrative and General	0	9,122	302	0	612,487	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	848,847	0	2.00
3.00	Physical Therapy	0	0	0	0	287,699	0	3.00
4.00	Occupational Therapy	0	0	0	0	87,313	0	4.00
5.00	Speech Pathology	0	0	0	0	9,581	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	35,996	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	9,122	302	0	1,881,923	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: 15-0086

Period: From 01/01/2019

Worksheet H-2

HHA CCN: 15-7055

To 12/31/2019

Part I
Date/Time Prepared:
6/3/2020 5:03 pm

Home Health
Agency I

PPS

Cost Center Description		Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		26.00	27.00	28.00		
1.00	Administrative and General	612,487				1.00
2.00	Skilled Nursing Care	848,847	409,558	1,258,405		2.00
3.00	Physical Therapy	287,699	138,811	426,510		3.00
4.00	Occupational Therapy	87,313	42,127	129,440		4.00
5.00	Speech Pathology	9,581	4,623	14,204		5.00
6.00	Medical Social Services	0	0	0		6.00
7.00	Home Health Aide	35,996	17,368	53,364		7.00
8.00	Supplies (see instructions)	0	0	0		8.00
9.00	Drugs	0	0	0		9.00
10.00	DME	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0		13.00
14.00	Clinic	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0		15.00
16.00	Day Care Program	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0		17.00
18.00	Homemaker Service	0	0	0		18.00
19.00	All Others (specify)	0	0	0		19.00
19.50	Telemedicine	0	0	0		19.50
20.00	Total (sum of lines 1-19) (2)	1,881,923	612,487	1,881,923		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.		0.482487			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: 15-0086
HHA CCN: 15-7055

Period: From 01/01/2019 To 12/31/2019

Worksheet H-2 Part II
Date/Time Prepared: 6/3/2020 5:03 pm

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DP EQUIPMENT)	PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					
1.00 Administrative and General	3,085	3,085	996,163	6	41	41,230	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)	3,085	3,085	996,163	6	41	41,230	20.00
21.00 Total cost to be allocated	37,677	18,317	227,341	1,359	148,877	2,145	21.00
22.00 Unit cost multiplier	12.212966	5.937439	0.228217	226.500000	3,631.146341	0.052025	22.00
Cost Center Description	ADMINISTRATIVE (ADMINISTRATIONS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.04	5.05	5A.06	5.06	7.00	8.00	
1.00 Administrative and General	0	1,254,042	0	448,529	3,085	0	1.00
2.00 Skilled Nursing Care	0	0	0	782,649	0	0	2.00
3.00 Physical Therapy	0	0	0	265,263	0	0	3.00
4.00 Occupational Therapy	0	0	0	80,504	0	0	4.00
5.00 Speech Pathology	0	0	0	8,834	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	33,189	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	1,254,042	0	1,618,968	3,085	0	20.00
21.00 Total cost to be allocated	0	12,813	0	136,934	90,019	0	21.00
22.00 Unit cost multiplier	0.000000	0.010217	0	0.084581	29.179579	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0086

Period: From 01/01/2019

Worksheet H-2

HHA CCN: 15-7055

To 12/31/2019

Part II

Date/Time Prepared: 6/3/2020 5:03 pm

Home Health Agency I

PPS

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	NURSING ADMINISTRATION (GROSS HOURS)	CENTRAL SERVICE & SUPPLY (100%)	PHARMACY (100%)	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	3,085	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)	3,085	0	0	0	0	0	20.00
21.00	Total cost to be allocated	26,578	0	0	0	0	0	21.00
22.00	Unit cost multiplier	8.615235	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		MEDICAL RECORDS & LIBRARY (ADJUSTED CHARGES)	SOCIAL SERVICE (TIME SPENT)	PHARMACY RESIDENCY (ASSIGNED TIME)				
		16.00	17.00	23.00				
1.00	Administrative and General	1,254,042	3	0				1.00
2.00	Skilled Nursing Care	0	0	0				2.00
3.00	Physical Therapy	0	0	0				3.00
4.00	Occupational Therapy	0	0	0				4.00
5.00	Speech Pathology	0	0	0				5.00
6.00	Medical Social Services	0	0	0				6.00
7.00	Home Health Aide	0	0	0				7.00
8.00	Supplies (see instructions)	0	0	0				8.00
9.00	Drugs	0	0	0				9.00
10.00	DME	0	0	0				10.00
11.00	Home Dialysis Aide Services	0	0	0				11.00
12.00	Respiratory Therapy	0	0	0				12.00
13.00	Private Duty Nursing	0	0	0				13.00
14.00	Clinic	0	0	0				14.00
15.00	Health Promotion Activities	0	0	0				15.00
16.00	Day Care Program	0	0	0				16.00
17.00	Home Delivered Meals Program	0	0	0				17.00
18.00	Homemaker Service	0	0	0				18.00
19.00	All Others (specify)	0	0	0				19.00
19.50	Telemedicine	0	0	0				19.50
20.00	Total (sum of lines 1-19)	1,254,042	3	0				20.00
21.00	Total cost to be allocated	9,122	302	0				21.00
22.00	Unit cost multiplier	0.007274	100.666667	0.000000				22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet H-3 Part I Date/Time Prepared: 6/3/2020 5:03 pm
		HHA CCN: 15-7055	Title XVIII	Home Health Agency I PPS

