

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: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 8/24/2020 7:50 am
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PART I - COST REPORT STATUS

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

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

Date: 8/24/2020 Time: 7:50 am

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 PARKVIEW HOSPITAL (15-0021) 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) JEANNE WICKENS
 Officer or Administrator of Provider(s)

SVP-CFO
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-824,013	169,658	0	0	1.00
2.00 Subprovider - IPF	0	6,069	0		0	2.00
3.00 Subprovider - IRF	0	-5,008	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	31,863	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	-791,089	169,658	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 8/24/2020 7:50 am
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1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00				
1.00	Street: 11109 PARKVIEW PLAZA DRIVE	PO Box:		Zip Code: 46845		County: ALLEN				1.00
2.00	City: FORT WAYNE	State: IN								2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	PARKVIEW HOSPITAL	150021	23060	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF	PARKVIEW PSYCHIATRIC UNIT	15S021	23060	4	01/01/1984	N	P	P	4.00
5.00	Subprovider - IRF	PARKVIEW REHABILITATION UNIT	15T021	23060	5	01/01/1984	N	P	P	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	PARKVIEW CONTINUING CARE CENTER	155516	23060		04/06/1994	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTG									11.00
12.00	Hospital-Based HHA	PARKVIEW HOME HEALTH SERVICES	157423	23060		04/25/1995	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	PARKVIEW HOME HEALTH & HOSPICE	151552	23060		06/27/1996				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
17.20	Hospital-Based (OPT) I									17.20
17.30	Hospital-Based (OOT) I									17.30
17.40	Hospital-Based (OSP) I									17.40
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)					2		21.00	
						1.00	2.00	3.00	

Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				N	N			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0021			Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/24/2020 7:50 am		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	7,904	11,805	0	1,242	20,481	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.	276	425	0	49	429		25.00	
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:		Ending:	
						1.00		2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N		Y/N	
						1.00		2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	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 in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code				
		1.00	2.00	3.00				
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00		
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01		
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.02	1		60.02		
		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)						Y	63.00

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				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.								
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FORT WAYNE MEDICAL EDUCATION PROGRAM	1350	3.49	7.83	0.308304	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)	FORT WAYNE MEDICAL EDUCATION PROGRAM	1350	3.49	7.84	0.308032	67.00	

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		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y				70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0		76.00
					1.00	
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N			81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		N			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N			87.00
					V	XIX
					1.00	2.00
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y			90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N			91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N			92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N			93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N			94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y			98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 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)					106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 8/24/2020 7:50 am
			V 1.00	XIX 2.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00
		Physical 1.00	Occupational 2.00	Speech 3.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N		109.00
				Respiratory 4.00
				1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N		110.00
			1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
			1.00	2.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
	Miscellaneous Cost Reporting Information			
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	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:	1,397,448	347,983	248,544
			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		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0021		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/24/2020 7:50 am	
		1.00		2.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		15H032		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: PARKVIEW HEALTH SYSTEM, INC.	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101		141.00	
142.00	Street: 10501 CORPORATE DRIVE	PO Box: 5600				142.00	
143.00	City: FORT WAYNE	State: IN		Zip Code: 46895-5600		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N		146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC						
161.10	CORF						
161.20	OUTPATIENT PHYSICAL THERAPY						
161.30	OUTPATIENT OCCUPATIONAL THERAPY						
161.40	OUTPATIENT SPEECH PATHOLOGY	N		N		N	
						1.00	
Multi campus							
165.00	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	
		0		1.00		2.00	
						Zip Code	
						3.00	
						CBSA	
						4.00	
						FTE/Campus	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			9.99		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 8/24/2020 7:50 am
		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. 1, 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: 15-0021		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part II Date/Time Prepared: 8/24/2020 7:50 am	
		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)	Y					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		03/27/2018		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.	Y					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/30/2019	Y	04/30/2019		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: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 8/24/2020 7:50 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ERIC		NICKESON	41.00
42.00	Enter the employer/company name of the cost report preparer.	PARKVIEW HEALTH SYSTEM, INC.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(260) 373-8406		ERIC.NICKESON@PARKVIEW.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 8/24/2020 7:50 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR REIMBURSEMENT		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: 15-0021

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

Worksheet S-3
Part I
Date/Time Prepared:
8/24/2020 7:50 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	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	437	159,505	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)		437	159,505	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	124	45,260	0.00	0	8.00
8.01 PEDIATRIC ICU	31.01	7	2,555	0.00	0	8.01
8.02 NEONATAL ICU	31.02	32	11,680	0.00	0	8.02
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		600	219,000	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	69	25,185		0	16.00
17.00 SUBPROVIDER - IRF	41.00	45	16,425		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	10	3,650		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
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
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)		724				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: 15-0021

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

Worksheet S-3
Part I
Date/Time Prepared:
8/24/2020 7:50 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	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)	36,019	5,268	115,396			1.00
2.00 HMO and other (see instructions)	39,801	32,938				2.00
3.00 HMO IPF Subprovider	3,198	4,977				3.00
4.00 HMO IRF Subprovider	1,891	903				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	36,019	5,268	115,396			7.00
8.00 INTENSIVE CARE UNIT	6,259	2,228	36,110			8.00
8.01 PEDIATRIC ICU	0	0	1,368			8.01
8.02 NEONATAL ICU	0	0	9,461			8.02
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		350	5,882			13.00
14.00 Total (see instructions)	42,278	7,846	168,217	11.32	4,955.56	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,719	2,150	18,531	0.00	92.27	16.00
17.00 SUBPROVIDER - IRF	4,224	276	10,015	0.00	72.76	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	508	0	1,406	0.00	9.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	54,986	0.00	135.19	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	73.45	24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
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)				11.32	5,338.23	27.00
28.00 Observation Bed Days		825	20,072			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			3,642			30.00
31.00 Employee discount days - IRF			145			31.00
32.00 Labor & delivery days (see instructions)	0	648	1,331			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: 15-0021

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

Worksheet S-3
Part I
Date/Time Prepared:
8/24/2020 7:50 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
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	8,206	767	34,333	1.00
2.00 HMO and other (see instructions)				7,245	8,005		2.00
3.00 HMO IPF Subprovider					1,186		3.00
4.00 HMO IRF Subprovider					73		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
8.01 PEDIATRIC ICU							8.01
8.02 NEONATAL ICU							8.02
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	0	8,206	767	34,333	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	517	1,696	3,979	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	324	17	734	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
25.10 CMHC - CORF	0.00						25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00						25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00						25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00						25.40
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: 15-0021

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

Worksheet S-3
Part II
Date/Time Prepared:
8/24/2020 7:50 am

	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)	200.00 444,476,258	-71,160,770	373,315,488	11,103,519.00	33.62	1.00
2.00	Non-physician anesthetist Part A	0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B	0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative	1,901,842	0	1,901,842	7,430.00	255.97	4.00
4.01	Physicians - Part A - Teaching	0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B	0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FOHC services	0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00 4,177	476	4,653	75.00	62.04	7.00
7.01	Contracted interns and residents (in an approved programs)	0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel	165,556,680	-71,160,770	94,395,910	2,406,973.00	39.22	8.00
9.00	SNF	44.00 338,931	55,591	394,522	18,711.00	21.09	9.00
10.00	Excluded area salaries (see instructions)	31,951,824	4,276,732	36,228,556	1,038,441.00	34.89	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care	0	0	0	0.00	0.00	11.00
12.00	Contract labor: Top level management and other management and administrative services	0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative	970,456	0	970,456	6,390.00	151.87	13.00
14.00	Home office and/or related organization salaries and wage-related costs	0	0	0	0.00	0.00	14.00
14.01	Home office salaries	94,395,910	0	94,395,910	2,406,973.00	39.22	14.01
14.02	Related organization salaries	0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative	0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching	0	0	0	0.00	0.00	16.00
16.01	Home office Physicians Part A - Teaching	0	0	0	0.00	0.00	16.01
16.02	Home office contract Physicians Part A - Teaching	0	0	0	0.00	0.00	16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)	116,043,111	0	116,043,111			17.00
18.00	Wage-related costs (other) (see instructions)						18.00
19.00	Excluded areas	12,225,060	0	12,225,060			19.00
20.00	Non-physician anesthetist Part A	0	0	0			20.00
21.00	Non-physician anesthetist Part B	0	0	0			21.00
22.00	Physician Part A - Administrative	291,948	0	291,948			22.00
22.01	Physician Part A - Teaching	0	0	0			22.01
23.00	Physician Part B	0	0	0			23.00
24.00	Wage-related costs (RHC/FOHC)	0	0	0			24.00
25.00	Interns & residents (in an approved program)	0	0	0			25.00
25.50	Home office wage-related (core)	28,453,231	0	28,453,231			25.50
25.51	Related organization wage-related (core)	0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)	0	0	0			25.52

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0021

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

Worksheet S-3
Part II
Date/Time Prepared:
8/24/2020 7:50 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	37,476,831	-36,206,502	1,270,329	51,662.00	24.59	26.00
27.00	Administrative & General	175,090,143	-63,372,246	111,717,897	2,682,129.00	41.65	27.00
28.00	Administrative & General under contract (see inst.)	0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	3,975,529	451,018	4,426,547	172,894.00	25.60	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	6,777,414	770,650	7,548,064	496,424.00	15.20	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	6,494,366	738,792	7,233,158	453,697.00	15.94	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,111,909	239,618	2,351,527	44,158.00	53.25	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	13,646,272	59,395	13,705,667	315,799.00	43.40	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	4,183,204	503,545	4,686,749	132,631.00	35.34	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0021

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

Worksheet S-3
Part III
Date/Time Prepared:
8/24/2020 7:50 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries 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)	278,915,401	-476	278,914,925	8,696,471.00	32.07	1.00
2.00	Excluded area salaries (see instructions)	32,290,755	4,332,323	36,623,078	1,057,152.00	34.64	2.00
3.00	Subtotal salaries (line 1 minus line 2)	246,624,646	-4,332,799	242,291,847	7,639,319.00	31.72	3.00
4.00	Subtotal other wages & related costs (see inst.)	95,366,366	0	95,366,366	2,413,363.00	39.52	4.00
5.00	Subtotal wage-related costs (see inst.)	144,788,290	0	144,788,290	0.00	59.76	5.00
6.00	Total (sum of lines 3 thru 5)	486,779,302	-4,332,799	482,446,503	10,052,682.00	47.99	6.00
7.00	Total overhead cost (see instructions)	249,755,668	-96,815,730	152,939,938	4,349,394.00	35.16	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part IV Date/Time Prepared: 8/24/2020 7:50 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		6,713,348	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		23,267,268	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		33,782	6.00
7.00	Employee Managed Care Program Administration Fees		998,831	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)		66,769,537	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		976,599	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)		1,359,155	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		395,590	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		26,109,789	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	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))		753,380	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		1,182,840	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		128,560,119	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: 15-0021

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

Worksheet S-3
Part V
Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	128,560,119	1.00
2.00	Hospital	0	128,560,119	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	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
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0021 Component CCN: 15-7423		Period: From 01/01/2019 To 12/31/2019		Worksheet S-4 Date/Time Prepared: 8/24/2020 7:50 am		
				Home Health Agency I		PPS		
							1.00	
0.00	County							0.00
		Title V	Title XVIII	Title XIX	Other	Total		
		1.00	2.00	3.00	4.00	5.00		
HOME HEALTH AGENCY STATISTICAL DATA								
1.00	Home Health Aide Hours	0	3,190	0	1,183	4,373	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	2,558.00	0.00	949.00	3,507.00	2.00	
		Number of Employees (Full Time Equivalent)						
		Enter the number of hours in your normal work week			Staff	Contract	Total	
		0	1.00	2.00	3.00			
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES								
3.00	Administrator and Assistant Administrator(s)	40.00					0.00	3.00
4.00	Director(s) and Assistant Director(s)						0.80	4.00
5.00	Other Administrative Personnel						38.34	5.00
6.00	Direct Nursing Service						55.15	6.00
7.00	Nursing Supervisor						8.34	7.00
8.00	Physical Therapy Service						16.54	8.00
9.00	Physical Therapy Supervisor						0.00	9.00
10.00	Occupational Therapy Service						8.44	10.00
11.00	Occupational Therapy Supervisor						0.00	11.00
12.00	Speech Pathology Service						1.70	12.00
13.00	Speech Pathology Supervisor						1.00	13.00
14.00	Medical Social Service						3.59	14.00
15.00	Medical Social Service Supervisor						0.00	15.00
16.00	Home Health Aide						14.06	16.00
17.00	Home Health Aide Supervisor						0.00	17.00
18.00	QUALITY AND MISC STAFF						69.48	18.00
HOME HEALTH AGENCY CBSA CODES								
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				2		19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	23060					20.00	
20.01		99915					20.01	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
		Without Outliers	With Outliers					
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	8,202	541	246	280	9,269	21.00	
22.00	Skilled Nursing Visit Charges	1,763,523	113,499	56,903	61,466	1,995,391	22.00	
23.00	Physical Therapy Visits	3,290	185	53	144	3,672	23.00	
24.00	Physical Therapy Visit Charges	760,090	42,640	12,296	33,394	848,420	24.00	
25.00	Occupational Therapy Visits	1,421	106	10	64	1,601	25.00	
26.00	Occupational Therapy Visit Charges	328,408	24,459	2,320	14,827	370,014	26.00	
27.00	Speech Pathology Visits	337	52	4	7	400	27.00	
28.00	Speech Pathology Visit Charges	77,848	11,973	921	1,617	92,359	28.00	
29.00	Medical Social Service Visits	229	14	2	13	258	29.00	
30.00	Medical Social Service Visit Charges	56,379	3,437	494	3,211	63,521	30.00	
31.00	Home Health Aide Visits	1,609	230	5	55	1,899	31.00	
32.00	Home Health Aide Visit Charges	184,264	26,333	575	6,319	217,491	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	15,088	1,128	320	563	17,099	33.00	
34.00	Other Charges	106,047	13,860	3,202	4,936	128,045	34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,276,559	236,201	76,711	125,770	3,715,241	35.00	
36.00	Total Number of Episodes (standard/non outlier)	999		116	49	1,164	36.00	
37.00	Total Number of Outlier Episodes		29		4	33	37.00	
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00	

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 15-0021
Hospice CCN: 15-1552