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

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

Cost Per Visit Computation

1.00	Skilled Nursing Care	2.00	1,258,405		1,258,405	4,186	300.62	1.00
2.00	Physical Therapy	3.00	426,510	0	426,510	2,455	173.73	2.00
3.00	Occupational Therapy	4.00	129,440	0	129,440	623	207.77	3.00
4.00	Speech Pathology	5.00	14,204	0	14,204	75	189.39	4.00
5.00	Medical Social Services	6.00	0		0	0	0.00	5.00
6.00	Home Health Aide	7.00	53,364		53,364	599	89.09	6.00
7.00	Total (sum of lines 1-6)		1,881,923	0	1,881,923	7,938		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation

8.00	Skilled Nursing Care		17140	0	1,665			8.00
8.01	Skilled Nursing Care		99915	0	481			8.01
9.00	Physical Therapy		17140	0	1,193			9.00
9.01	Physical Therapy		99915	0	193			9.01
10.00	Occupational Therapy		17140	0	273			10.00
10.01	Occupational Therapy		99915	0	67			10.01
11.00	Speech Pathology		17140	0	9			11.00
11.01	Speech Pathology		99915	0	6			11.01
12.00	Medical Social Services		17140	0	0			12.00
12.01	Medical Social Services		99915	0	0			12.01
13.00	Home Health Aide		17140	0	176			13.00
13.01	Home Health Aide		99915	0	31			13.01
14.00	Total (sum of lines 8-13)			0	4,094			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	Part A	Program Visits		Cost of Services 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

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

Cost Per Visit Computation

1.00	Skilled Nursing Care	0	2,146		0	645,131		1.00
2.00	Physical Therapy	0	1,386		0	240,790		2.00
3.00	Occupational Therapy	0	340		0	70,642		3.00
4.00	Speech Pathology	0	15		0	2,841		4.00
5.00	Medical Social Services	0	0		0	0		5.00
6.00	Home Health Aide	0	207		0	18,442		6.00
7.00	Total (sum of lines 1-6)	0	4,094		0	977,846		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0086	Period: From 01/01/2019	Worksheet H-3
				HHA CCN: 15-7055	To 12/31/2019	Part I Date/Time Prepared: 6/3/2020 5:03 pm
				Title XVIII	Home Health Agency I	PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00
Cost Center Description		Program Covered Charges			Cost of Services		
		Part A	Part B		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	32,289	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	16.00
Cost Center Description		Total Program Cost (sum of col s. 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	645,131					1.00
2.00	Physical Therapy	240,790					2.00
3.00	Occupational Therapy	70,642					3.00
4.00	Speech Pathology	2,841					4.00
5.00	Medical Social Services	0					5.00
6.00	Home Health Aide	18,442					6.00
7.00	Total (sum of lines 1-6)	977,846					7.00
Cost Center Description		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0086 HHA CCN: 15-7055	Period: From 01/01/2019 To 12/31/2019	Worksheet H-3 Part II Date/Time Prepared: 6/3/2020 5:03 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	0.399764	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.388916	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.493471	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	2.222894	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.465545	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0086 HHA CCN: 15-7055	Period: From 01/01/2019 To 12/31/2019	Worksheet H-4 Part I-II Date/Time Prepared: 6/3/2020 5:03 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
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
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
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	710,366
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	23,630
13.00	Total PPS Reimbursement - LUPA Episodes		0	19,395
14.00	Total PPS Reimbursement - PEP Episodes		0	6,273
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	5,837
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	769
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	766,270
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	766,270
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	766,270
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	766,270
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
30.99	Demonstration payment adjustment amount before sequestration		0	0
31.00	Subtotal (see instructions)		0	766,270
31.01	Sequestration adjustment (see instructions)		0	15,326
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	750,945
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	-1
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 15-0086