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

Worksheet S-9
PARTS I THROUGH IV
Date/Time Prepared:
8/24/2020 7:50 am

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

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

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	36,685	1,833	4,045	42,563	11.00
12.00	Hospice Inpatient Respite Care	135	7	15	157	12.00
13.00	Hospice General Inpatient Care	3,291	164	363	3,818	13.00
14.00	Total Hospice Days	40,111	2,004	4,423	46,538	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: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet S-10 Date/Time Prepared: 8/24/2020 7:50 am
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			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)		0.187267	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		53,068,949	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		360,350,260	6.00	
7.00	Medicaid cost (line 1 times line 6)		67,481,712	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)		14,412,763	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		1,319,246	9.00	
10.00	Stand-alone CHIP charges		3,985,259	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		746,307	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)		56,044,793	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		303,950,991	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		56,919,990	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)		875,197	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)		15,287,960	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)	80,069,786	10,442,520	90,512,306	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	14,994,429	10,442,520	25,436,949	21.00
22.00	Payments received from patients for amounts previously written off as charity care	48,436	5,141	53,577	22.00
23.00	Cost of charity care (line 21 minus line 22)	14,945,993	10,437,379	25,383,372	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)		75,071,001	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		989,317	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,522,025	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		73,548,976	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		14,306,004	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		39,689,376	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		54,977,336	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet A Date/Time Prepared: 8/24/2020 7:50 am		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		55,042,117	55,042,117	-28,390,643	26,651,474	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	29,178,767	29,178,767	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	37,476,831	93,677,464	131,154,295	-31,482,905	99,671,390	4.00
5.01	00540	COMMUNICATIONS	0	0	0	1,847,571	1,847,571	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	MATERIALS MANAGEMENT	0	0	0	0	0	5.03
5.04	00570	PATIENT SERVICES	2,500,273	782,632	3,282,905	438,269	3,721,174	5.04
5.05	00580	PATIENT ACCOUNTING	0	0	0	0	0	5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	0	0	0	5.06
5.07	00590	OTHER A&G	172,589,870	248,889,874	421,479,744	4,673,931	426,153,675	5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	0	0	0	5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	950,234	7,430,623	8,380,857	141,310	8,522,167	7.00
7.01	00701	FACILITY ENGINEERING	3,025,295	2,625,751	5,651,046	338,797	5,989,843	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,506,251	3,506,251	0	3,506,251	8.00
9.00	00900	HOUSEKEEPING	6,777,414	2,325,443	9,102,857	765,425	9,868,282	9.00
10.00	01000	DIETARY	6,494,366	7,021,436	13,515,802	-8,741,123	4,774,679	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	9,466,097	9,466,097	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,111,909	568,289	2,680,198	238,620	2,918,818	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	12,552,252	78,603,250	91,155,502	-76,142,194	15,013,308	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	1,094,020	879,371	1,973,391	776,734	2,750,125	15.02
15.03	01503	MED SURG SUPPLY	0	-1,916,208	-1,916,208	82,436,260	80,520,052	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	3,147,341	2,022,450	5,169,791	384,641	5,554,432	17.00
17.01	01701	REHAB ADMIN	1,035,863	213,765	1,249,628	117,688	1,367,316	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	4,177	3,179,882	3,184,059	572	3,184,631	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECFY)	0	0	0	75,023	75,023	23.00
23.01	02301	PARAMED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED PHARMACY	0	0	0	730,347	730,347	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,818,077	17,288,752	63,106,829	3,138,142	66,244,971	30.00
31.00	03100	INTENSIVE CARE UNIT	18,493,603	4,733,607	23,227,210	1,041,522	24,268,732	31.00
31.01	03101	PEDIATRIC ICU	1,033,116	182,957	1,216,073	113,729	1,329,802	31.01
31.02	03102	NEONATAL ICU	3,756,386	1,701,838	5,458,224	395,356	5,853,580	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	5,887,325	1,721,299	7,608,624	-81,344	7,527,280	40.00
41.00	04100	SUBPROVIDER - I RF	4,183,626	1,868,532	6,052,158	527,093	6,579,251	41.00
43.00	04300	NURSERY	0	0	0	3,770,698	3,770,698	43.00
44.00	04400	SKILLED NURSING FACILITY	338,931	589,517	928,448	49,222	977,670	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,982,989	52,975,021	64,958,010	-41,436,507	23,521,503	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	1,671,179	5,787,001	7,458,180	-3,339,633	4,118,547	50.01
51.00	05100	RECOVERY ROOM	3,214,565	686,949	3,901,514	3,676,282	7,577,796	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	717,962	16,633	734,595	-652,935	81,660	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,488,401	11,943,271	23,431,672	-4,439,240	18,992,432	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	217,244	68,275	285,519	24,504	310,023	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	7,614	676	8,290	859	9,149	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	180,445	88,160	268,605	18,975	287,580	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	5,028,326	3,260,300	8,288,626	511,909	8,800,535	55.00
56.00	05600	RADIOISOTOPE	350,064	216,349	566,413	-116,272	450,141	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	830,574	348,646	1,179,220	59,926	1,239,146	58.00
60.00	06000	LABORATORY	16,292,255	24,395,745	40,688,000	-271,185	40,416,815	60.00
60.01	06001	ANATOMICAL PATHOLOGY	720,162	1,968,922	2,689,084	210,630	2,899,714	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	237	3,054,686	3,054,923	451,542	3,506,465	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0021		Period: From 01/01/2019 To 12/31/2019		Worksheet A	
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	
65.00	06500	RESPIRATORY THERAPY	6,384,354	1,795,908	8,180,262	-1,733,117	6,447,145	65.00
65.02	06502	DIALYSIS	46,183	2,876,774	2,922,957	-4,763	2,918,194	65.02
65.03	03330	ENDOSCOPY	3,611,725	7,310,175	10,921,900	-4,359,149	6,562,751	65.03
66.00	06600	PHYSICAL THERAPY	7,254,943	698,518	7,953,461	-3,090,033	4,863,428	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	445,593	-48,832	396,761	2,853,535	3,250,296	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,068,947	1,068,947	68.00
68.01	06801	NEURO REHAB	1,975,227	364,641	2,339,868	203,287	2,543,155	68.01
69.00	06900	ELECTROCARDIOLOGY	320,321	171,588	491,909	1,162,157	1,654,066	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	223,161	106,366	329,527	499,086	828,613	70.00
70.01	03950	NUTRITION SUPPORT	753,846	44,166	798,012	83,273	881,285	70.01
70.03	03952	CARDIAC CATH LAB	4,229,752	23,855,697	28,085,449	-21,236,767	6,848,682	70.03
70.04	03953	CARDIAC REHAB SERVICES	257,862	32,427	290,289	29,185	319,474	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	74,681,217	74,681,217	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	668,396	1,319,416	1,987,812	-267,357	1,720,455	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,338,260	458,871	1,797,131	-192,245	1,604,886	90.00
90.01	09001	ANTI COAG CLINIC	793,706	148,779	942,485	1,713,790	2,656,275	90.01
90.02	09002	INFECTIOUS DISEASES	622,657	209,183	831,840	69,815	901,655	90.02
90.03	09003	RHEUMATOLOGY	0	4,302	4,302	0	4,302	90.03
91.00	09100	EMERGENCY	11,412,927	5,854,054	17,266,981	687,538	17,954,519	91.00
91.01	09101	PARTIAL HOSPITALIZATION	283,546	32,319	315,865	32,243	348,108	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,646,707	4,509,444	6,156,151	180,757	6,336,908	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	12,719,816	15,659,290	28,379,106	-14,056,016	14,323,090	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	10,637,315	10,637,315	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	436,961,908	703,152,612	1,140,114,520	-530,842	1,139,583,678	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,497	114,022	120,519	-1,624	118,895	190.00
194.00	07950	NON ALLOWABLE	0	487,666	487,666	0	487,666	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	224	815	1,039	-642	397	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	105,565	805,440	911,005	-22,825	888,180	194.05
194.06	07956	STUCKY RESEARCH CTR	3,879,912	913,115	4,793,027	147,585	4,940,612	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	451,228	2,634,568	3,085,796	70,577	3,156,373	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	79,638	1,828,198	1,907,836	8,982	1,916,818	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	126,127	241,704	367,831	14,226	382,057	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	1,472,701	1,440,170	2,912,871	-52,621	2,860,250	194.15
194.16	07966	FITNESS	0	0	0	205,419	205,419	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	2,171	2,171	-589	1,582	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	-644	-644	0	-644	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	278,234	517,937	796,171	31,687	827,858	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	1,986,968	1,986,968	0	1,986,968	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	1,286	1,286	-1,286	0	194.28
194.29	07978	OUTPATIENT PHARMACY	1,114,224	32,487,821	33,602,045	131,953	33,733,998	194.29
200.00		TOTAL (SUM OF LINES 118 through 199)	444,476,258	746,613,849	1,191,090,107	0	1,191,090,107	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0021

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

Worksheet A
Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-2,534,053	24,117,421	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	27,035	29,205,802	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-67,295,593	32,375,797	4.00
5.01	00540	COMMUNICATIONS	-258,247	1,589,324	5.01
5.02	00550	DATA PROCESSING	0	0	5.02
5.03	00560	MATERIALS MANAGEMENT	0	0	5.03
5.04	00570	PATIENT SERVICES	0	3,721,174	5.04
5.05	00580	PATIENT ACCOUNTING	0	0	5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	5.06
5.07	00590	OTHER A&G	-206,106,965	220,046,710	5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-12,158	8,510,009	7.00
7.01	00701	FACILITY ENGINEERING	-1,120,224	4,869,619	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	897,156	4,403,407	8.00
9.00	00900	HOUSEKEEPING	0	9,868,282	9.00
10.00	01000	DIETARY	-5,546,936	-772,257	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	9,466,097	10.01
10.02	01002	CAFETERIA	0	0	10.02
10.03	01003	PREADMITS ANDER	0	0	10.03
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-12	2,918,806	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	-941,440	14,071,868	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	15.01
15.02	01502	IV SOLUTIONS	-7	2,750,118	15.02
15.03	01503	MED SURG SUPPLY	-12,618	80,507,434	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	-139	5,554,293	17.00
17.01	01701	REHAB ADMIN	-313	1,367,003	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	3,184,631	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	75,023	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	730,347	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-392,002	65,852,969	30.00
31.00	03100	INTENSIVE CARE UNIT	-74	24,268,658	31.00
31.01	03101	PEDIATRIC ICU	-9	1,329,793	31.01
31.02	03102	NEONATAL ICU	-215	5,853,365	31.02
32.00	03200	CORONARY CARE UNIT	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	-472,882	7,054,398	40.00
41.00	04100	SUBPROVIDER - I RF	-5	6,579,246	41.00
43.00	04300	NURSERY	0	3,770,698	43.00
44.00	04400	SKILLED NURSING FACILITY	-59	977,611	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-926	23,520,577	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	-708,195	3,410,352	50.01
51.00	05100	RECOVERY ROOM	-63	7,577,733	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	81,660	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-388,872	18,603,560	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	-37,853	272,170	54.05
54.06	05406	RADIOLOGY - CMP	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	9,149	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	-59,083	228,497	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	-161,861	8,638,674	55.00
56.00	05600	RADIOISOTOPE	0	450,141	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,239,146	58.00
60.00	06000	LABORATORY	-16,206,724	24,210,091	60.00
60.01	06001	ANATOMICAL PATHOLOGY	-11,163	2,888,551	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-88	3,506,377	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-18,025	6,429,120	65.00
65.02	06502	DIALYSIS	0	2,918,194	65.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0021

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

Worksheet A
Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
65.03	03330	ENDOSCOPY	-464,904	6,097,847	65.03
66.00	06600	PHYSICAL THERAPY	-207,248	4,656,180	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	61,257	3,311,553	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,068,947	68.00
68.01	06801	NEURO REHAB	-196,166	2,346,989	68.01
69.00	06900	ELECTROCARDIOLOGY	0	1,654,066	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-244	828,369	70.00
70.01	03950	NUTRITION SUPPORT	0	881,285	70.01
70.03	03952	CARDIAC CATH LAB	-16,069	6,832,613	70.03
70.04	03953	CARDIAC REHA SERVICES	-3,589	315,885	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-34,309	-34,309	71.00
71.01	07101	COST OF SOLUTIONS	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	74,681,217	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,720,455	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-684,224	920,662	90.00
90.01	09001	ANTI COAG CLINIC	0	2,656,275	90.01
90.02	09002	INFECTIOUS DISEASES	-100,360	801,295	90.02
90.03	09003	RHEUMATOLOGY	0	4,302	90.03
91.00	09100	EMERGENCY	-1,601,215	16,353,304	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	348,108	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-212,380	6,124,528	95.00
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	-444,328	13,878,762	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	10,637,315	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-305,266,392	834,317,286	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	118,895	190.00
194.00	07950	NON ALLOWABLE	-3,000	484,666	194.00
194.01	07951	TELEVISION	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	194.02
194.03	07953	OP CLINIC	0	397	194.03
194.04	07954	PARK CENTER CLINIC	0	0	194.04
194.05	07955	EDUCARE CTR	0	888,180	194.05
194.06	07956	STUCKY RESEARCH CTR	-163,594	4,777,018	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	194.07
194.08	07958	FOUNDATION	0	3,156,373	194.08
194.09	07959	LV HEALTH PLAN	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	194.11
194.12	07962	GUEST SERVICES	0	1,916,818	194.12
194.13	07963	HUNTINGTON ARC	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	382,057	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	-69,017	2,791,233	194.15
194.16	07966	FITNESS	0	205,419	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	-23,249	-21,667	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	-644	194.21
194.22	07972	EBT	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	-858,992	-31,134	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	1,986,968	194.25
194.26	07976	ISH	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	-2,569,548	31,164,450	194.29
200.00		TOTAL (SUM OF LINES 118 through 199)	-308,953,792	882,136,315	200.00

RECLASSIFICATIONS

Provider CCN: 15-0021

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

Worksheet A-6

Date/Time Prepared:
8/24/2020 7:50 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DIETARY PERSONNEL					
1.00	KITCHEN-NO CONNECT W/CAFE	10.01	4,548,476	4,917,621	1.00
	O		4,548,476	4,917,621	
B - PHARMACY SALARIES AND SOLUTIONS					
1.00	IV SOLUTIONS	15.02	169,352	0	1.00
	O		169,352	0	
C - OTHER A&G					
1.00	PATIENT SERVICES	5.04	155,612	0	1.00
	O		155,612	0	
D - BLOOD BANK					
1.00	ANTI COAG CLINIC	90.01	496,236	1,127,567	1.00
2.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	397	450,599	2.00
	O		496,633	1,578,166	
F - BLOOD BANK LAB ADMIN					
1.00	ANATOMICAL PATHOLOGY	60.01	120,411	16,501	1.00
2.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	55	464	2.00
	O		120,466	16,965	
I - EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	28,937,081	1.00
2.00	OTHER A&G	5.07	0	29,702	2.00
3.00	PHARMACY	15.00	0	1	3.00
	O		0	28,966,784	
J - MED SURG/IV SUPPLIES					
1.00	IV SOLUTIONS	15.02	0	1,924,235	1.00
2.00	MED SURG SUPPLY	15.03	0	82,436,260	2.00
3.00	OTHER A&G	5.07	0	50	3.00
4.00	NUTRITION SUPPORT	70.01	0	32	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
	O		0	84,360,577	
K - OPERATION OF PLANT					
1.00	OPERATION OF PLANT	7.00	0	34,782	1.00
	O		0	34,782	
L - IV SALARIES					
1.00	ADULTS & PEDIATRICS	30.00	595,004	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	23,487	0	2.00
3.00	PEDIATRIC ICU	31.01	23,487	0	3.00

RECLASSIFICATIONS

Provider CCN: 15-0021

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
4.00	NEONATAL ICU	31.02	15,658	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	39,145	0	5.00
6.00	SUBPROVIDER - IRF	41.00	7,829	0	6.00
7.00	SKILLED NURSING FACILITY	44.00	15,658	0	7.00
8.00	EMERGENCY	91.00	62,632	0	8.00
			782,900	0	
M - COST OF DRUGS SOLD					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	74,681,217	1.00
			0	74,681,217	
N - PBH ADMIN COSTS					
1.00	ADULTS & PEDIATRICS	30.00	412,576	303,049	1.00
			412,576	303,049	
O - FITNESS CENTER					
1.00	FITNESS	194.16	183,905	21,514	1.00
			183,905	21,514	
S - CAPITAL INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	573,251	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	241,686	2.00
			0	814,937	
T - HOSPICE RECLASS					
1.00	HOSPICE	116.00	4,912,077	4,134,640	1.00
			4,912,077	4,134,640	
U - ALLOC A&G OVERHEAD TO HHA & HOSPICE					
1.00	HOSPICE	116.00	591,891	998,707	1.00
			591,891	998,707	
W - RECLASS PTO DOLLARS					
1.00	PATIENT SERVICES	5.04	2,108	0	1.00
2.00	OTHER A&G	5.07	16,626	0	2.00
3.00	OPERATION OF PLANT	7.00	4,252	0	3.00
4.00	FACILITY ENGINEERING	7.01	11,329	0	4.00
5.00	HOUSEKEEPING	9.00	21,338	0	5.00
6.00	DIETARY	10.00	15,796	0	6.00
7.00	NURSING ADMINISTRATION	13.00	8,103	0	7.00
8.00	PHARMACY	15.00	20,828	0	8.00
9.00	IV SOLUTIONS	15.02	1,640	0	9.00
10.00	SOCIAL SERVICE	17.00	7,592	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	135,269	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	4	0	12.00
13.00	SUBPROVIDER - IPF	40.00	13,411	0	13.00
14.00	SUBPROVIDER - IRF	41.00	53,845	0	14.00
15.00	SKILLED NURSING FACILITY	44.00	3,478	0	15.00
16.00	OPERATING ROOM	50.00	44,618	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	28,146	0	17.00
18.00	RADIOLOGY - NHMP	54.05	2,134	0	18.00
19.00	RADIOLOGY - WP	54.07	75	0	19.00
20.00	RADIOISOTOPE	56.00	789	0	20.00
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	2,455	0	21.00
22.00	RESPIRATORY THERAPY	65.00	21,429	0	22.00
23.00	HYPERBARIC OXYGEN THERAPY	76.98	4,094	0	23.00
24.00	ENDOSCOPY	65.03	3,908	0	24.00
25.00	PHYSICAL THERAPY	66.00	35,194	0	25.00
26.00	NEURO REHAB	68.01	11,539	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	920	0	27.00
28.00	NUTRITION SUPPORT	70.01	1,980	0	28.00
29.00	CARDIAC CATH LAB	70.03	22	0	29.00
30.00	CARDIAC REHA SERVICES	70.04	1,052	0	30.00
31.00	CLINIC	90.00	2,862	0	31.00
32.00	ANTI COAG CLINIC	90.01	3,659	0	32.00
33.00	INFECTIOUS DISEASES	90.02	2,888	0	33.00
34.00	EMERGENCY	91.00	49,238	0	34.00
35.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	64	0	35.00
36.00	OP CLINIC	194.03	2	0	36.00
37.00	FOUNDATION	194.08	3	0	37.00
38.00	GUEST SERVICES	194.12	782	0	38.00
39.00	SENIOR HEALTH SERVICES	194.14	1,239	0	39.00
40.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	924	0	40.00
41.00	OUTPATIENT PHARMACY	194.29	2,195	0	41.00
			537,830	0	

RECLASSIFICATIONS

Provider CCN: 15-0021

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

Worksheet A-6
Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
Y - EMPLOYEE BENEFIT RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,757,797	1.00	
2.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	96	2.00	
3.00	SUBPROVIDER - IPF	40.00	0	2,397	3.00	
4.00	STUCKY RESEARCH CTR	194.06	0	13,963	4.00	
5.00	FOUNDATION	194.08	0	54,892	5.00	
6.00	_____	0.00	0	0	6.00	
	0		0	4,829,145		
Z - PTO ACCRUAL RECLASS PVHOS						
1.00	PATIENT SERVICES	5.04	257,455	0	1.00	
2.00	OTHER A&G	5.07	724,213	0	2.00	
3.00	OPERATION OF PLANT	7.00	97,846	0	3.00	
4.00	FACILITY ENGINEERING	7.01	304,687	0	4.00	
5.00	HOUSEKEEPING	9.00	671,470	0	5.00	
6.00	DIETARY	10.00	645,953	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	217,465	0	7.00	
8.00	PHARMACY	15.00	1,292,516	0	8.00	
9.00	IV SOLUTIONS	15.02	112,652	0	9.00	
10.00	SOCIAL SERVICE	17.00	349,378	0	10.00	
11.00	REHAB ADMIN	17.01	106,664	0	11.00	
12.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	430	0	12.00	
13.00	ADULTS & PEDIATRICS	30.00	5,368,572	0	13.00	
14.00	INTENSIVE CARE UNIT	31.00	2,086,025	0	14.00	
15.00	PEDIATRIC ICU	31.01	106,381	0	15.00	
16.00	NEONATAL ICU	31.02	481,186	0	16.00	
17.00	SUBPROVIDER - IPF	40.00	140,559	0	17.00	
18.00	SUBPROVIDER - IRF	41.00	564,326	0	18.00	
19.00	SKILLED NURSING FACILITY	44.00	36,455	0	19.00	
20.00	OPERATING ROOM	50.00	1,394,769	0	20.00	
21.00	PARKVIEW PREMIER SURGERY	50.01	172,083	0	21.00	
22.00	RECOVERY ROOM	51.00	348,558	0	22.00	
23.00	DELIVERY ROOM & LABOR ROOM	52.00	73,929	0	23.00	
24.00	RADIOLOGY-DIAGNOSTIC	54.00	1,191,336	0	24.00	
25.00	RADIOLOGY - NHMP	54.05	22,370	0	25.00	
26.00	RADIOLOGY - WP	54.07	784	0	26.00	
27.00	RADIOLOGY - PULM CLINIC	54.08	18,581	0	27.00	
28.00	RADIOLOGY-THERAPEUTIC	55.00	517,771	0	28.00	
29.00	RADIOISOTOPE	56.00	36,046	0	29.00	
30.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	85,525	0	30.00	
31.00	LABORATORY	60.00	1,830,825	0	31.00	
32.00	ANATOMICAL PATHOLOGY	60.01	74,156	0	32.00	
33.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	24	0	33.00	
34.00	RESPIRATORY THERAPY	65.00	711,051	0	34.00	
35.00	HYPERBARIC OXYGEN THERAPY	76.98	68,825	0	35.00	
36.00	DIALYSIS	65.02	4,755	0	36.00	
37.00	ENDOSCOPY	65.03	399,832	0	37.00	
38.00	PHYSICAL THERAPY	66.00	747,047	0	38.00	
39.00	NEURO REHAB	68.01	203,391	0	39.00	
40.00	ELECTROCARDIOLOGY	69.00	32,984	0	40.00	
41.00	ELECTROENCEPHALOGRAPHY	70.00	22,979	0	41.00	
42.00	NUTRITION SUPPORT	70.01	77,624	0	42.00	
43.00	CARDIAC CATH LAB	70.03	435,711	0	43.00	
44.00	CARDIAC REHA SERVICES	70.04	26,552	0	44.00	
45.00	CLINIC	90.00	110,841	0	45.00	
46.00	ANTI COAG CLINIC	90.01	81,729	0	46.00	
47.00	INFECTIOUS DISEASES	90.02	64,115	0	47.00	
48.00	EMERGENCY	91.00	1,356,224	0	48.00	
49.00	AMBULANCE SERVICES	95.00	169,563	0	49.00	
50.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	669	0	50.00	
51.00	OP CLINIC	194.03	23	0	51.00	
52.00	EDUCARE CTR	194.05	10,870	0	52.00	
53.00	STUCKY RESEARCH CTR	194.06	91,003	0	53.00	
54.00	FOUNDATION	194.08	15,734	0	54.00	
55.00	GUEST SERVICES	194.12	8,200	0	55.00	
56.00	SENIOR HEALTH SERVICES	194.14	12,987	0	56.00	
57.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	12,866	0	57.00	
58.00	MEDICAL OFFICE BUILDINGS	194.23	28,650	0	58.00	
59.00	OUTPATIENT PHARMACY	194.29	114,734	0	59.00	

RECLASSIFICATIONS

Provider CCN: 15-0021

Period:
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To 12/31/2019

Worksheet A-6
Date/Time Prepared:
8/24/2020 7:50 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
0			24,139,949	0	
AA - PTO RECLASS PVN					
1.00	PATIENT SERVICES	5.04	24,951	0	1.00
2.00	OTHER A&G	5.07	58,302	0	2.00
3.00	OPERATION OF PLANT	7.00	5,649	0	3.00
4.00	FACILITY ENGINEERING	7.01	19,713	0	4.00
5.00	HOUSEKEEPING	9.00	47,475	0	5.00
6.00	DIETARY	10.00	50,927	0	6.00
7.00	NURSING ADMINISTRATION	13.00	14,050	0	7.00
8.00	PHARMACY	15.00	113,879	0	8.00
9.00	I V SOLUTIONS	15.02	10,120	0	9.00
10.00	SOCIAL SERVICE	17.00	28,603	0	10.00
11.00	REHAB ADMIN	17.01	11,308	0	11.00
12.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	46	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	418,834	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	221,137	0	14.00
15.00	PEDIATRIC ICU	31.01	11,278	0	15.00
16.00	NEONATAL ICU	31.02	51,011	0	16.00
17.00	OPERATING ROOM	50.00	98,288	0	17.00
18.00	PARKVIEW PREMIER SURGERY	50.01	18,243	0	18.00
19.00	RECOVERY ROOM	51.00	36,951	0	19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	7,837	0	20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	95,022	0	21.00
22.00	RADIOLOGY - PULM CLINIC	54.08	1,970	0	22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	54,889	0	23.00
24.00	RADIOISOTOPE	56.00	2,945	0	24.00
25.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	6,339	0	25.00
26.00	LABORATORY	60.00	194,087	0	26.00
27.00	ANATOMICAL PATHOLOGY	60.01	7,861	0	27.00
28.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	3	0	28.00
29.00	RESPIRATORY THERAPY	65.00	51,570	0	29.00
30.00	HYPERBARIC OXYGEN THERAPY	76.98	2,748	0	30.00
31.00	DIALYSIS	65.02	504	0	31.00
32.00	ENDOSCOPY	65.03	38,045	0	32.00
33.00	PHYSICAL THERAPY	66.00	40,092	0	33.00
34.00	NEURO REHAB	68.01	8,742	0	34.00
35.00	ELECTROCARDIOLOGY	69.00	2,474	0	35.00
36.00	ELECTROENCEPHALOGRAPHY	70.00	2,436	0	36.00
37.00	NUTRITION SUPPORT	70.01	6,029	0	37.00
38.00	CARDIAC CATH LAB	70.03	46,166	0	38.00
39.00	CARDIAC REHA SERVICES	70.04	1,646	0	39.00
40.00	CLINIC	90.00	11,429	0	40.00
41.00	ANTI COAG CLINIC	90.01	4,599	0	41.00
42.00	INFECTIOUS DISEASES	90.02	3,588	0	42.00
43.00	EMERGENCY	91.00	89,068	0	43.00
44.00	AMBULANCE SERVICES	95.00	17,975	0	44.00
45.00	EDUCARE CTR	194.05	1,152	0	45.00
46.00	STUCKY RESEARCH CTR	194.06	44,886	0	46.00
47.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	15,049	0	47.00
48.00	MEDICAL OFFICE BUILDINGS	194.23	3,037	0	48.00
49.00	OUTPATIENT PHARMACY	194.29	9,726	0	49.00
0			2,012,679	0	
AB - PTO RECLASS PBH					
1.00	FACILITY ENGINEERING	7.01	645	0	1.00
2.00	HOUSEKEEPING	9.00	2,598	0	2.00
3.00	DIETARY	10.00	2,234	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	22,002	0	4.00
5.00	SUBPROVIDER - I PF	40.00	47,038	0	5.00
6.00	OCCUPATIONAL THERAPY	67.00	4,334	0	6.00
7.00	PARTIAL HOSPITALIZATION	91.01	2,758	0	7.00
0			81,609	0	
AC - PTO ACCRUAL RECLASS PBH					
1.00	FACILITY ENGINEERING	7.01	6,897	0	1.00
2.00	HOUSEKEEPING	9.00	27,769	0	2.00
3.00	DIETARY	10.00	23,882	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	235,208	0	4.00
5.00	SUBPROVIDER - I PF	40.00	503,401	0	5.00
6.00	OCCUPATIONAL THERAPY	67.00	46,333	0	6.00
7.00	PARTIAL HOSPITALIZATION	91.01	29,485	0	7.00
0			872,975	0	

RECLASSIFICATIONS

Provider CCN: 15-0021

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

Worksheet A-6

Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
AD - PTO RECLASS HOME HEALTH						
1.00	HOME HEALTH AGENCY	101.00	164,652	0	1.00	
	O		164,652	0		
AE - PTO ACCRUAL RECLASS HOME HEALTH						
1.00	HOME HEALTH AGENCY	101.00	1,663,698	0	1.00	
	O		1,663,698	0		
AF - PARAMEDICAL EDUCATION						
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	75,023	0	1.00	
2.00	PARAMED ED PHARMACY	23.02	708,432	21,915	2.00	
	O		783,455	21,915		
AG - DIABETES CLINIC RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	137,605	1.00	
	O		0	137,605		
AH - CORPORATE ALLOCATION RECLASS						
1.00	OTHER A&G	5.07	0	71,160,770	1.00	
	O		0	71,160,770		
AI - INTERNAL MEDICINE PHYSICIAN RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	468,982	1.00	
	O		0	468,982		
AK - TELEPHONE EXPENSE RECLASS						
1.00	COMMUNICATIONS	5.01	0	1,847,571	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
41.00		0.00	0	0	41.00	
42.00		0.00	0	0	42.00	
43.00		0.00	0	0	43.00	
44.00		0.00	0	0	44.00	
45.00		0.00	0	0	45.00	
46.00		0.00	0	0	46.00	
47.00		0.00	0	0	47.00	
48.00		0.00	0	0	48.00	
49.00		0.00	0	0	49.00	
50.00		0.00	0	0	50.00	
51.00		0.00	0	0	51.00	
	0		0	1,847,571		

RECLASSIFICATIONS

Provider CCN: 15-0021

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
AM - NEW LIFE CENTER NURSING ADMIN					
1.00	ADULTS & PEDIATRICS	30.00	420,935	9,752	1.00
2.00	NURSERY	43.00	297,027	6,881	2.00
	O		717,962	16,633	
AN - OCCUPATIONAL HEALTH					
1.00		0.00	0	0	1.00
	O		0	0	
AO - CONVERSION TABLE RECLASS					
1.00	RECOVERY ROOM	51.00	499,083	1,652,150	1.00
2.00	OUTPATIENT PHARMACY	194.29	908	5,533	2.00
3.00	OCCUPATIONAL THERAPY	67.00	2,741,470	61,603	3.00
4.00	SPEECH PATHOLOGY	68.00	1,045,455	23,492	4.00
5.00	ELECTROCARDIOLOGY	69.00	932,687	193,736	5.00
6.00	ELECTROENCEPHALOGRAPHY	70.00	398,071	82,687	6.00
7.00	RECOVERY ROOM	51.00	295,755	979,057	7.00
	O		5,913,429	2,998,258	
AP - NURSERY RECLASS NORTH					
1.00	NURSERY	43.00	2,190,072	515,685	1.00
	O		2,190,072	515,685	
AQ - NURSERY RECLASS PVHOS					
1.00	NURSERY	43.00	635,853	125,180	1.00
	O		635,853	125,180	
AR - BONUS SALARY RECLASS					
1.00	OTHER A&G	5.07	6,549,257	0	1.00
	O		6,549,257	0	
500.00	Grand Total : Increases		58,637,308	282,950,703	500.00

RECLASSIFICATIONS

Provider CCN: 15-0021

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - DIETARY PERSONNEL							
1.00	DIETARY	10.00	4,548,476	4,917,621	0		1.00
	O		4,548,476	4,917,621			
B - PHARMACY SALARIES AND SOLUTIONS							
1.00	PHARMACY	15.00	169,352	0	0		1.00
	O		169,352	0			
C - OTHER A&G							
1.00	EMERGENCY	91.00	155,612	0	0		1.00
	O		155,612	0			
D - BLOOD BANK							
1.00	LABORATORY	60.00	496,633	1,578,166	0		1.00
2.00		0.00	0	0	0		2.00
	O		496,633	1,578,166			
F - BLOOD BANK LAB ADMIN							
1.00	LABORATORY	60.00	120,466	16,965	0		1.00
2.00		0.00	0	0	0		2.00
	O		120,466	16,965			
I - EQUIPMENT DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	28,963,894	9		1.00
2.00	DIETARY	10.00	0	2,890	0		2.00
3.00		0.00	0	0	0		3.00
	O		0	28,966,784			
J - MED SURG/IV SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	69	0		1.00
2.00	PATIENT SERVICES	5.04	0	791	0		2.00
3.00	DIETARY	10.00	0	1,221	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	217	0		4.00
5.00	PHARMACY	15.00	0	1,979,978	0		5.00
6.00	IV SOLUTIONS	15.02	0	658,181	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	1,912,406	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	1,326,913	0		8.00
9.00	PEDIATRIC ICU	31.01	0	27,311	0		9.00
10.00	NEONATAL ICU	31.02	0	152,276	0		10.00
11.00	SUBPROVIDER - IPF	40.00	0	10,061	0		11.00
12.00	SUBPROVIDER - IRF	41.00	0	98,521	0		12.00
13.00	SKILLED NURSING FACILITY	44.00	0	5,996	0		13.00
14.00	OPERATING ROOM	50.00	0	39,539,397	0		14.00
15.00	PARKVIEW PREMIER SURGERY	50.01	0	3,529,959	0		15.00
16.00	RECOVERY ROOM	51.00	0	117,139	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,749,246	0		17.00
18.00	RADIOLOGY - PULM CLINIC	54.08	0	1,576	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	57,373	0		19.00
20.00	RADIOISOTOPE	56.00	0	155,764	0		20.00
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	34,313	0		21.00
22.00	LABORATORY	60.00	0	6,056	0		22.00
23.00	ANATOMICAL PATHOLOGY	60.01	0	8,193	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	907,523	0		24.00
25.00	DIALYSIS	65.02	0	9,811	0		25.00
26.00	ENDOSCOPY	65.03	0	4,796,679	0		26.00
27.00	PHYSICAL THERAPY	66.00	0	38,501	0		27.00
28.00	NEURO REHAB	68.01	0	20,325	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	349	0		29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,608	0		30.00
31.00	CARDIAC CATH LAB	70.03	0	21,710,085	0		31.00
32.00	HYPERBARIC OXYGEN THERAPY	76.98	0	342,478	0		32.00
33.00	CLINIC	90.00	0	4,122	0		33.00
34.00	INFECTIOUS DISEASES	90.02	0	383	0		34.00
35.00	EMERGENCY	91.00	0	704,271	0		35.00
36.00	AMBULANCE SERVICES	95.00	0	4,811	0		36.00
37.00	HOME HEALTH AGENCY	101.00	0	439,025	0		37.00
38.00	STUCKY RESEARCH CTR	194.06	0	274	0		38.00
39.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	0	92	0		39.00
40.00	RWJ FOUNDATION	194.28	0	1,286	0		40.00
41.00	OUTPATIENT PHARMACY	194.29	0	997	0		41.00
	O		0	84,360,577			
K - OPERATION OF PLANT							
1.00	EDUCARE CTR	194.05	0	34,782	0		1.00
	O		0	34,782			
L - IV SALARIES							
1.00	IV SOLUTIONS	15.02	782,900	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00

RECLASSIFICATIONS

Provider CCN: 15-0021

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

Worksheet A-6

Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
			782,900	0			
M - COST OF DRUGS SOLD							
1.00	PHARMACY	15.00	0	74,681,217	0		1.00
			0	74,681,217			
N - PBH ADMIN COSTS							
1.00	SUBPROVIDER - IPF	40.00	412,576	303,049	0		1.00
			412,576	303,049			
O - FITNESS CENTER							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	183,905	21,514	0		1.00
			183,905	21,514			
S - CAPITAL INSURANCE							
1.00	OTHER A&G	5.07	0	814,937	9		1.00
2.00		0.00	0	0	9		2.00
			0	814,937			
T - HOSPICE RECLASS							
1.00	HOME HEALTH AGENCY	101.00	4,912,077	4,134,640	0		1.00
			4,912,077	4,134,640			
U - ALLOC A&G OVERHEAD TO HHA & HOSPICE							
1.00	HOME HEALTH AGENCY	101.00	591,891	998,707	0		1.00
			591,891	998,707			
W - RECLASS PTO DOLLARS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	537,830	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
			537,830	0			
Y - EMPLOYEE BENEFIT RECLASS							
1.00	OTHER A&G	5.07	0	2,401	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	3,437	0		2.00
3.00	CLINIC	90.00	0	175,389	0		3.00
4.00	HOME HEALTH AGENCY	101.00	0	4,575,943	0		4.00

RECLASSIFICATIONS

Provider CCN: 15-0021

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

Worksheet A-6

Date/Time Prepared:
8/24/2020 7:50 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
5.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,357	0	5.00	
6.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	0	69,618	0	6.00	
0		0	0	4,829,145			
Z - PTO ACCRUAL RECLASS PVHOS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	24,139,949	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
11.00		0.00	0	0	0	11.00	
12.00		0.00	0	0	0	12.00	
13.00		0.00	0	0	0	13.00	
14.00		0.00	0	0	0	14.00	
15.00		0.00	0	0	0	15.00	
16.00		0.00	0	0	0	16.00	
17.00		0.00	0	0	0	17.00	
18.00		0.00	0	0	0	18.00	
19.00		0.00	0	0	0	19.00	
20.00		0.00	0	0	0	20.00	
21.00		0.00	0	0	0	21.00	
22.00		0.00	0	0	0	22.00	
23.00		0.00	0	0	0	23.00	
24.00		0.00	0	0	0	24.00	
25.00		0.00	0	0	0	25.00	
26.00		0.00	0	0	0	26.00	
27.00		0.00	0	0	0	27.00	
28.00		0.00	0	0	0	28.00	
29.00		0.00	0	0	0	29.00	
30.00		0.00	0	0	0	30.00	
31.00		0.00	0	0	0	31.00	
32.00		0.00	0	0	0	32.00	
33.00		0.00	0	0	0	33.00	
34.00		0.00	0	0	0	34.00	
35.00		0.00	0	0	0	35.00	
36.00		0.00	0	0	0	36.00	
37.00		0.00	0	0	0	37.00	
38.00		0.00	0	0	0	38.00	
39.00		0.00	0	0	0	39.00	
40.00		0.00	0	0	0	40.00	
41.00		0.00	0	0	0	41.00	
42.00		0.00	0	0	0	42.00	
43.00		0.00	0	0	0	43.00	
44.00		0.00	0	0	0	44.00	
45.00		0.00	0	0	0	45.00	
46.00		0.00	0	0	0	46.00	
47.00		0.00	0	0	0	47.00	
48.00		0.00	0	0	0	48.00	
49.00		0.00	0	0	0	49.00	
50.00		0.00	0	0	0	50.00	
51.00		0.00	0	0	0	51.00	
52.00		0.00	0	0	0	52.00	
53.00		0.00	0	0	0	53.00	
54.00		0.00	0	0	0	54.00	
55.00		0.00	0	0	0	55.00	
56.00		0.00	0	0	0	56.00	
57.00		0.00	0	0	0	57.00	
58.00		0.00	0	0	0	58.00	
59.00		0.00	0	0	0	59.00	
0		0	24,139,949	0	0		
AA - PTO RECLASS PVN							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,012,627	0	0	1.00	
2.00	FOUNDATION	194.08	52	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	