Period: From 01/01/2019

Worksheet H-5

HHA CCN: 15-7055

To 12/31/2019

Date/Time Prepared: 6/3/2020 5:03 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		750,945	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		750,945	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1	6.02
7.00	Total Medicare program liability (see instructions)		0		750,944	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0086

Period: From 01/01/2019

Worksheet 0

Hospice CCN: 15-1531

To 12/31/2019

Date/Time Prepared: 6/3/2020 5:03 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	140,971	38,274	179,245	0	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	7.00
8.00	DIETARY*	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	0	0	10.00
11.00	MEDICAL RECORDS*	22,881	0	22,881	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	13.00
14.00	PHARMACY*	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	12,001	12,001	0	15.00
16.00	OTHER GENERAL SERVICE*	0	269,230	269,230	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	111,595	0	111,595	0	28.00
29.00	LPN/LVN**	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	1,167	0	1,167	0	33.00
34.00	SPIRITUAL COUNSELING**	8,125	0	8,125	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	9,498	0	9,498	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	34,531	34,531	-32,284	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	4,187	4,187	0	71.00
100.00	TOTAL	294,237	358,223	652,460	-32,284	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: 15-0086

Period: From 01/01/2019

Worksheet 0

Hospice CCN: 15-1531

To 12/31/2019

Date/Time Prepared: 6/3/2020 5:03 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	179,245	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	22,881	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	12,001	15.00
16.00	OTHER GENERAL SERVICE*	0	269,230	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	111,595	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	1,167	33.00
34.00	SPIRITUAL COUNSELING**	0	8,125	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	9,498	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	0	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	2,247	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS**	0	0	42.50
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	-4,187	0	71.00
100.00	TOTAL	-4,187	615,989	100.00

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

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

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

Provider CCN: 15-0086

Period:
From 01/01/2019
To 12/31/2019

Worksheet 0-1

Hospice CCN: 15-1531

Date/Time Prepared:
6/3/2020 5:03 pm

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

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

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 15-0086 Hospice CCN: 15-1531	Period: From 01/01/2019 To 12/31/2019	Worksheet 0-2 Date/Time Prepared: 6/3/2020 5:03 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						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	86,180	0	86,180	0	86,180	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	901	0	901	0	901	33.00
34.00	SPIRITUAL COUNSELING	6,275	0	6,275	0	6,275	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	7,335	0	7,335	0	7,335	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	34,531	34,531	-32,284	2,247	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	100,691	34,531	135,222	-32,284	102,938	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	86,180	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	901	33.00
34.00	SPIRITUAL COUNSELING	0	6,275	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	7,335	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	2,247	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	102,938	100.00

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 15-0086 Hospice CCN: 15-1531	Period: From 01/01/2019 To 12/31/2019	Worksheet 0-4 Date/Time Prepared: 6/3/2020 5:03 pm
--	---	---	--

		SALARIES	OTHER	SubTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SubTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		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	25,415	0	25,415	0	25,415	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	266	0	266	0	266	33.00
34.00	SPIRITUAL COUNSELING	1,850	0	1,850	0	1,850	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	2,163	0	2,163	0	2,163	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	29,694	0	29,694	0	29,694	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	25,415	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	266	33.00
34.00	SPIRITUAL COUNSELING	0	1,850	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	2,163	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
42.50	DRUGS CHARGED TO PATIENTS	0	0	42.50
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	29,694	100.00