RECLASSIFICATIONS

Provider CCN: 15-0021

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

Worksheet A-6

Date/Time Prepared:
8/24/2020 7:50 am

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
	6.00	7.00	8.00	9.00	10.00			
8.00		0.00	0	0	0	0		8.00
9.00		0.00	0	0	0	0		9.00
10.00		0.00	0	0	0	0		10.00
11.00		0.00	0	0	0	0		11.00
12.00		0.00	0	0	0	0		12.00
13.00		0.00	0	0	0	0		13.00
14.00		0.00	0	0	0	0		14.00
15.00		0.00	0	0	0	0		15.00
16.00		0.00	0	0	0	0		16.00
17.00		0.00	0	0	0	0		17.00
18.00		0.00	0	0	0	0		18.00
19.00		0.00	0	0	0	0		19.00
20.00		0.00	0	0	0	0		20.00
21.00		0.00	0	0	0	0		21.00
22.00		0.00	0	0	0	0		22.00
23.00		0.00	0	0	0	0		23.00
24.00		0.00	0	0	0	0		24.00
25.00		0.00	0	0	0	0		25.00
26.00		0.00	0	0	0	0		26.00
27.00		0.00	0	0	0	0		27.00
28.00		0.00	0	0	0	0		28.00
29.00		0.00	0	0	0	0		29.00
30.00		0.00	0	0	0	0		30.00
31.00		0.00	0	0	0	0		31.00
32.00		0.00	0	0	0	0		32.00
33.00		0.00	0	0	0	0		33.00
34.00		0.00	0	0	0	0		34.00
35.00		0.00	0	0	0	0		35.00
36.00		0.00	0	0	0	0		36.00
37.00		0.00	0	0	0	0		37.00
38.00		0.00	0	0	0	0		38.00
39.00		0.00	0	0	0	0		39.00
40.00		0.00	0	0	0	0		40.00
41.00		0.00	0	0	0	0		41.00
42.00		0.00	0	0	0	0		42.00
43.00		0.00	0	0	0	0		43.00
44.00		0.00	0	0	0	0		44.00
45.00		0.00	0	0	0	0		45.00
46.00		0.00	0	0	0	0		46.00
47.00		0.00	0	0	0	0		47.00
48.00		0.00	0	0	0	0		48.00
49.00		0.00	0	0	0	0		49.00
0			2,012,679		0			
AB - PTO RECLASS PBH								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	81,609	0	0	0		1.00
2.00		0.00	0	0	0	0		2.00
3.00		0.00	0	0	0	0		3.00
4.00		0.00	0	0	0	0		4.00
5.00		0.00	0	0	0	0		5.00
6.00		0.00	0	0	0	0		6.00
7.00		0.00	0	0	0	0		7.00
0			81,609		0			
AC - PTO ACCRUAL RECLASS PBH								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	872,975	0	0	0		1.00
2.00		0.00	0	0	0	0		2.00
3.00		0.00	0	0	0	0		3.00
4.00		0.00	0	0	0	0		4.00
5.00		0.00	0	0	0	0		5.00
6.00		0.00	0	0	0	0		6.00
7.00		0.00	0	0	0	0		7.00
0			872,975		0			
AD - PTO RECLASS HOME HEALTH								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	164,652	0	0	0		1.00
0			164,652		0			
AE - PTO ACCRUAL RECLASS HOME HEALTH								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,663,698	0	0	0		1.00
0			1,663,698		0			
AF - PARAMEDICAL EDUCATION								
1.00	LABORATORY	60.00	75,023	0	0	0		1.00
2.00	PHARMACY	15.00	708,432	21,915	0	0		2.00
0			783,455	21,915				

RECLASSIFICATIONS

Provider CCN: 15-0021

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

Worksheet A-6

Date/Time Prepared:
8/24/2020 7:50 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
AG - DIABETES CLINIC RECLASS						
1.00	CLINIC	90.00	0	137,605	0	1.00
	O		0	137,605		
AH - CORPORATE ALLOCATION RECLASS						
1.00	OTHER A&G	5.07	71,160,770	0	0	1.00
	O		71,160,770	0		
AI - INTERNAL MEDICINE PHYSICIAN RECLASS						
1.00	OTHER A&G	5.07	0	468,982	0	1.00
	O		0	468,982		
AK - TELEPHONE EXPENSE RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12,617	0	1.00
2.00	PATIENT SERVICES	5.04	0	1,066	0	2.00
3.00	OTHER A&G	5.07	0	1,417,899	0	3.00
4.00	OPERATION OF PLANT	7.00	0	1,219	0	4.00
5.00	FACILITY ENGINEERING	7.01	0	4,474	0	5.00
6.00	HOUSEKEEPING	9.00	0	5,225	0	6.00
7.00	DIETARY	10.00	0	9,707	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	781	0	8.00
9.00	PHARMACY	15.00	0	2,083	0	9.00
10.00	IV SOLUTIONS	15.02	0	184	0	10.00
11.00	SOCIAL SERVICE	17.00	0	932	0	11.00
12.00	REHAB ADMIN	17.01	0	284	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	7,013	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	0	1,363	0	14.00
15.00	PEDIATRIC ICU	31.01	0	106	0	15.00
16.00	NEONATAL ICU	31.02	0	223	0	16.00
17.00	SUBPROVIDER - IRF	41.00	0	386	0	17.00
18.00	SUBPROVIDER - IPF	40.00	0	62,464	0	18.00
19.00	SKILLED NURSING FACILITY	44.00	0	373	0	19.00
20.00	OPERATING ROOM	50.00	0	8,740	0	20.00
21.00	RECOVERY ROOM	51.00	0	18,133	0	21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	106	0	22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,498	0	23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	3,378	0	24.00
25.00	RADIOISOTOPE	56.00	0	288	0	25.00
26.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	80	0	26.00
27.00	LABORATORY	60.00	0	2,788	0	27.00
28.00	ANATOMICAL PATHOLOGY	60.01	0	106	0	28.00
29.00	RESPIRATORY THERAPY	65.00	0	2,463	0	29.00
30.00	HYPERBARIC OXYGEN THERAPY	76.98	0	546	0	30.00
31.00	DIALYSIS	65.02	0	211	0	31.00
32.00	ENDOSCOPY	65.03	0	4,255	0	32.00
33.00	PHYSICAL THERAPY	66.00	0	1,845	0	33.00
34.00	OCCUPATIONAL THERAPY	67.00	0	205	0	34.00
35.00	NEURO REHAB	68.01	0	60	0	35.00
36.00	ELECTROCARDIOLOGY	69.00	0	295	0	36.00
37.00	ELECTROENCEPHALOGRAPHY	70.00	0	479	0	37.00
38.00	NUTRITION SUPPORT	70.01	0	2,392	0	38.00
39.00	CARDIAC CATH LAB	70.03	0	8,581	0	39.00
40.00	CARDIAC REHA SERVICES	70.04	0	65	0	40.00
41.00	CLINIC	90.00	0	261	0	41.00
42.00	EMERGENCY	91.00	0	9,741	0	42.00
43.00	INFECTIOUS DISEASES	90.02	0	393	0	43.00
44.00	AMBULANCE SERVICES	95.00	0	1,970	0	44.00
45.00	HOME HEALTH AGENCY	101.00	0	232,083	0	45.00
46.00	OP CLINIC	194.03	0	667	0	46.00
47.00	EDUCARE CTR	194.05	0	65	0	47.00
48.00	STUCKY RESEARCH CTR	194.06	0	1,993	0	48.00
49.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	0	11,750	0	49.00
50.00	BREAST DIAGNOSTIC CTR	194.18	0	589	0	50.00
51.00	OUTPATIENT PHARMACY	194.29	0	146	0	51.00
	O		0	1,847,571		
AM - NEW LIFE CENTER NURSING ADMIN						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	717,962	16,633	0	1.00
2.00		0.00	0	0	0	2.00
	O		717,962	16,633		
AN - OCCUPATIONAL HEALTH						
1.00		0.00	0	0	0	1.00
	O		0	0		

RECLASSIFICATIONS

Provider CCN: 15-0021

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

Worksheet A-6

Date/Time Prepared:
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		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	AO - CONVERSION TABLE RECLASS							
1.00	OPERATING ROOM	50.00	499,083	1,652,150	0		1.00	
2.00	PHARMACY	15.00	908	5,533	0		2.00	
3.00	PHYSICAL THERAPY	66.00	2,741,470	61,603	0		3.00	
4.00	PHYSICAL THERAPY	66.00	1,045,455	23,492	0		4.00	
5.00	RESPIRATORY THERAPY	65.00	932,687	193,736	0		5.00	
6.00	RESPIRATORY THERAPY	65.00	398,071	82,687	0		6.00	
7.00	OPERATING ROOM	50.00	295,755	979,057	0		7.00	
	O		5,913,429	2,998,258				
	AP - NURSERY RECLASS NORTH							
1.00	ADULTS & PEDIATRICS	30.00	2,190,072	515,685	0		1.00	
	O		2,190,072	515,685				
	AQ - NURSERY RECLASS PVHOS							
1.00	ADULTS & PEDIATRICS	30.00	635,853	125,180	0		1.00	
	O		635,853	125,180				
	AR - BONUS SALARY RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	6,549,257	0	0		1.00	
	O		6,549,257	0				
500.00	Grand Total: Decreases		129,798,078	211,789,933			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0021

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

Worksheet A-7
Part I
Date/Time Prepared:
8/24/2020 7:50 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	3.00	4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,770,319	0	0	0	185,500	1.00
2.00	Land Improvements	70,100,225	1,089,491	0	1,089,491	9,694	2.00
3.00	Buildings and Fixtures	843,828,117	17,023,360	0	17,023,360	6,864,979	3.00
4.00	Building Improvements	12,308,514	254,151	0	254,151	0	4.00
5.00	Fixed Equipment	19,429,285	747,052	0	747,052	79,029	5.00
6.00	Movable Equipment	224,358,140	20,104,762	0	20,104,762	9,892,451	6.00
7.00	HIT designated Assets	39,015,399	2,475,543	0	2,475,543	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,215,809,999	41,694,359	0	41,694,359	17,031,653	8.00
9.00	Reconciling Items	25,279,541	2,475,543	0	2,475,543	6,345,956	9.00
10.00	Total (line 8 minus line 9)	1,190,530,458	39,218,816	0	39,218,816	10,685,697	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,584,819	0				1.00
2.00	Land Improvements	71,180,022	7,116,336				2.00
3.00	Buildings and Fixtures	853,986,498	106,738,172				3.00
4.00	Building Improvements	12,562,665	1,009,741				4.00
5.00	Fixed Equipment	20,097,308	1,088,880				5.00
6.00	Movable Equipment	234,570,451	116,080,891				6.00
7.00	HIT designated Assets	41,490,942	0				7.00
8.00	Subtotal (sum of lines 1-7)	1,240,472,705	232,034,020				8.00
9.00	Reconciling Items	21,409,128	0				9.00
10.00	Total (line 8 minus line 9)	1,219,063,577	232,034,020				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0021

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

Worksheet A-7
Part II
Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	55,042,117	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	55,042,117	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	55,042,117				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	55,042,117				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0021

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

Worksheet A-7
Part III
Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	964,411,312	0	964,411,312	0.812198	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	234,570,451	11,571,959	222,998,492	0.187802	0	2.00
3.00	Total (sum of lines 1-2)	1,198,981,763	11,571,959	1,187,409,804	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	CAP REL COSTS-BLDG & FIXT	0	0	0	24,117,421	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	29,205,802	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	53,323,223	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	24,117,421	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	29,205,802	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	53,323,223	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0021

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

Worksheet A-8

Date/Time Prepared:
8/24/2020 7:50 am

Line #	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.	Ref.
				Cost Center	Line #		
				1.00	2.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-3,493,188	CAP REL COSTS-BLDG & FIXT	1.00		1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00		2.00
3.00	Investment income - other (chapter 2)		0		0.00		3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00		4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00		5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00		6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-258,247	COMMUNICATIONS	5.01		7.00
8.00	Television and radio service (chapter 21)	A	-5,178	OPERATION OF PLANT	7.00		8.00
9.00	Parking lot (chapter 21)		0		0.00		9.00
10.00	Provider-based physician adjustment	A-8-2	-2,943,195				10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00		11.00
12.00	Related organization transactions (chapter 10)	A-8-1	25,365,872				12.00
13.00	Laundry and linen service		0		0.00		13.00
14.00	Cafeteria-employees and guests	A	-1,142,011	DIETARY	10.00		14.00
15.00	Rental of quarters to employee and others		0		0.00		15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00		16.00
17.00	Sale of drugs to other than patients	B	-2,448,937	OUTPATIENT PHARMACY	194.29		17.00
18.00	Sale of medical records and abstracts		0		0.00		18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00		19.00
20.00	Vending machines		0		0.00		20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00		26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00		27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00		29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00		32.00
33.00	HAF TAX EXPENSE	A	-35,123,505	OTHER A&G	5.07		33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0021

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

Worksheet A-8

Date/Time Prepared:
8/24/2020 7:50 am

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
37.00 EKG NONPATIENT EXPENSE	A	-34,309	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	0	37.00
37.04 FITNESS CENTER EMPLOYEE REVENUE	B	-114,673	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	37.04
37.05 HEALTH FITNESS EMPLOYEE DUES	B	-5,322	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	37.05
37.06 NONALLOWABLE LOBBYING FEES	A	-43,231	OTHER A&G		5.07	0	37.06
37.09 CAPITAL COST NEW B&F	A	4,375,587	CAP REL COSTS-BLDG & FIXT		1.00	9	37.09
37.10 CAPITAL COST NEW M&E	A	27,035	CAP REL COSTS-MVBLE EQUIP		2.00	9	37.10
38.00 TELEMETRY	A	-168,504	ADULTS & PEDIATRICS		30.00	0	38.00
38.06 SELF FUNDED INSURANCE ADJUSTMEN	A	-67,304,368	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	38.06
38.36 CAPITAL COSTS NEW M&E	A	-158,531	CAP REL COSTS-BLDG & FIXT		1.00	9	38.36
38.38 CAPITAL COSTS NEW M&E	A	3,967	CAP REL COSTS-BLDG & FIXT		1.00	9	38.38
39.02 LIQUOR EXPENSE	A	-9,898	OTHER A&G		5.07	0	39.02
39.03 LIQUOR EXPENSE	A	-21	DIETARY		10.00	0	39.03
39.07 TELEPHONE OFFSET	A		CAP REL COSTS-BLDG & FIXT		1.00	9	39.07
39.08 TELEPHONE OFFSET	A		CAP REL COSTS-MVBLE EQUIP		2.00	9	39.08
39.09 CAFETERIA EMPLOYEE ADJUSTMENT	B	-4,404,662	DIETARY		10.00	0	39.09
40.02 OFFSET LAB SERVICES BILLED	B	-2,574,491	LABORATORY		60.00	0	40.02
40.03 OFFSET LAB SERVICES BILLED	B	-2,131,583	LABORATORY		60.00	0	40.03
40.04 OFFSET LAB SERVICES BILLED	B	-2,371,044	LABORATORY		60.00	0	40.04
40.05 MISC OPERATING INCOME	B	-7,570	OTHER A&G		5.07	0	40.05
40.06 LAB SERVICES BILLED	B	-4,119,008	LABORATORY		60.00	0	40.06
40.07 MISC OPERATING REVENUE	B	-28,189	ADULTS & PEDIATRICS		30.00	0	40.07
40.08 OFFSET OTHER OPERATING REVENUE	B	-787,468	PHARMACY		15.00	0	40.08
40.09 OFFSET OTHER OPERATING REVENUE	B	-153,715	PHARMACY		15.00	0	40.09
40.10 OFFSET OTHER OPERATING REVENUE	B	-682,185	CLINIC		90.00	0	40.10
40.11 OFFSET LAB SERVICES BILLED NORTH HOS	B	-2,991,579	LABORATORY		60.00	0	40.11
40.12 OFFSET LAB SERVICES BILLED NORTH HOS	B	-16,069	CARDIAC CATH LAB		70.03	0	40.12
40.13 OFFSET LAB SERVICES BILLED AVIL	B	-211,288	LABORATORY		60.00	0	40.13
40.14 OFFSET LAB SERVICES BILLED LAGR	B	-1,210,816	LABORATORY		60.00	0	40.14
40.15 OFFSET OTHER OPERATING REVENUE	B	-219,356	SUBPROVIDER - IPF		40.00	0	40.15
40.16 OFFSET OTHER OPERATING REVENUE	B	-14,400	NEURO REHAB		68.01	0	40.16
40.18 OFFSET OTHER OPERATING REVENUE	B		PARTIAL HOSPITALIZATION		91.01	0	40.18
40.19 OFFSET OTHER OPERATING REVENUE	B		ADULTS & PEDIATRICS		30.00	0	40.19
40.20 REAL ESTATE INCOME	B	-3,043,001	CAP REL COSTS-BLDG & FIXT		1.00	9	40.20
40.21 OFFSET OTHER OPERATING REVENUE	B	-400	FACILITY ENGINEERING		7.01	0	40.21
40.22 REAL ESTATE INCOME	B	-335,984	OTHER A&G		5.07	0	40.22
40.23 RETAIL TANGIBLE	B	-55,701	RADIOLOGY-THERAPEUTIC		55.00	0	40.23
40.24 OFFSET OTHER OPERATING REVENUE	B	-3,589	CARDIAC REHA SERVICES		70.04	0	40.24
40.25 OFFSET OTHER OPERATING REVENUE	B	-37	RADIOLOGY-THERAPEUTIC		55.00	0	40.25
40.26 RETAIL TANGIBLE	B	-501	ADULTS & PEDIATRICS		30.00	0	40.26
40.27 RETAIL TANGIBLE	B	-144	NEONATAL ICU		31.02	0	40.27
40.28 RETAIL TANGIBLE	B	-18,951	RADIOLOGY-THERAPEUTIC		55.00	0	40.28
41.00 FOOD INTERNAL TAXIBLE	B	-23	DIETARY		10.00	0	41.00
41.07 VENDING MACHINES	A	-6,980	OPERATION OF PLANT		7.00	0	41.07
41.08 VENDING MACHINES	A	-14,515	CAP REL COSTS-BLDG & FIXT		1.00	9	41.08
41.09 VENDING MACHINES	A	-184	OTHER A&G		5.07	0	41.09
41.10 VENDING MACHINES	A	-346	OTHER A&G		5.07	0	41.10
42.00 INERUNIT RENT INCOME OFFSET	B	-1,772	RADIOLOGY - PULM CLINIC		54.08	0	42.00
43.00 RENTAL PROPERTY ADJUSTMENT	A	-5,628	OTHER A&G		5.07	0	43.00
44.00 FILM DUPLICATION	B	-3	RADIOLOGY-DIAGNOSTIC		54.00	0	44.00
44.01 REMOVE PMG LOSSES ALLOCATED TO PARKV	A	-7	MEDICAL OFFICE BUILDINGS		194.23	0	44.01
44.02 REMOVE PMG LOSSES ALLOCATED TO PARKV	A		RECOVERY ROOM		51.00	0	44.02
44.03 REMOVE PMG LOSSES ALLOCATED TO PARKV	A		PARKVIEW PREMIER SURGERY		50.01	0	44.03
45.00 OFFSET OTHER OPERATING REVENUE	B	-4,397	PARKVIEW PREMIER SURGERY		50.01	0	45.00
46.01 INTEREST EXPENSE	A	-12,618	MED SURG SUPPLY		15.03	0	46.01
47.00 HHA PHYSICIAN OFFSET	A	-17,632	HOME HEALTH AGENCY		101.00	0	47.00
47.01 MEDICAL PARK 11	A	-676,334	MEDICAL OFFICE BUILDINGS		194.23	0	47.01
47.03 HOPD LIBERTY MILLS	A	-125,866	LABORATORY		60.00	0	47.03
47.04 HOPD LIBERTY MILLS	A	-125,866	RADIOLOGY-DIAGNOSTIC		54.00	0	47.04
48.04 OFFSET PULM REHAB REVENUE	B	-16,175	RESPIRATORY THERAPY		65.00	0	48.04

Line #	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
48.15	OFFSET PARK CENTER REVENUE	B		0	SUBPROVIDER - IPF	40.00	0	48.15
49.07	GROSS UP BREAST DIAGNOSTIC EXP	A	-23,249		BREAST DIAGNOSTIC CTR	194.18	0	49.07
49.17	INDIANA SALES TAX DISCOUNT	B	-301,818		OTHER A&G	5.07	0	49.17
49.18	INDIANA SALES TAX DISCOUNT	B	-12,105		EMERGENCY	91.00	0	49.18
49.19	INTERUNIT RENT EXPENSE	A	-159,759		STUCKY RESEARCH CTR	194.06	0	49.19
49.20	INTERUNIT RENT EXPENSE	A	-37,853		RADIOLOGY - NHMP	54.05	0	49.20
49.21	INTERUNIT RENT EXPENSE	A	-262,627		RADIOLOGY-DIAGNOSTIC	54.00	0	49.21
49.22	INTERUNIT RENT EXPENSE	A	-699,274		PARKVIEW PREMIER SURGERY	50.01	0	49.22
49.23	INTERUNIT RENT EXPENSE	A	-325,722		ADULTS & PEDIATRICS	30.00	0	49.23
49.24	INTERUNIT RENT EXPENSE	A	-526,927		OTHER A&G	5.07	0	49.24
49.25	INTERUNIT RENT EXPENSE	A	-93,718		EMERGENCY	91.00	0	49.25
49.26	INTERUNIT RENT EXPENSE	A			RADIOLOGY-THERAPEUTIC	55.00	0	49.26
49.27	INTERUNIT RENT EXPENSE	A	-56,831		RADIOLOGY - PULM CLINIC	54.08	0	49.27
49.28	INTERUNIT RENT EXPENSE	A	-153,144		LABORATORY	60.00	0	49.28
49.29	INTERUNIT RENT EXPENSE	A	-11,163		ANATOMICAL PATHOLOGY	60.01	0	49.29
49.30	INTERUNIT RENT EXPENSE	A	-462,727		ENDOSCOPY	65.03	0	49.30
49.31	INTERUNIT RENT EXPENSE	A	-207,248		PHYSICAL THERAPY	66.00	0	49.31
49.32	INTERUNIT RENT EXPENSE	A	-100,246		INFECTIOUS DISEASES	90.02	0	49.32
49.33	INTERUNIT RENT EXPENSE	A	-181,766		NEURO REHAB	68.01	0	49.33
49.34	COMMUNITY BENEFIT	A	-3,000		NON ALLOWABLE	194.00	0	49.34
49.35	OFFSET DIABETES OTHER REVENUE	B	-120,437		OUTPATIENT PHARMACY	194.29	0	49.35
49.36	OFFSET ONCOLOGY RENT INCOME	B	229		RADIOLOGY-THERAPEUTIC	55.00	0	49.36
49.38	INTERUNIT RENT EXPENSE	A	-68,878		SCHOOL NURSE/COMMUNITY OUTREACH	194.15	0	49.38
49.43	INTERUNIT RENT EXPENSE	A	-153,936		MEDICAL OFFICE BUILDINGS	194.23	0	49.43
49.44	INTERUNIT RENT EXPENSE	A	-10,927		CAP REL COSTS-BLDG & FIXT	1.00	9	49.44
49.45	INTERUNIT RENT EXPENSE	A	-1,772		CLINIC	90.00	0	49.45
49.46	INTERUNIT RENT EXPENSE	A	-418,303		HOME HEALTH AGENCY	101.00	0	49.46
49.49	REMOVE PMG SUBSIDY	A	-12		NURSING ADMINISTRATION	13.00	0	49.49
49.50	REMOVE PMG SUBSIDY	A	-9		PEDIATRIC ICU	31.01	0	49.50
49.51	REMOVE PMG SUBSIDY	A	-5		SUBPROVIDER - IRF	41.00	0	49.51
49.52	REMOVE PMG SUBSIDY	A	-59		SKILLED NURSING FACILITY	44.00	0	49.52
49.53	REMOVE PMG SUBSIDY	A	-114		INFECTIOUS DISEASES	90.02	0	49.53
49.54	REMOVE PMG SUBSIDY	A	-174		OUTPATIENT PHARMACY	194.29	0	49.54
49.56	ONCOLOGY OTHER REVENUE	B			RADIOLOGY-THERAPEUTIC	55.00	0	49.56
49.63	A&G OTHER REVENUE	B	-64,150		OTHER A&G	5.07	0	49.63
49.69	ADMINISTRATION PHYSICIAN ADD BACK	A	2,496,703		OTHER A&G	5.07	0	49.69
49.71	REMOVE PPG SUBSIDY	A	-196,771,165		OTHER A&G	5.07	0	49.71
49.72	REMOVE PPG SUBSIDY	A	-219		DIETARY	10.00	0	49.72
49.73	REMOVE PPG SUBSIDY	A	-257		PHARMACY	15.00	0	49.73
49.74	REMOVE PPG SUBSIDY	A	-7		IV SOLUTIONS	15.02	0	49.74
49.75	REMOVE PPG SUBSIDY	A	-313		REHAB ADMIN	17.01	0	49.75
49.76	REMOVE PPG SUBSIDY	A	214,026		ADULTS & PEDIATRICS	30.00	0	49.76
49.77	REMOVE PPG SUBSIDY	A	-74		INTENSIVE CARE UNIT	31.00	0	49.77
49.78	REMOVE PPG SUBSIDY	A	-71		NEONATAL ICU	31.02	0	49.78
49.79	REMOVE PPG SUBSIDY	A	-147,603		SUBPROVIDER - IPF	40.00	0	49.79
49.80	REMOVE PPG SUBSIDY	A	-926		OPERATING ROOM	50.00	0	49.80
49.81	REMOVE PPG SUBSIDY	A	-4,524		PARKVIEW PREMIER SURGERY	50.01	0	49.81
49.82	REMOVE PPG SUBSIDY	A	-63		RECOVERY ROOM	51.00	0	49.82
49.83	REMOVE PPG SUBSIDY	A	-376		RADIOLOGY-DIAGNOSTIC	54.00	0	49.83
49.84	REMOVE PPG SUBSIDY	A	-480		RADIOLOGY - PULM CLINIC	54.08	0	49.84
49.85	REMOVE PPG SUBSIDY	A	-11,241		RADIOLOGY-THERAPEUTIC	55.00	0	49.85
49.86	REMOVE PPG SUBSIDY	A	-10,235		LABORATORY	60.00	0	49.86
49.87	REMOVE PPG SUBSIDY	A	-88		WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	49.87
49.88	REMOVE PPG SUBSIDY	A	-424		RESPIRATORY THERAPY	65.00	0	49.88
49.89	REMOVE PPG SUBSIDY	A	-2,177		ENDOSCOPY	65.03	0	49.89
49.90	REMOVE PPG SUBSIDY	A	61,257		OCCUPATIONAL THERAPY	67.00	0	49.90
49.91	REMOVE PPG SUBSIDY	A			ELECTROCARDIOLOGY	69.00	0	49.91
49.92	REMOVE PPG SUBSIDY	A	-244		ELECTROENCEPHALOGRAPHY	70.00	0	49.92
49.93	REMOVE PPG SUBSIDY	A	-267		CLINIC	90.00	0	49.93
49.94	REMOVE PPG SUBSIDY	A	-221,819		EMERGENCY	91.00	0	49.94
49.95	REMOVE PPG SUBSIDY	A	-212,380		AMBULANCE SERVICES	95.00	0	49.95
49.96	REMOVE PPG SUBSIDY	A	-8,393		HOME HEALTH AGENCY	101.00	0	49.96
49.97	REMOVE PPG SUBSIDY	A	-3,835		STUCKY RESEARCH CTR	194.06	0	49.97
49.98	REMOVE PPG SUBSIDY	A	-139		SCHOOL NURSE/COMMUNITY OUTREACH	194.15	0	49.98
49.99	REMOVE PPG SUBSIDY	A	0			0.00	0	49.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0021

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

Worksheet A-8

Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
	1.00	2.00	3.00	4.00	5.00	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-308,953,792				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 15-0021

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

Worksheet A-8-1

Date/Time Prepared: 8/24/2020 7:50 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COST REPORT	0	193,445
2.00	0.00		HOME OFFICE COST REPORT	0	0
3.00	8.00	LAUNDRY & LINEN SERVICE	PURCHASED SERVICES	3,602,076	2,828,802
4.00	5.07	OTHER A&G	HOME OFFICE COST REPORT	191,238,610	165,556,680
4.04	4.00	EMPLOYEE BENEFITS DEPARTMENT	MANAGED CARE SERVICES	5,206,332	5,077,562
4.06	0.00		O	0	0
4.07	8.00	LAUNDRY & LINEN SERVICE	CARRY FORWARD	123,882	0
4.09	194.23	MEDICAL OFFICE BUILDINGS	HOME OFFICE COST REPORT	0	28,715
4.11	7.01	FACILITY ENGINEERING	HOME OFFICE COST REPORT	0	1,119,824
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			200,170,900	174,805,028

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

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

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

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

6.00	C		0.00	HOSPITAL LAUNDR	33.00	6.00
7.00	B		0.00	PV HEALTH SYSTEM	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 15-0021

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

Worksheet A-8-1

Date/Time Prepared:
8/24/2020 7:50 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-193,445	9		1.00
2.00	0	0		2.00
3.00	773,274	0		3.00
4.00	25,681,930	0		4.00
4.04	128,770	0		4.04
4.06	0	0		4.06
4.07	123,882	0		4.07
4.09	-28,715	0		4.09
4.11	-1,119,824	0		4.11
5.00	25,365,872			5.00

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

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

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

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

6.00	LAUNDRY		6.00
7.00	HOME OFFICE		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0021

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

Worksheet A-8-2

Date/Time Prepared:
8/24/2020 7:50 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.07	DR. A	249,430	0	249,430	179,000	1,248	1.00
2.00	5.07	DR. B	222,788	0	222,788	179,000	813	2.00
3.00	5.07	DR. C	426,332	0	426,332	179,000	1,027	3.00
4.00	5.07	DR. D	207,310	0	207,310	179,000	821	4.00
5.00	5.07	DR. E	137,724	0	137,724	179,000	796	5.00
6.00	5.07	DR. F	40,033	0	40,033	179,000	236	6.00
7.00	30.00	DR. G	114,093	0	114,093	179,000	360	7.00
8.00	40.00	DR. H	181,232	0	181,232	181,300	864	8.00
9.00	55.00	DR. I	46,785	0	46,785	179,000	221	9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	73,953	0	73,953	179,000	297	10.00
11.00	5.07	AGGREGATE-OTHER A&G	372,499	0	372,499	179,000	1,577	11.00
12.00	60.00	AGGREGATE-LABORATORY	586,667	307,601	278,997	260,300	7,190	12.00
13.00	17.00	DR. J	397	0	397	179,000	3	13.00
14.00	65.00	DR. K	6,159	0	6,159	179,000	55	14.00
15.00	91.00	DR. L	208,836	0	208,836	179,000	1,218	15.00
16.00	91.00	AGGREGATE-EMERGENCY	91,278	0	91,278	179,000	501	16.00
17.00	91.00	DR. M	60,723	0	60,723	179,000	365	17.00
18.00	91.00	AGGREGATE-EMERGENCY	1,092,080	1,092,080	0	179,000	8,760	18.00
200.00			4,118,319	1,399,681	2,718,569		26,352	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.07	DR. A	107,400	5,370	0	0	0	1.00
2.00	5.07	DR. B	69,965	3,498	0	0	0	2.00
3.00	5.07	DR. C	88,381	4,419	0	0	0	3.00
4.00	5.07	DR. D	70,653	3,533	0	0	0	4.00
5.00	5.07	DR. E	68,502	3,425	0	0	0	5.00
6.00	5.07	DR. F	20,310	1,016	0	0	0	6.00
7.00	30.00	DR. G	30,981	1,549	0	0	0	7.00
8.00	40.00	DR. H	75,309	3,765	0	0	0	8.00
9.00	55.00	DR. I	19,019	951	0	0	0	9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	25,559	1,278	0	0	0	10.00
11.00	5.07	AGGREGATE-OTHER A&G	135,713	6,786	0	0	0	11.00
12.00	60.00	AGGREGATE-LABORATORY	899,787	44,989	0	0	0	12.00
13.00	17.00	DR. J	258	13	0	0	0	13.00
14.00	65.00	DR. K	4,733	237	0	0	0	14.00
15.00	91.00	DR. L	104,818	5,241	0	0	0	15.00
16.00	91.00	AGGREGATE-EMERGENCY	43,115	2,156	0	0	0	16.00
17.00	91.00	DR. M	31,411	1,571	0	0	0	17.00
18.00	91.00	AGGREGATE-EMERGENCY	753,865	37,693	0	0	0	18.00
200.00			2,549,779	127,490	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.07	DR. A	0	107,400	142,030	142,030		1.00
2.00	5.07	DR. B	0	69,965	152,823	152,823		2.00
3.00	5.07	DR. C	0	88,381	337,951	337,951		3.00
4.00	5.07	DR. D	0	70,653	136,657	136,657		4.00
5.00	5.07	DR. E	0	68,502	69,222	69,222		5.00
6.00	5.07	DR. F	0	20,310	19,723	19,723		6.00
7.00	30.00	DR. G	0	30,981	83,112	83,112		7.00
8.00	40.00	DR. H	0	75,309	105,923	105,923		8.00
9.00	55.00	DR. I	0	19,019	27,766	27,766		9.00
10.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	25,559	48,394	48,394		10.00
11.00	5.07	AGGREGATE-OTHER A&G	0	135,713	236,786	236,786		11.00
12.00	60.00	AGGREGATE-LABORATORY	0	899,787	0	307,670		12.00
13.00	17.00	DR. J	0	258	139	139		13.00
14.00	65.00	DR. K	0	4,733	1,426	1,426		14.00
15.00	91.00	DR. L	0	104,818	104,018	104,018		15.00
16.00	91.00	AGGREGATE-EMERGENCY	0	43,115	48,163	48,163		16.00
17.00	91.00	DR. M	0	31,411	29,312	29,312		17.00
18.00	91.00	AGGREGATE-EMERGENCY	0	753,865	0	1,092,080		18.00
200.00			0	2,549,779	1,543,445	2,943,195		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	24,117,421	24,117,421			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	29,205,802		29,205,802		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	32,375,797	561,069	3,456	32,940,322	4.00
5.01 00540	COMMUNICATIONS	1,589,324	0	0	0	5.01
5.02 00550	DATA PROCESSING	0	120,878	0	0	5.02
5.03 00560	MATERIALS MANAGEMENT	0	41,044	0	0	5.03
5.04 00570	PATIENT SERVICES	3,721,174	84,956	6,015	260,340	5.04
5.05 00580	PATIENT ACCOUNTING	0	24,955	0	0	5.05
5.06 00591	AMBULATORY SVCS ADMIN	0	0	0	0	5.06
5.07 00590	OTHER A&G	220,046,710	2,030,530	306,402	9,630,868	5.07
5.08 00592	CAREW MEDICAL PARK ADMIN	0	1,465	0	0	5.08
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	8,510,009	2,131,237	56,761	93,673	7.00
7.01 00701	FACILITY ENGINEERING	4,869,619	2,035,464	491,094	298,249	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	4,403,407	24,717	0	0	8.00
9.00 00900	HOUSEKEEPING	9,868,282	414,034	30,859	668,298	9.00
10.00 01000	DIETARY	-772,257	802,300	660,710	237,699	10.00
10.01 01001	KITCHEN-NO CONNECT W/CAFE	9,466,097	0	0	402,718	10.01
10.02 01002	CAFETERIA	0	0	0	0	10.02
10.03 01003	PREADMITS AND ER	0	0	0	0	10.03
11.00 01100	CAFETERIA	0	0	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	2,918,806	61,366	953,615	208,202	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	187,002	0	0	14.00
15.00 01500	PHARMACY	14,071,868	252,600	5,006,882	1,159,930	15.00
15.01 01501	OUTPATIENT PHARMACY	0	0	0	0	15.01
15.02 01502	IV SOLUTIONS	2,750,118	224,703	922	53,556	15.02
15.03 01503	MED SURG SUPPLY	80,507,434	0	0	0	15.03
16.00 01600	MEDICAL RECORDS & LIBRARY	0	178,300	0	0	16.00
17.00 01700	SOCIAL SERVICE	5,554,293	97,176	10,962	312,801	17.00
17.01 01701	REHAB ADMIN	1,367,003	0	0	102,159	17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	3,184,631	0	0	412	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	75,023	3,331	0	6,642	23.00
23.01 02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01
23.02 02302	PARAMED ED PHARMACY	730,347	3,756	0	62,724	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	65,852,969	3,553,319	1,652,678	4,480,122	30.00
31.00 03100	INTENSIVE CARE UNIT	24,268,658	1,077,702	963,137	1,847,225	31.00
31.01 03101	PEDIATRIC ICU	1,329,793	77,556	52,191	103,968	31.01
31.02 03102	NEONATAL ICU	5,853,365	268,026	112,433	381,093	31.02
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00 04000	SUBPROVIDER - IPF	7,054,398	657,294	36,389	547,096	40.00
41.00 04100	SUBPROVIDER - IRF	6,579,246	277,079	131,385	425,839	41.00
43.00 04300	NURSERY	3,770,698	59,450	0	276,503	43.00
44.00 04400	SKILLED NURSING FACILITY	977,611	89,025	7,749	34,931	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	23,520,577	1,368,579	3,618,194	1,126,732	50.00
50.01 05001	PARKVIEW PREMIER SURGERY	3,410,352	210,367	241,071	164,816	50.01
51.00 05100	RECOVERY ROOM	7,577,733	801,499	42,448	389,121	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	81,660	328,678	0	7,239	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	18,603,560	618,767	3,727,651	1,133,556	54.00
54.01 05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02 05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03 05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04 05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05 05405	RADIOLOGY - NHMP	272,170	37,275	50,841	21,404	54.05
54.06 05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07 05407	RADIOLOGY - WP	9,149	0	0	750	54.07
54.08 05408	RADIOLOGY - PULM CLINIC	228,497	85,582	19,396	17,796	54.08
54.09 05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00 05500	RADIOLOGY-THERAPEUTIC	8,638,674	503,047	3,360,888	495,906	55.00
56.00 05600	RADIOISOTOPE	450,141	76,917	57,228	34,516	56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,239,146	200,074	72,699	81,889	58.00
60.00 06000	LABORATORY	24,210,091	648,817	1,294,900	1,560,504	60.00
60.01 06001	ANATOMICAL PATHOLOGY	2,888,551	17,129	224,019	81,685	60.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B Part I Date/Time Prepared: 8/24/2020 7:50 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS		
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	5.01		
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,506,377	0	0	63	555	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	6,429,120	172,591	366,061	516,859	12,388	65.00
65.02	06502	DIALYSIS	2,918,194	50,460	5,181	4,555	1,109	65.02
65.03	03330	ENDOSCOPY	6,097,847	301,871	2,874,956	358,894	2,588	65.03
66.00	06600	PHYSICAL THERAPY	4,656,180	323,131	91,624	379,863	9,245	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,311,553	17,079	0	286,665	185	67.00
68.00	06800	SPEECH PATHOLOGY	1,068,947	0	0	92,564	185	68.00
68.01	06801	NEURO REHAB	2,346,989	98,578	28,702	194,688	3,698	68.01
69.00	06900	ELECTROCARDIOLOGY	1,654,066	0	26,864	114,161	924	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	828,369	18,456	22,982	57,253	185	70.00
70.01	03950	NUTRITION SUPPORT	881,285	1,302	610	74,327	2,219	70.01
70.03	03952	CARDIAC CATH LAB	6,832,613	375,119	1,423,218	417,165	30,507	70.03
70.04	03953	CARDIAC REHA SERVICES	315,885	38,077	21,574	25,421	2,958	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-34,309	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	74,681,217	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	1,720,455	44,663	22,431	65,879	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	920,662	46,566	0	129,567	1,849	90.00
90.01	09001	ANTI COAG CLINIC	2,656,275	41,720	2,000	122,178	2,404	90.01
90.02	09002	INFECTIOUS DISEASES	801,295	18,606	154	61,379	0	90.02
90.03	09003	RHEUMATOLOGY	4,302	18,105	178	0	0	90.03
91.00	09100	EMERGENCY	16,353,304	885,490	758,577	1,134,581	40,676	91.00
91.01	09101	PARTIAL HOSPITALIZATION	348,108	12,271	0	27,960	370	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,124,528	82,965	76,813	162,402	3,143	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	13,878,762	249,044	61,977	800,764	51,030	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	10,637,315	0	0	487,316	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	834,317,286	23,033,159	28,976,877	32,225,466	1,544,950	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	118,895	53,490	3,632	640	1,479	190.00
194.00	07950	NON ALLOWABLE	484,666	0	0	0	8,135	194.00
194.01	07951	TELEVISION	0	0	0	0	370	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	397	483,489	0	22	924	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	888,180	201,251	2,610	10,411	185	194.05
194.06	07956	STUCKY RESEARCH CTR	4,777,018	17,041	202,928	355,555	370	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	3,156,373	2,091	0	41,340	3,883	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	1,916,818	0	0	7,846	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	382,057	58,549	78	12,427	370	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	2,791,233	0	6,530	132,945	1,849	194.15
194.16	07966	FITNESS	205,419	12,671	0	16,283	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	-21,667	47,079	0	0	1,479	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	-644	132,435	778	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	-31,134	3,556	8,879	27,440	2,034	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	1,986,968	0	0	0	22,372	194.25