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

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

Provider CCN: 15-0086

Period: From 01/01/2019

Worksheet 0-5

Hospice CCN: 15-1531

To 12/31/2019

Date/Time Prepared: 6/3/2020 5:03 pm

Descriptions		Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
		1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT	0	3,847	3,847	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,870	1,870	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	67,150	67,150	3.00
4.00	ADMINISTRATIVE & GENERAL	179,245	72,818	252,063	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	9,192	9,192	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00	HOUSEKEEPING	0	2,714	2,714	7.00
8.00	DIETARY	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	10.00
11.00	MEDICAL RECORDS	22,881	7,730	30,611	11.00
12.00	STAFF TRANSPORTATION	0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0	13.00
14.00	PHARMACY	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	12,001		12,001	15.00
16.00	OTHER GENERAL SERVICE	269,230	0	269,230	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		9,573	9,573	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0		0	50.00
51.00	HOSPICE ROUTINE HOME CARE	102,938		102,938	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0		0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	29,694		29,694	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	0		0	99.00
100.00	TOTAL	615,989	174,894	790,883	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0086

Period: From 01/01/2019

Worksheet 0-6

Hospice CCN: 15-1531

To 12/31/2019

Part I
Date/Time Prepared:
6/3/2020 5:03 pm

Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIX	3,847	3,847			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,870		1,870		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	67,150	0	0	67,150	3.00
4.00	ADMINISTRATIVE & GENERAL	252,063	0	0	0	4.00
5.00	PLANT OPERATION & MAINTENANCE	9,192	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	6.00
7.00	HOUSEKEEPING	2,714	0	0	0	7.00
8.00	DIETARY	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	10.00
11.00	MEDICAL RECORDS	30,611	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	12,001	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	269,230	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		17.00
					9,573	
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	50.00
51.00	HOSPICE ROUTINE HOME CARE	102,938			51,857	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	29,694	3,847	1,870	15,293	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0			0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	790,883	3,847	1,870	67,150	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0086

Period: From 01/01/2019

Worksheet 0-6

Hospice CCN: 15-1531

To 12/31/2019

Part I
Date/Time Prepared:
6/3/2020 5:03 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	252,063					4.00
5.00 PLANT OPERATION & MAINTENANCE	4,300	13,492				5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00 HOUSEKEEPING	1,270	0		3,984		7.00
8.00 DIETARY	0	0		0	0	8.00
9.00 NURSING ADMINISTRATION	0	0		0		9.00
10.00 ROUTINE MEDICAL SUPPLIES	0	0		0		10.00
11.00 MEDICAL RECORDS	14,320	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	5,614	0		0		15.00
16.00 OTHER GENERAL SERVICE	125,947	0		0		16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	4,478	0		0		17.00
LEVEL OF CARE						
50.00 HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00 HOSPICE ROUTINE HOME CARE	72,414					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	23,720	13,492	0	3,984	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00 BEREAVEMENT PROGRAM	0	0		0		60.00
61.00 VOLUNTEER PROGRAM	0	0		0		61.00
62.00 FUNDRAISING	0	0		0		62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00 PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00 OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00 RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00 ADVERTISING	0	0		0		67.00
68.00 TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00 THRIFT STORE	0	0		0		69.00
70.00 NURSING FACILITY ROOM & BOARD						70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00 TOTAL	252,063	13,492	0	3,984	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0086

Period: From 01/01/2019

Worksheet 0-6

Hospice CCN: 15-1531

To 12/31/2019

Part I
Date/Time Prepared:
6/3/2020 5:03 pm

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	NURSING ADMINISTRATION	0				9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0			10.00
11.00	MEDICAL RECORDS	0		44,931		11.00
12.00	STAFF TRANSPORTATION	0			0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0			0	13.00
14.00	PHARMACY	0			0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			0	15.00
16.00	OTHER GENERAL SERVICE	0			0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0			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	0	41,958	0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	2,973	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0			0	60.00
61.00	VOLUNTEER PROGRAM	0			0	61.00
62.00	FUNDRAISING	0			0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0			0	63.00
64.00	PALLIATIVE CARE PROGRAM	0			0	64.00
65.00	OTHER PHYSICIAN SERVICES	0			0	65.00
66.00	RESIDENTIAL CARE	0			0	66.00
67.00	ADVERTISING	0			0	67.00
68.00	TELEHEALTH/TELEMONITORING	0			0	68.00
69.00	THRIFT STORE	0			0	69.00
70.00	NURSING FACILITY ROOM & BOARD					70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0			0	71.00
99.00	NEGATIVE COST CENTER	0	0	0	0	99.00
100.00	TOTAL	0	0	44,931	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0086