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.26 07976 ISH	0	0	0	0	0	194.26
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28 07979 RWJ FOUNDATION	0	0	0	0	0	194.28
194.29 07978 OUTPATIENT PHARMACY	31,164,450	72,610	3,490	109,947	924	194.29
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)	882,136,315	24,117,421	29,205,802	32,940,322	1,589,324	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	
			5.02	5.03	5.04	5.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING	414,303					5.02
5.03	00560	MATERIALS MANAGEMENT	0	66,374				5.03
5.04	00570	PATIENT SERVICES	4,342	46	4,161,183			5.04
5.05	00580	PATIENT ACCOUNTING	0	0	0	76,355		5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	0	0	0	5.06
5.07	00590	OTHER A&G	7,890	459	0	0	0	5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	0	0	0	5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,586	106	0	0	0	7.00
7.01	00701	FACILITY ENGINEERING	6,304	321	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	384	0	0	0	8.00
9.00	00900	HOUSEKEEPING	23,379	537	0	0	0	9.00
10.00	01000	DIETARY	21,625	600	0	0	0	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	0	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	10.02
10.03	01003	PREADMITS ANDER	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,087	7	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	13,944	518	0	0	0	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	I V SOLUTIONS	1,461	119	0	0	0	15.02
15.03	01503	MED SURG SUPPLY	0	40,763	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	4,676	24	0	0	0	17.00
17.01	01701	REHAB ADMIN	1,336	5	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	80,446	2,228	594,255	7,089	0	30.00
31.00	03100	INTENSIVE CARE UNIT	29,015	961	215,317	1,930	0	31.00
31.01	03101	PEDIATRIC ICU	1,378	31	9,778	88	0	31.01
31.02	03102	NEONATAL ICU	5,511	228	77,400	694	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	10,395	102	58,031	520	0	40.00
41.00	04100	SUBPROVIDER - IRF	7,765	183	50,691	454	0	41.00
43.00	04300	NURSERY	0	0	13,079	117	0	43.00
44.00	04400	SKILLED NURSING FACILITY	710	36	1,879	17	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,498	3,190	630,369	9,755	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	2,839	250	389	1,286	0	50.01
51.00	05100	RECOVERY ROOM	4,634	168	84,256	1,783	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,419	2	7,963	71	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,162	3,391	324,964	8,368	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	501	5	29	28	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	292	5	1	8	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	6,179	164	6,324	2,434	0	55.00
56.00	05600	RADIOISOTOPE	459	86	8,502	131	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,127	33	22,959	360	0	58.00
60.00	06000	LABORATORY	33,649	7,077	309,531	6,195	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	1,545	643	22,702	447	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1	28,235	299	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	9,811	123	94,543	1,027	0	65.00
65.02	06502	DIALYSIS	167	6	16,921	159	0	65.02
65.03	03330	ENDOSCOPY	6,262	627	49,767	2,415	0	65.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	
		5.02	5.03	5.04	5.05	5.06	
66.00	06600 PHYSICAL THERAPY	10,562	30	29,364	393	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	668	1	29,082	272	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	11,226	111	0	68.00
68.01	06801 NEURO REHAB	3,256	27	9	243	0	68.01
69.00	06900 ELECTROCARDIOLOGY	1,085	88	24,136	790	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	459	43	9,514	150	0	70.00
70.01	03950 NUTRITION SUPPORT	1,378	9	1,161	13	0	70.01
70.03	03952 CARDIAC CATH LAB	5,511	172	189,641	3,501	0	70.03
70.04	03953 CARDIAC REHA SERVICES	543	11	1	42	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	236,850	3,705	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	111,899	1,313	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	299,032	4,179	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	390,085	9,761	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	1,002	38	10,252	202	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2,087	0	748	30	0	90.00
90.01	09001 ANTI COAG CLINIC	835	92	32	81	0	90.01
90.02	09002 INFECTIOUS DISEASES	1,211	13	0	17	0	90.02
90.03	09003 RHEUMATOLOGY	0	2	0	2	0	90.03
91.00	09100 EMERGENCY	20,999	970	190,266	4,835	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	459	1	0	40	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	2,213	601	0	273	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	19,914	595	0	473	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	0	0	0	254	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	404,576	66,122	4,161,183	76,355	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20	0	0	0	190.00
194.00	07950 NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951 TELEVISION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953 OP CLINIC	0	0	0	0	0	194.03
194.04	07954 PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955 EDUCARE CTR	167	18	0	0	0	194.05
194.06	07956 STUCKY RESEARCH CTR	4,467	46	0	0	0	194.06
194.07	07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958 FOUNDATION	376	5	0	0	0	194.08
194.09	07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962 GUEST SERVICES	250	45	0	0	0	194.12
194.13	07963 HUNTINGTON ARC	42	0	0	0	0	194.13
194.14	07964 SENIOR HEALTH SERVICES	292	5	0	0	0	194.14
194.15	07965 SCHOOL NURSE/COMMUNITY OUTREACH	1,837	54	0	0	0	194.15
194.16	07966 FITNESS	0	0	0	0	0	194.16
194.17	07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968 BREAST DIAGNOSTIC CTR	0	10	0	0	0	194.18
194.19	07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971 RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972 EBT	0	0	0	0	0	194.22
194.23	07973 MEDICAL OFFICE BUILDINGS	626	26	0	0	0	194.23
194.24	07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975 PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976 ISH	0	0	0	0	0	194.26
194.27	07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979 RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978 OUTPATIENT PHARMACY	1,670	23	0	0	0	194.29
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	414,303	66,374	4,161,183	76,355	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description			Subtotal	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5A.06	5.07	5.08	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G	232,194,068	232,194,068				5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	1,465	523	1,988			5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	10,801,322	3,858,805	0	0	14,660,127	7.00
7.01	00701	FACILITY ENGINEERING	7,740,987	2,765,491	0	0	1,560,573	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	4,449,955	1,589,760	0	0	18,950	8.00
9.00	00900	HOUSEKEEPING	11,014,818	3,935,077	0	0	317,437	9.00
10.00	01000	DIETARY	963,619	344,256	0	0	615,117	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	9,868,815	3,525,664	0	0	0	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	10.02
10.03	01003	PREADMITS ANDER	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,147,041	1,481,543	0	0	47,049	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	197,356	70,506	0	0	143,373	14.00
15.00	01500	PHARMACY	20,531,812	7,335,051	0	0	193,666	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	3,030,879	1,082,791	0	0	172,278	15.02
15.03	01503	MED SURG SUPPLY	80,548,197	28,776,334	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	181,443	64,821	0	0	136,701	16.00
17.00	01700	SOCIAL SERVICE	5,991,395	2,140,444	0	0	74,504	17.00
17.01	01701	REHAB ADMIN	1,477,344	527,786	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,185,043	1,137,866	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	84,996	30,365	0	0	2,554	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	796,827	284,669	0	0	2,880	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	76,478,071	27,322,020	0	0	2,724,297	30.00
31.00	03100	INTENSIVE CARE UNIT	28,447,210	10,162,851	0	0	826,265	31.00
31.01	03101	PEDIATRIC ICU	1,577,926	563,719	0	0	59,461	31.01
31.02	03102	NEONATAL ICU	6,725,559	2,402,726	0	0	205,493	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	8,411,372	3,004,988	0	0	503,942	40.00
41.00	04100	SUBPROVIDER - I RF	7,488,912	2,675,436	0	0	212,434	41.00
43.00	04300	NURSERY	4,120,032	1,471,894	0	0	45,580	43.00
44.00	04400	SKILLED NURSING FACILITY	1,120,093	400,157	0	0	68,255	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,329,695	10,835,375	0	0	1,049,278	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	4,038,581	1,442,795	1,988	0	161,286	50.01
51.00	05100	RECOVERY ROOM	8,921,425	3,187,206	0	0	614,503	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	442,563	158,107	0	0	251,995	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,476,767	8,744,398	0	0	474,403	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	382,253	136,561	0	0	28,579	54.05
54.06	05406	RADIOLOGY - CMP	4,992	1,783	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	9,899	3,536	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	352,686	125,998	0	0	65,615	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	13,052,073	4,662,892	0	0	385,682	55.00
56.00	05600	RADIOISOTOPE	629,089	224,744	0	0	58,972	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,621,985	579,459	0	0	153,395	58.00
60.00	06000	LABORATORY	28,108,482	10,041,840	0	0	497,443	60.00
60.01	06001	ANATOMICAL PATHOLOGY	3,238,570	1,156,989	0	0	13,133	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,535,530	1,263,079	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	7,602,523	2,716,024	0	0	132,324	65.00
65.02	06502	DIALYSIS	2,996,752	1,070,599	0	0	38,687	65.02
65.03	03330	ENDOSCOPY	9,695,227	3,463,649	0	0	231,442	65.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Subtotal	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT		
		5A.06	5.07	5.08	6.00	7.00		
66.00	06600	PHYSICAL THERAPY	5,500,392	1,965,032	0	0	247,742	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,645,505	1,302,368	0	0	13,094	67.00
68.00	06800	SPEECH PATHOLOGY	1,173,033	419,070	0	0	0	68.00
68.01	06801	NEURO REHAB	2,676,190	956,077	0	0	75,579	68.01
69.00	06900	ELECTROCARDIOLOGY	1,822,114	650,956	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	937,411	334,893	0	0	14,150	70.00
70.01	03950	NUTRITION SUPPORT	962,304	343,786	0	0	998	70.01
70.03	03952	CARDIAC CATH LAB	9,277,447	3,314,396	0	0	287,600	70.03
70.04	03953	CARDIAC REHA SERVICES	404,512	144,513	0	0	29,193	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	206,246	73,682	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	113,212	40,445	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	303,211	108,323	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	75,081,063	26,822,935	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,864,922	666,249	0	0	34,242	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,101,509	393,517	0	0	35,702	90.00
90.01	09001	ANTI COAG CLINIC	2,825,617	1,009,460	0	0	31,987	90.01
90.02	09002	INFECTIOUS DISEASES	882,675	315,338	0	0	14,265	90.02
90.03	09003	RHEUMATOLOGY	22,589	8,070	0	0	13,881	90.03
91.00	09100	EMERGENCY	19,389,698	6,927,028	0	0	678,898	91.00
91.01	09101	PARTIAL HOSPITALIZATION	389,209	139,046	0	0	9,408	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,452,938	2,305,331	0	0	63,608	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	15,062,559	5,381,144	0	0	190,940	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	11,124,885	3,974,399	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	832,234,890	214,366,635	1,988	0	13,828,833	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	178,156	63,647	0	0	41,010	190.00
194.00	07950	NON ALLOWABLE	492,801	176,055	0	0	0	194.00
194.01	07951	TELEVISION	370	132	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	484,832	173,208	0	0	370,687	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	1,102,822	393,986	0	0	154,298	194.05
194.06	07956	STUCKY RESEARCH CTR	5,357,425	1,913,956	0	0	13,065	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	3,204,068	1,144,663	0	0	1,603	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	1,924,959	687,697	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	42	15	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	453,778	162,114	0	0	44,889	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	2,934,448	1,048,340	0	0	0	194.15
194.16	07966	FITNESS	234,373	83,730	0	0	9,715	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	26,901	9,610	0	0	36,095	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	132,569	47,361	0	0	101,537	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	11,427	4,082	0	0	2,726	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	2,009,340	717,843	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	31,353,114	11,200,994	0	0	55,669	194.29
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	882,136,315	232,194,068	1,988	0	14,660,127	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description			FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
			7.01	8.00	9.00	10.00	10.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING	12,067,051					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	17,456	6,076,121				8.00
9.00	00900	HOUSEKEEPING	292,416	0	15,559,748			9.00
10.00	01000	DIETARY	566,634	0	749,897	3,239,523		10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	13,394,479	10.01
10.02	01002	CAFETERIA	0	0	0	1,078,125	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	56,477	350,028	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	43,340	0	57,358	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	132,072	0	174,788	0	0	14.00
15.00	01500	PHARMACY	178,402	0	236,101	0	0	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	158,699	0	210,026	0	0	15.02
15.03	01503	MED SURG SUPPLY	0	0	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	125,926	0	166,654	0	0	16.00
17.00	01700	SOCIAL SERVICE	68,632	0	90,829	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	2,352	0	3,113	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	2,653	0	3,511	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,509,573	2,641,291	3,321,230	1,075,861	6,667,873	30.00
31.00	03100	INTENSIVE CARE UNIT	761,139	695,716	1,007,310	290,686	1,801,589	31.00
31.01	03101	PEDIATRIC ICU	54,774	36,457	72,490	12,192	75,561	31.01
31.02	03102	NEONATAL ICU	189,296	43,140	250,520	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	464,221	77,774	614,362	601,163	3,725,835	40.00
41.00	04100	SUBPROVIDER - I RF	195,690	174,992	258,981	109,112	676,246	41.00
43.00	04300	NURSERY	41,987	0	55,567	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	62,875	7,291	83,210	15,707	97,347	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	966,574	212,057	1,279,188	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	148,574	0	196,626	0	0	50.01
51.00	05100	RECOVERY ROOM	566,068	195,651	749,148	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	232,133	396,771	307,210	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	437,011	155,549	578,351	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	26,326	0	34,841	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	60,443	0	79,992	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	355,282	0	470,190	0	0	55.00
56.00	05600	RADIOISOTOPE	54,323	0	71,893	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	141,305	10,329	187,006	56	0	58.00
60.00	06000	LABORATORY	458,234	0	606,439	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	12,097	0	16,010	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	121,894	26,735	161,318	144	0	65.00
65.02	06502	DIALYSIS	35,638	15,798	47,164	0	0	65.02
65.03	03330	ENDOSCOPY	213,199	50,432	282,154	0	0	65.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
		7.01	8.00	9.00	10.00	10.01	
66.00	06600	PHYSICAL THERAPY	228,215	0	302,026	0	0 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	12,062	0	15,963	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
68.01	06801	NEURO REHAB	69,622	32,203	92,140	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0	2,430	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,035	3,038	17,251	0	0 70.00
70.01	03950	NUTRITION SUPPORT	920	0	1,217	0	0 70.01
70.03	03952	CARDIAC CATH LAB	264,932	345,731	350,618	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	26,892	1,823	35,590	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	31,544	12,760	41,745	0	0 76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	32,888	0	43,524	0	0 90.00
90.01	09001	ANTI COAG CLINIC	29,465	0	38,995	0	0 90.01
90.02	09002	INFECTIOUS DISEASES	13,141	0	17,391	0	0 90.02
90.03	09003	RHEUMATOLOGY	12,787	0	16,923	0	0 90.03
91.00	09100	EMERGENCY	625,387	935,115	827,654	0	0 91.00
91.01	09101	PARTIAL HOSPITALIZATION	8,666	0	11,469	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	58,595	0	77,546	0	0 95.00
99.10	09910	CORF	0	0	0	0	0 99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0 99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0 99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0 99.40
101.00	10100	HOME HEALTH AGENCY	175,890	608	232,778	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,301,279	6,073,691	14,546,307	3,239,523	13,394,479 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,778	0	49,996	0	0 190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0 194.00
194.01	07951	TELEVISION	0	0	0	0	0 194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0 194.02
194.03	07953	OP CLINIC	341,469	0	451,909	0	0 194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0 194.04
194.05	07955	EDUCARE CTR	142,136	0	188,106	0	0 194.05
194.06	07956	STUCKY RESEARCH CTR	12,036	0	15,928	0	0 194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0 194.07
194.08	07958	FOUNDATION	1,477	0	1,954	0	0 194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0 194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0 194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0 194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0 194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0 194.13
194.14	07964	SENIOR HEALTH SERVICES	41,351	0	54,724	0	0 194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	0 194.15
194.16	07966	FITNESS	8,949	0	11,844	0	0 194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0 194.17
194.18	07968	BREAST DIAGNOSTIC CTR	33,250	0	44,004	0	0 194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0 194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0 194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	93,534	2,430	123,785	0	0 194.21
194.22	07972	EBT	0	0	0	0	0 194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	2,511	0	3,324	0	0 194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0 194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0 194.25
194.26	07976	ISH	0	0	0	0	0 194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0 194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0 194.28
194.29	07978	OUTPATIENT PHARMACY	51,281	0	67,867	0	0 194.29
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	12,067,051	6,076,121	15,559,748	3,239,523	13,394,479 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		10.02	10.03	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						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
5.07	00590						5.07
5.08	00592						5.08
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
10.01	01001						10.01
10.02	01002	1,078,125					10.02
10.03	01003	53,666	460,171				10.03
11.00	01100	1,024,459	0	1,024,459			11.00
12.00	01200	0	0	0	0		12.00
13.00	01300	0	0	0	0	5,776,331	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	49,487	0	0	15.00
15.01	01501	0	0	0	0	0	15.01
15.02	01502	0	0	5,170	0	52,717	15.02
15.03	01503	0	0	0	0	0	15.03
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	16,619	0	0	17.00
17.01	01701	0	0	4,801	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	460,171	255,931	0	2,609,515	30.00
31.00	03100	0	0	102,667	0	1,046,819	31.00
31.01	03101	0	0	4,801	0	48,952	31.01
31.02	03102	0	0	19,573	0	199,573	31.02
32.00	03200	0	0	0	0	0	32.00
40.00	04000	0	0	36,561	0	0	40.00
41.00	04100	0	0	27,329	0	0	41.00
43.00	04300	0	0	16,250	0	165,684	43.00
44.00	04400	0	0	2,585	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	72,384	0	647,672	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	0	0	16,250	0	165,684	51.00
52.00	05200	0	0	4,801	0	48,952	52.00
54.00	05400	0	0	61,305	0	0	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	0	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
54.08	05408	0	0	0	0	11,297	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	0	0	5,909	0	26,359	55.00
56.00	05600	0	0	1,477	0	0	56.00
58.00	05800	0	0	4,062	0	0	58.00
60.00	06000	0	0	50,964	0	0	60.00
60.01	06001	0	0	5,540	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	0	34,715	0	0	65.00
65.02	06502	0	0	739	0	7,531	65.02
65.03	03330	0	0	22,158	0	0	65.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		10.02	10.03	11.00	12.00	13.00	
66.00	06600 PHYSICAL THERAPY	0	0	37,300	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	2,585	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	11,449	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	3,693	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	1,477	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	4,801	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0	0	19,573	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	1,847	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	3,693	0	37,655	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	7,386	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	0	30,124	90.01
90.02	09002 INFECTIOUS DISEASES	0	0	4,432	0	0	90.02
90.03	09003 RHEUMATOLOGY	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	63,152	0	610,017	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	1,847	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	17,357	0	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,078,125	460,171	1,002,670	0	5,708,551	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951 TELEVISION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953 OP CLINIC	0	0	0	0	0	194.03
194.04	07954 PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955 EDUCARE CTR	0	0	369	0	0	194.05
194.06	07956 STUCKY RESEARCH CTR	0	0	2,954	0	0	194.06
194.07	07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958 FOUNDATION	0	0	1,477	0	0	194.08
194.09	07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962 GUEST SERVICES	0	0	1,108	0	0	194.12
194.13	07963 HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964 SENIOR HEALTH SERVICES	0	0	1,108	0	0	194.14
194.15	07965 SCHOOL NURSE/COMMUNITY OUTREACH	0	0	6,648	0	67,780	194.15
194.16	07966 FITNESS	0	0	0	0	0	194.16
194.17	07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968 BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19	07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971 RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972 EBT	0	0	0	0	0	194.22
194.23	07973 MEDICAL OFFICE BUILDINGS	0	0	2,216	0	0	194.23
194.24	07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975 PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976 ISH	0	0	0	0	0	194.26
194.27	07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979 RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978 OUTPATIENT PHARMACY	0	0	5,909	0	0	194.29
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,078,125	460,171	1,024,459	0	5,776,331	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	I V SOLUTIONS	MED SURG SUPPLY	
		14.00	15.00	15.01	15.02	15.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE					10.01
10.02	01002	CAFETERIA					10.02
10.03	01003	PREADMITS AND ER					10.03
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	718,095				14.00
15.00	01500	PHARMACY	0	28,524,519			15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0		15.01
15.02	01502	I V SOLUTIONS	0	0	4,712,560		15.02
15.03	01503	MED SURG SUPPLY	695,545	0	0	110,020,076	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11	4,754	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	85	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	59	0	0	31.01
31.02	03102	NEONATAL ICU	0	21	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	22	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	80	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	34,055	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	22,539	775	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	3,845	0	0	50.01
51.00	05100	RECOVERY ROOM	0	16	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,409	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	30	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
60.00	06000	LABORATORY	0	1,665	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	97	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	46	0	0	65.00
65.02	06502	DIALYSIS	0	0	0	0	65.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	I V SOLUTIONS	MED SURG SUPPLY	
			14.00	15.00	15.01	15.02	15.03	
65.03	03330	ENDOSCOPY	0	90	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0	225	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	81	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	169	0	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	54,966,030	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	4,712,560	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	55,054,046	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,689,036	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,647	0	0	0	90.00
90.01	09001	ANTICOAG CLINIC	0	369	0	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	0	10,607	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	1,182	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	1,621	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	1,307,041	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	718,095	20,060,028	0	4,712,560	110,020,076	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	21,511	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	217	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	106	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	8,442,657	0	0	0	194.29
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	718,095	28,524,519	0	4,712,560	110,020,076	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	17.01	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	01002	CAFETERIA						10.02
10.03	01003	PREADMITS AND ER						10.03
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
15.01	01501	OUTPATIENT PHARMACY						15.01
15.02	01502	IV SOLUTIONS						15.02
15.03	01503	MED SURG SUPPLY						15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	675,545					16.00
17.00	01700	SOCIAL SERVICE	0	8,382,423				17.00
17.01	01701	REHAB ADMIN	0	0	2,009,931			17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0		23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	60,842	4,454,419	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	580	1,078,818	0	0	0	31.00
31.01	03101	PEDIATRIC ICU	193	221,296	0	0	0	31.01
31.02	03102	NEONATAL ICU	0	248,958	0	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	1,644	0	310,333	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	128,938	0	0	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	18,668	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	248,958	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	190,942	0	0	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	967	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	193	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,838	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,481	0	0	0	0	58.00
60.00	06000	LABORATORY	2,805	0	0	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	12,575	0	0	0	0	65.00
65.02	06502	DIALYSIS	193	0	0	0	0	65.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		16.00	17.00	17.01	19.00	20.00	
65.03	03330	ENDOSCOPY	77,479	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	7,158	0	672,120	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	361,386	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	361,386	0	68.00
68.01	06801	NEURO REHAB	4,643	0	304,706	0	68.01
69.00	06900	ELECTROCARDIOLOGY	14,025	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,064	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	92,085	221,296	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	1,644	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	387	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	387	0	0	0	90.00
90.01	09001	ANTICOAG CLINIC	2,612	0	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	774	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	0	90.03
91.00	09100	EMERGENCY	4,449	1,908,678	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	1,644	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	5,127	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	28,051	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	668,388	8,382,423	2,009,931	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	193	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	6,964	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	0	0	0	194.29
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)	675,545	8,382,423	2,009,931	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED RADIOLOGY	PARAMED PHARMACY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 MATERIALS MANAGEMENT						5.03
5.04 00570 PATIENT SERVICES						5.04
5.05 00580 PATIENT ACCOUNTING						5.05
5.06 00591 AMBULATORY SVCS ADMIN						5.06
5.07 00590 OTHER A&G						5.07
5.08 00592 CAREW MEDICAL PARK ADMIN						5.08
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 FACILITY ENGINEERING						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
10.01 01001 KITCHEN-NO CONNECT W/CAFE						10.01
10.02 01002 CAFETERIA						10.02
10.03 01003 PREADMITS ANDER						10.03
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
15.01 01501 OUTPATIENT PHARMACY						15.01
15.02 01502 IV SOLUTIONS						15.02
15.03 01503 MED SURG SUPPLY						15.03
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
17.01 01701 REHAB ADMIN						17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	4,322,909					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		0				22.00
23.00 02300 PARAMED PRGM-(SPECIFY)			123,380			23.00
23.01 02301 PARAMED RADIOLOGY				0		23.01
23.02 02302 PARAMED PHARMACY					1,090,540	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,910,293	0	0	0	182	30.00
31.00 03100 INTENSIVE CARE UNIT	600,452	0	0	0	3	31.00
31.01 03101 PEDIATRIC ICU	0	0	0	0	2	31.01
31.02 03102 NEONATAL ICU	0	0	0	0	1	31.02
32.00 03200 CORONARY CARE UNIT	272,776	0	0	0	0	32.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	1	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	3	41.00
43.00 04300 NURSERY	187,182	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	1,302	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	504,051	0	0	0	30	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	0	0	0	147	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	1	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	115,854	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	92	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	1	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	123,380	0	64	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	0	4	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED RADIOLOGY	PARAMED PHARMACY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	2 65.00
65.02 06502 DIALYSIS	0	0	0	0	0	0 65.02
65.03 03330 ENDOSCOPY	0	0	0	0	0	3 65.03
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	9 66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0	3 66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0	0 66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0 68.00
68.01 06801 NEURO REHAB	0	0	0	0	0	0 68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0 70.00
70.01 03950 NUTRITION SUPPORT	0	0	0	0	0	0 70.01
70.03 03952 CARDIAC CATH LAB	0	0	0	0	0	6 70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	0	0	0	0 70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0 71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	0	0	0 71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	714,523 73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0 76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0 76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	63 90.00
90.01 09001 ANTI COAG CLINIC	0	0	0	0	0	14 90.01
90.02 09002 INFECTIOUS DISEASES	0	0	0	0	0	406 90.02
90.03 09003 RHEUMATOLOGY	0	0	0	0	0	0 90.03
91.00 09100 EMERGENCY	732,301	0	0	0	0	45 91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	0 91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	62 95.00
99.10 09910 CORF	0	0	0	0	0	0 99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	0 99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	0 99.30
99.40 09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	0 99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	49,969 101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600 HOSPICE	0	0	0	0	0	0 116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	4,322,909	0	123,380	0	0	766,938 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0 190.00
194.00 07950 NON ALLOWABLE	0	0	0	0	0	0 194.00
194.01 07951 TELEVISION	0	0	0	0	0	0 194.01
194.02 07952 PHYSICIAN PRACTICES	0	0	0	0	0	0 194.02
194.03 07953 OP CLINIC	0	0	0	0	0	0 194.03
194.04 07954 PARK CENTER CLINIC	0	0	0	0	0	0 194.04
194.05 07955 EDUCARE CTR	0	0	0	0	0	0 194.05
194.06 07956 STUCKY RESEARCH CTR	0	0	0	0	0	0 194.06
194.07 07957 OCCUPATIONAL HEALTH	0	0	0	0	0	0 194.07
194.08 07958 FOUNDATION	0	0	0	0	0	0 194.08
194.09 07959 LV HEALTH PLAN	0	0	0	0	0	0 194.09
194.10 07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	0 194.10
194.11 07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	0 194.11
194.12 07962 GUEST SERVICES	0	0	0	0	0	0 194.12
194.13 07963 HUNTINGTON ARC	0	0	0	0	0	0 194.13
194.14 07964 SENIOR HEALTH SERVICES	0	0	0	0	0	0 194.14
194.15 07965 SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	0	822 194.15
194.16 07966 FITNESS	0	0	0	0	0	0 194.16
194.17 07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	0 194.17
194.18 07968 BREAST DIAGNOSTIC CTR	0	0	0	0	0	8 194.18
194.19 07969 REGIONAL PAIN CLINIC	0	0	0	0	0	0 194.19
194.20 07970 START-UP COSTS NORTH	0	0	0	0	0	0 194.20
194.21 07971 RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	0 194.21
194.22 07972 EBT	0	0	0	0	0	0 194.22
194.23 07973 MEDICAL OFFICE BUILDINGS	0	0	0	0	0	4 194.23
194.24 07974 START-UP COSTS ORTHO	0	0	0	0	0	0 194.24
194.25 07975 PREMIER SURGERY CENTER	0	0	0	0	0	0 194.25
194.26 07976 ISH	0	0	0	0	0	0 194.26
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	0 194.27
194.28 07979 RWJ FOUNDATION	0	0	0	0	0	0 194.28
194.29 07978 OUTPATIENT PHARMACY	0	0	0	0	0	322,768 194.29

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
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Cost Center Description		INTERNS & RESIDENTS		PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
		21.00	22.00				
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	4,322,909	0	123,380	0	1,090,540	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

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Part I
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	MATERIALS MANAGEMENT				5.03
5.04	00570	PATIENT SERVICES				5.04
5.05	00580	PATIENT ACCOUNTING				5.05
5.06	00591	AMBULATORY SVCS ADMIN				5.06
5.07	00590	OTHER A&G				5.07
5.08	00592	CAREW MEDICAL PARK ADMIN				5.08
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	FACILITY ENGINEERING				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE				10.01
10.02	01002	CAFETERIA				10.02
10.03	01003	PREADMITS ANDER				10.03
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
15.01	01501	OUTPATIENT PHARMACY				15.01
15.02	01502	IV SOLUTIONS				15.02
15.03	01503	MED SURG SUPPLY				15.03
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
17.01	01701	REHAB ADMIN				17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PARAMED ED RADIOLOGY				23.01
23.02	02302	PARAMED ED PHARMACY				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	132,496,334	-1,910,293	130,586,041	30.00
31.00	03100	INTENSIVE CARE UNIT	46,822,190	-600,452	46,221,738	31.00
31.01	03101	PEDIATRIC ICU	2,727,883	0	2,727,883	31.01
31.02	03102	NEONATAL ICU	10,284,860	0	10,284,860	31.02
32.00	03200	CORONARY CARE UNIT	272,776	-272,776	0	32.00
40.00	04000	SUBPROVIDER - I PF	17,440,241	0	17,440,241	40.00
41.00	04100	SUBPROVIDER - I RF	12,131,192	0	12,131,192	41.00
43.00	04300	NURSERY	6,104,176	-187,182	5,916,994	43.00
44.00	04400	SKILLED NURSING FACILITY	1,892,877	0	1,892,877	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	46,048,556	-504,051	45,544,505	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	5,993,842	0	5,993,842	50.01
51.00	05100	RECOVERY ROOM	14,434,620	0	14,434,620	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,207,344	-115,854	2,091,490	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,121,227	0	35,121,227	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	609,527	0	609,527	54.05
54.06	05406	RADIOLOGY - CMP	6,775	0	6,775	54.06
54.07	05407	RADIOLOGY - WP	13,435	0	13,435	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	696,224	0	696,224	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	18,958,418	0	18,958,418	55.00
56.00	05600	RADIOISOTOPE	1,042,336	0	1,042,336	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,704,078	0	2,704,078	58.00
60.00	06000	LABORATORY	39,891,316	0	39,891,316	60.00
60.01	06001	ANATOMICAL PATHOLOGY	4,442,440	0	4,442,440	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,798,609	0	4,798,609	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30

COST ALLOCATION - GENERAL SERVICE COSTS

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
65.00	06500	RESPIRATORY THERAPY	10,808,300	0	10,808,300	65.00
65.02	06502	DIALYSIS	4,213,101	0	4,213,101	65.02
65.03	03330	ENDOSCOPY	14,035,833	0	14,035,833	65.03
66.00	06600	PHYSICAL THERAPY	8,960,219	0	8,960,219	66.00
66.01	06601	TRANSITIONAL THERAPY	84	0	84	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	5,352,963	0	5,352,963	67.00
68.00	06800	SPEECH PATHOLOGY	1,953,489	0	1,953,489	68.00
68.01	06801	NEURO REHAB	4,222,609	0	4,222,609	68.01
69.00	06900	ELECTROCARDIOLOGY	2,493,218	0	2,493,218	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,322,319	0	1,322,319	70.00
70.01	03950	NUTRITION SUPPORT	1,314,026	0	1,314,026	70.01
70.03	03952	CARDIAC CATH LAB	14,173,853	0	14,173,853	70.03
70.04	03953	CARDIAC REHA SERVICES	646,014	0	646,014	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	55,245,958	0	55,245,958	71.00
71.01	07101	COST OF SOLUTIONS	4,866,217	0	4,866,217	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	55,465,580	0	55,465,580	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	121,307,557	0	121,307,557	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,693,198	0	2,693,198	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,616,623	0	1,616,623	90.00
90.01	09001	ANTI COAG CLINIC	3,968,643	0	3,968,643	90.01
90.02	09002	INFECTIOUS DISEASES	1,259,029	0	1,259,029	90.02
90.03	09003	RHEUMATOLOGY	74,250	0	74,250	90.03
91.00	09100	EMERGENCY	32,703,604	-732,301	31,971,303	91.00
91.01	09101	PARTIAL HOSPITALIZATION	561,289	0	561,289	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	8,982,185	0	8,982,185	95.00
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	22,428,980	0	22,428,980	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	15,099,284	0	15,099,284	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	802,909,701	-4,322,909	798,586,792	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	370,587	0	370,587	190.00
194.00	07950	NON ALLOWABLE	668,856	0	668,856	194.00
194.01	07951	TELEVISION	502	0	502	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	194.02
194.03	07953	OP CLINIC	1,822,105	0	1,822,105	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	194.04
194.05	07955	EDUCARE CTR	1,981,717	0	1,981,717	194.05
194.06	07956	STUCKY RESEARCH CTR	7,315,364	0	7,315,364	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	194.07
194.08	07958	FOUNDATION	4,355,242	0	4,355,242	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	194.11
194.12	07962	GUEST SERVICES	2,613,764	0	2,613,764	194.12
194.13	07963	HUNTINGTON ARC	57	0	57	194.13
194.14	07964	SENIOR HEALTH SERVICES	757,964	0	757,964	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	4,079,742	0	4,079,742	194.15
194.16	07966	FITNESS	348,611	0	348,611	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	150,085	0	150,085	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	501,216	0	501,216	194.21
194.22	07972	EBT	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	26,396	0	26,396	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	2,734,147	0	2,734,147	194.25
194.26	07976	ISH	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	51,500,259	0	51,500,259	194.29