Period: From 01/01/2019

Worksheet 0-6

Hospice CCN: 15-1531

To 12/31/2019

Part I
Date/Time Prepared:
6/3/2020 5:03 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						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	0					14.00
15.00	0	17,615				15.00
16.00	0		395,177			16.00
17.00				14,051		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	0	16,449	305,176		590,792	51.00
52.00	0	0	0	0	0	52.00
53.00	0	1,166	90,001	14,051	200,091	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		0	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	0	17,615	395,177	14,051	790,883	100.00

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

Provider CCN: 15-0086

Period: From 01/01/2019

Worksheet 0-6

Hospice CCN: 15-1531

To 12/31/2019

Part II
Date/Time Prepared:
6/3/2020 5:03 pm

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	HOSPICE I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	315					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		315				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	294,238			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	0	-252,063	538,820	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	9,192	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	2,714	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	30,611	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	12,001	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	269,230	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	9,573	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			227,226	0	154,795	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	315	315	67,012	0	50,704	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	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)	3,847	1,870	67,150		252,063	100.00
101.00	UNIT COST MULTIPLIER	12.212698	5.936508	0.228217		0.467806	101.00

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

Provider CCN: 15-0086

Period:
From 01/01/2019

Worksheet 0-6
Part II

Hospice CCN: 15-1531

To 12/31/2019

Date/Time Prepared:
6/3/2020 5:03 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	315					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		315			7.00
8.00	DIETARY	0		0	0		8.00
9.00	NURSING ADMINISTRATION	0		0		0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	315	0	315	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	13,492	0	3,984	0	0	100.00
101.00	UNIT COST MULTIPLIER	42.831746	0.000000	12.647619	0.000000	0.000000	101.00

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

Provider CCN: 15-0086

Period: From 01/01/2019

Worksheet 0-6

Hospice CCN: 15-1531

To 12/31/2019

Part II
Date/Time Prepared:
6/3/2020 5:03 pm

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS) 10.00	MEDICAL RECORDS (PATIENT DAYS) 11.00	STAFF TRANSPORTATION (MILEAGE) 12.00	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE) 13.00	PHARMACY (CHARGES) 14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	0					10.00
11.00	MEDICAL RECORDS		2,962				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION			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						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	2,766	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	196	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	44,931	0	0	0	100.00
101.00	UNIT COST MULTIPLIER	0.000000	15.169142	0.000000	0.000000	0.000000	101.00

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

Provider CCN: 15-0086

Period: From 01/01/2019

Worksheet 0-6

Hospice CCN: 15-1531

To 12/31/2019

Part II
Date/Time Prepared:
6/3/2020 5:03 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	2,962				15.00
16.00	OTHER GENERAL SERVICE		396,619			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			196		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	2,766	306,290			51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	196	90,329	196		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	17,615	395,177	14,051		100.00
101.00	UNIT COST MULTIPLIER	5.946995	0.996364	71.688776		101.00

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

Provider CCN: 15-0086

Period: From 01/01/2019 To 12/31/2019

Worksheet 0-7

Hospice CCN: 15-1531

Date/Time Prepared: 6/3/2020 5:03 pm

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.399764	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.388916	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.493471	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.465545	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.231606	0	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	2.222894	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.228638	0	0	0	9.00
10.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00					10.00
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
6.01	BLOOD LABORATORY	0	0	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	OTHER ANCILLARY SERVICE COST CENTERS						10.00
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0086

Period: From 01/01/2019

Worksheet 0-8

Hospice CCN: 15-1531

To 12/31/2019

Date/Time Prepared: 6/3/2020 5:03 pm

		Hospice I		
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID	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)	0	0	0
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)			590,792
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			2,766
8.00	Total average cost per diem (line 6 divided by line 7)			213.59
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	2,277	64	2,341
10.00	Program cost (line 8 times line 9)	486,344	13,670	500,014
HOSPICE INPATIENT RESPITE CARE				
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			0
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			0
13.00	Total average cost per diem (line 11 divided by line 12)			0.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	0	0	0
15.00	Program cost (line 13 times line 14)	0	0	0
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)			200,091
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			196
18.00	Total average cost per diem (line 16 divided by line 17)			1,020.87
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	133	7	140
20.00	Program cost (line 18 times line 19)	135,776	7,146	142,922
TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			790,883
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			2,962
23.00	Average cost per diem (line 21 divided by line 22)			267.01

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0086	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 6/3/2020 5:03 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		766,243	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		53,766	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)		24.62	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)		820,009	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