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0021

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

Worksheet B
Part I
Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	882,136,315	-4,322,909	877,813,406	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	561,069	3,456	564,525	564,525
5.01 00540	COMMUNICATIONS	0	0	0	0	0
5.02 00550	DATA PROCESSING	0	120,878	0	120,878	0
5.03 00560	MATERIALS MANAGEMENT	0	41,044	0	41,044	0
5.04 00570	PATIENT SERVICES	0	84,956	6,015	90,971	4,461
5.05 00580	PATIENT ACCOUNTING	0	24,955	0	24,955	0
5.06 00591	AMBULATORY SVCS ADMIN	0	0	0	0	0
5.07 00590	OTHER A&G	24,556,820	2,030,530	306,402	26,893,752	165,146
5.08 00592	CAREW MEDICAL PARK ADMIN	0	1,465	0	1,465	0
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	0	2,131,237	56,761	2,187,998	1,605
7.01 00701	FACILITY ENGINEERING	0	2,035,464	491,094	2,526,558	5,110
8.00 00800	LAUNDRY & LINEN SERVICE	0	24,717	0	24,717	0
9.00 00900	HOUSEKEEPING	0	414,034	30,859	444,893	11,450
10.00 01000	DIETARY	0	802,300	660,710	1,463,010	4,073
10.01 01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	6,900
10.02 01002	CAFETERIA	0	0	0	0	0
10.03 01003	PREADMITS AND ER	0	0	0	0	0
11.00 01100	CAFETERIA	0	0	0	0	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	0	61,366	953,615	1,014,981	3,567
14.00 01400	CENTRAL SERVICES & SUPPLY	0	187,002	0	187,002	0
15.00 01500	PHARMACY	0	252,600	5,006,882	5,259,482	19,874
15.01 01501	OUTPATIENT PHARMACY	0	0	0	0	0
15.02 01502	IV SOLUTIONS	0	224,703	922	225,625	918
15.03 01503	MED SURG SUPPLY	0	0	0	0	0
16.00 01600	MEDICAL RECORDS & LIBRARY	0	178,300	0	178,300	0
17.00 01700	SOCIAL SERVICE	0	97,176	10,962	108,138	5,359
17.01 01701	REHAB ADMIN	0	0	0	0	1,750
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	7
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	3,331	0	3,331	114
23.01 02301	PARAMED ED RADIOLOGY	0	0	0	0	0
23.02 02302	PARAMED ED PHARMACY	0	3,756	0	3,756	1,075
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	3,553,319	1,652,678	5,205,997	76,761
31.00 03100	INTENSIVE CARE UNIT	0	1,077,702	963,137	2,040,839	31,650
31.01 03101	PEDIATRIC ICU	0	77,556	52,191	129,747	1,781
31.02 03102	NEONATAL ICU	0	268,026	112,433	380,459	6,530
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - I PF	0	657,294	36,389	693,683	9,374
41.00 04100	SUBPROVIDER - I RF	0	277,079	131,385	408,464	7,296
43.00 04300	NURSERY	0	59,450	0	59,450	4,738
44.00 04400	SKILLED NURSING FACILITY	0	89,025	7,749	96,774	598
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,368,579	3,618,194	4,986,773	19,305
50.01 05001	PARKVIEW PREMIER SURGERY	0	210,367	241,071	451,438	2,824
51.00 05100	RECOVERY ROOM	0	801,499	42,448	843,947	6,667
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	328,678	0	328,678	124
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	618,767	3,727,651	4,346,418	19,422
54.01 05401	RADIOLOGY - WABASH	0	0	0	0	0
54.02 05402	RADIOLOGY - MANCHESTER	0	0	0	0	0
54.03 05403	RADIOLOGY - EAST STATE	0	0	0	0	0
54.04 05404	RADIOLOGY - JEFFERSON	0	0	0	0	0
54.05 05405	RADIOLOGY - NHMP	0	37,275	50,841	88,116	367
54.06 05406	RADIOLOGY - CMP	0	0	0	0	0
54.07 05407	RADIOLOGY - WP	0	0	0	0	13
54.08 05408	RADIOLOGY - PULM CLINIC	0	85,582	19,396	104,978	305
54.09 05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	503,047	3,360,888	3,863,935	8,497
56.00 05600	RADIOISOTOPE	0	76,917	57,228	134,145	591
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	200,074	72,699	272,773	1,403
60.00 06000	LABORATORY	0	648,817	1,294,900	1,943,717	26,737
60.01 06001	ANATOMICAL PATHOLOGY	0	17,129	224,019	241,148	1,400
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	1

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00				2A	4.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30		
65.00 06500 RESPIRATORY THERAPY	0	172,591	366,061	538,652	8,856	65.00		
65.02 06502 DIALYSIS	0	50,460	5,181	55,641	78	65.02		
65.03 03330 ENDOSCOPY	0	301,871	2,874,956	3,176,827	6,149	65.03		
66.00 06600 PHYSICAL THERAPY	0	323,131	91,624	414,755	6,508	66.00		
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01		
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0	66.02		
67.00 06700 OCCUPATIONAL THERAPY	0	17,079	0	17,079	4,912	67.00		
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	1,586	68.00		
68.01 06801 NEURO REHAB	0	98,578	28,702	127,280	3,336	68.01		
69.00 06900 ELECTROCARDIOLOGY	0	0	26,864	26,864	1,956	69.00		
70.00 07000 ELECTROENCEPHALOGRAPHY	0	18,456	22,982	41,438	981	70.00		
70.01 03950 NUTRITION SUPPORT	0	1,302	610	1,912	1,273	70.01		
70.03 03952 CARDIAC CATH LAB	0	375,119	1,423,218	1,798,337	7,148	70.03		
70.04 03953 CARDIAC REHA SERVICES	0	38,077	21,574	59,651	436	70.04		
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00		
71.01 07101 COST OF SOLUTIONS	0	0	0	0	0	71.01		
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00		
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00		
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97		
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	44,663	22,431	67,094	1,129	76.98		
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99		
OUTPATIENT SERVICE COST CENTERS								
90.00 09000 CLINIC	0	46,566	0	46,566	2,220	90.00		
90.01 09001 ANTI COAG CLINIC	0	41,720	2,000	43,720	2,093	90.01		
90.02 09002 INFECTIOUS DISEASES	0	18,606	154	18,760	1,052	90.02		
90.03 09003 RHEUMATOLOGY	0	18,105	178	18,283	0	90.03		
91.00 09100 EMERGENCY	0	885,490	758,577	1,644,067	19,440	91.00		
91.01 09101 PARTIAL HOSPITALIZATION	0	12,271	0	12,271	479	91.01		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00		
OTHER REIMBURSABLE COST CENTERS								
95.00 09500 AMBULANCE SERVICES	0	82,965	76,813	159,778	2,783	95.00		
99.10 09910 CORF	0	0	0	0	0	99.10		
99.20 09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20		
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30		
99.40 09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40		
101.00 10100 HOME HEALTH AGENCY	0	249,044	61,977	311,021	13,720	101.00		
SPECIAL PURPOSE COST CENTERS								
116.00 11600 HOSPICE	0	0	0	0	8,350	116.00		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	24,556,820	23,033,159	28,976,877	76,566,856	552,278	118.00
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	53,490	3,632	57,122	11	190.00		
194.00 07950 NON ALLOWABLE	0	0	0	0	0	194.00		
194.01 07951 TELEVISION	0	0	0	0	0	194.01		
194.02 07952 PHYSICIAN PRACTICES	0	0	0	0	0	194.02		
194.03 07953 OP CLINIC	0	483,489	0	483,489	0	194.03		
194.04 07954 PARK CENTER CLINIC	0	0	0	0	0	194.04		
194.05 07955 EDUCARE CTR	0	201,251	2,610	203,861	178	194.05		
194.06 07956 STUCKY RESEARCH CTR	0	17,041	202,928	219,969	6,092	194.06		
194.07 07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07		
194.08 07958 FOUNDATION	0	2,091	0	2,091	708	194.08		
194.09 07959 LV HEALTH PLAN	0	0	0	0	0	194.09		
194.10 07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10		
194.11 07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11		
194.12 07962 GUEST SERVICES	0	0	0	0	134	194.12		
194.13 07963 HUNTINGTON ARC	0	0	0	0	0	194.13		
194.14 07964 SENIOR HEALTH SERVICES	0	58,549	78	58,627	213	194.14		
194.15 07965 SCHOOL NURSE/COMMUNITY OUTREACH	0	0	6,530	6,530	2,278	194.15		
194.16 07966 FITNESS	0	12,671	0	12,671	279	194.16		
194.17 07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17		
194.18 07968 BREAST DIAGNOSTIC CTR	0	47,079	0	47,079	0	194.18		
194.19 07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19		
194.20 07970 START-UP COSTS NORTH	0	0	0	0	0	194.20		
194.21 07971 RONALD MCDONALD FAMILY ROOM	0	132,435	778	133,213	0	194.21		
194.22 07972 EBT	0	0	0	0	0	194.22		
194.23 07973 MEDICAL OFFICE BUILDINGS	0	3,556	8,879	12,435	470	194.23		
194.24 07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24		
194.25 07975 PREMIER SURGERY CENTER	0	0	0	0	0	194.25		
194.26 07976 ISH	0	0	0	0	0	194.26		
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27		

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	2A	4.00	
194.28 07979 RWJ FOUNDATION	0	0	0	0	0	194.28
194.29 07978 OUTPATIENT PHARMACY	0	72,610	3,490	76,100	1,884	194.29
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	24,556,820	24,117,421	29,205,802	77,880,043	564,525	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 8/24/2020 7:50 am	
Cost Center Description			COMMUNICATIONS	DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS	0					5.01
5.02	00550	DATA PROCESSING	0	120,878				5.02
5.03	00560	MATERIALS MANAGEMENT	0	0	41,044			5.03
5.04	00570	PATIENT SERVICES	0	1,267	28	96,727		5.04
5.05	00580	PATIENT ACCOUNTING	0	0	0	0	24,955	5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	0	0	0	5.06
5.07	00590	OTHER A&G	0	2,302	284	0	0	5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	0	0	0	5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	463	66	0	0	7.00
7.01	00701	FACILITY ENGINEERING	0	1,839	199	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	238	0	0	8.00
9.00	00900	HOUSEKEEPING	0	6,821	332	0	0	9.00
10.00	01000	DIETARY	0	6,309	371	0	0	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	0	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	609	5	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	4,068	321	0	0	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	0	426	74	0	0	15.02
15.03	01503	MED SURG SUPPLY	0	0	25,195	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,364	15	0	0	17.00
17.01	01701	REHAB ADMIN	0	390	3	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	23,471	1,379	13,909	2,363	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,465	595	5,040	643	31.00
31.01	03101	PEDIATRIC ICU	0	402	19	229	29	31.01
31.02	03102	NEONATAL ICU	0	1,608	141	1,812	231	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	3,033	63	1,358	173	40.00
41.00	04100	SUBPROVIDER - IRF	0	2,266	114	1,186	151	41.00
43.00	04300	NURSERY	0	0	0	306	39	43.00
44.00	04400	SKILLED NURSING FACILITY	0	207	22	44	6	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	5,981	1,974	14,085	3,252	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	828	155	9	429	50.01
51.00	05100	RECOVERY ROOM	0	1,352	104	1,972	594	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	414	1	186	24	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,591	2,098	7,606	2,789	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	146	3	1	9	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	85	3	0	3	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,803	102	148	811	55.00
56.00	05600	RADIOISOTOPE	0	134	53	199	44	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	329	20	537	120	58.00
60.00	06000	LABORATORY	0	9,817	4,379	7,245	2,065	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	451	398	531	149	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	1	661	100	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	2,862	76	2,213	342	65.00
65.02	06502	DIALYSIS	0	49	4	396	53	65.02
65.03	03330	ENDOSCOPY	0	1,827	388	1,165	805	65.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		COMMUNICATIONS	DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	
		5.01	5.02	5.03	5.04	5.05	
66.00	06600 PHYSICAL THERAPY	0	3,082	18	687	131	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	195	0	681	91	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	263	37	68.00
68.01	06801 NEURO REHAB	0	950	17	0	81	68.01
69.00	06900 ELECTROCARDIOLOGY	0	317	55	565	263	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	134	27	223	50	70.00
70.01	03950 NUTRITION SUPPORT	0	402	5	27	4	70.01
70.03	03952 CARDIAC CATH LAB	0	1,608	106	4,439	1,167	70.03
70.04	03953 CARDIAC REHA SERVICES	0	158	7	0	14	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,544	1,235	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	2,619	438	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,999	1,393	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	9,130	2,757	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	292	24	240	67	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	609	0	18	10	90.00
90.01	09001 ANTI COAG CLINIC	0	244	57	1	27	90.01
90.02	09002 INFECTIOUS DISEASES	0	353	8	0	6	90.02
90.03	09003 RHEUMATOLOGY	0	0	1	0	1	90.03
91.00	09100 EMERGENCY	0	6,127	600	4,453	1,612	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	134	1	0	13	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	646	372	0	91	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	0	5,810	368	0	158	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	0	0	0	0	85	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	118,040	40,889	96,727	24,955	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	12	0	0	190.00
194.00	07950 NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951 TELEVISION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953 OP CLINIC	0	0	0	0	0	194.03
194.04	07954 PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955 EDUCARE CTR	0	49	11	0	0	194.05
194.06	07956 STUCKY RESEARCH CTR	0	1,303	29	0	0	194.06
194.07	07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958 FOUNDATION	0	110	3	0	0	194.08
194.09	07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962 GUEST SERVICES	0	73	28	0	0	194.12
194.13	07963 HUNTINGTON ARC	0	12	0	0	0	194.13
194.14	07964 SENIOR HEALTH SERVICES	0	85	3	0	0	194.14
194.15	07965 SCHOOL NURSE/COMMUNITY OUTREACH	0	536	33	0	0	194.15
194.16	07966 FITNESS	0	0	0	0	0	194.16
194.17	07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968 BREAST DIAGNOSTIC CTR	0	0	6	0	0	194.18
194.19	07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971 RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972 EBT	0	0	0	0	0	194.22
194.23	07973 MEDICAL OFFICE BUILDINGS	0	183	16	0	0	194.23
194.24	07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975 PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976 ISH	0	0	0	0	0	194.26
194.27	07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979 RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978 OUTPATIENT PHARMACY	0	487	14	0	0	194.29
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	120,878	41,044	96,727	24,955	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 8/24/2020 7:50 am	
Cost Center Description			AMBULATORY SVCS ADMIN	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.06	5.07	5.08	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN	0					5.06
5.07	00590	OTHER A&G	0	27,061,484				5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	61	1,526			5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	0	449,735	0	0	2,639,867	7.00
7.01	00701	FACILITY ENGINEERING	0	322,311	0	0	281,014	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	185,283	0	0	3,412	8.00
9.00	00900	HOUSEKEEPING	0	458,624	0	0	57,161	9.00
10.00	01000	DIETARY	0	40,122	0	0	110,765	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	410,908	0	0	0	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	172,670	0	0	8,472	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,217	0	0	25,817	14.00
15.00	01500	PHARMACY	0	854,883	0	0	34,874	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	0	126,197	0	0	31,022	15.02
15.03	01503	MED SURG SUPPLY	0	3,353,622	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,555	0	0	24,616	16.00
17.00	01700	SOCIAL SERVICE	0	249,464	0	0	13,416	17.00
17.01	01701	REHAB ADMIN	0	61,512	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	132,616	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	3,539	0	0	460	23.00
23.01	02301	PARAMED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED PHARMACY	0	33,177	0	0	519	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	3,184,317	0	0	490,568	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,184,456	0	0	148,786	31.00
31.01	03101	PEDIATRIC ICU	0	65,700	0	0	10,707	31.01
31.02	03102	NEONATAL ICU	0	280,032	0	0	37,003	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	350,224	0	0	90,745	40.00
41.00	04100	SUBPROVIDER - IRF	0	311,816	0	0	38,253	41.00
43.00	04300	NURSERY	0	171,546	0	0	8,208	43.00
44.00	04400	SKILLED NURSING FACILITY	0	46,637	0	0	12,291	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,262,838	0	0	188,945	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	168,154	1,526	0	29,043	50.01
51.00	05100	RECOVERY ROOM	0	371,461	0	0	110,654	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	18,427	0	0	45,377	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,019,139	0	0	85,426	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	15,916	0	0	5,146	54.05
54.06	05406	RADIOLOGY - CMP	0	208	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	412	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	14,685	0	0	11,815	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	543,449	0	0	69,450	55.00
56.00	05600	RADIOISOTOPE	0	26,193	0	0	10,619	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	67,535	0	0	27,622	58.00
60.00	06000	LABORATORY	0	1,170,353	0	0	89,575	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	134,844	0	0	2,365	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	147,209	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	316,546	0	0	23,828	65.00
65.02	06502	DIALYSIS	0	124,776	0	0	6,966	65.02
65.03	03330	ENDOSCOPY	0	403,680	0	0	41,676	65.03

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 8/24/2020 7:50 am	
Cost Center Description			AMBULATORY SVCS ADMIN	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.06	5.07	5.08	6.00	7.00	
66.00	06600	PHYSICAL THERAPY	0	229,020	0	0	44,611	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	151,788	0	0	2,358	67.00
68.00	06800	SPEECH PATHOLOGY	0	48,842	0	0	0	68.00
68.01	06801	NEURO REHAB	0	111,429	0	0	13,610	68.01
69.00	06900	ELECTROCARDIOLOGY	0	75,867	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	39,031	0	0	2,548	70.00
70.01	03950	NUTRITION SUPPORT	0	40,067	0	0	180	70.01
70.03	03952	CARDIAC CATH LAB	0	386,285	0	0	51,789	70.03
70.04	03953	CARDIAC REHA SERVICES	0	16,843	0	0	5,257	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,587	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	4,714	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,625	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,126,150	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	77,650	0	0	6,166	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	45,864	0	0	6,429	90.00
90.01	09001	ANTI COAG CLINIC	0	117,650	0	0	5,760	90.01
90.02	09002	INFECTIOUS DISEASES	0	36,752	0	0	2,569	90.02
90.03	09003	RHEUMATOLOGY	0	941	0	0	2,500	90.03
91.00	09100	EMERGENCY	0	807,329	0	0	122,250	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	16,205	0	0	1,694	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	268,681	0	0	11,454	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	627,160	0	0	34,383	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	463,207	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	24,983,736	1,526	0	2,490,174	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,418	0	0	7,385	190.00
194.00	07950	NON ALLOWABLE	0	20,519	0	0	0	194.00
194.01	07951	TELEVISION	0	15	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	20,187	0	0	66,750	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	45,918	0	0	27,785	194.05
194.06	07956	STUCKY RESEARCH CTR	0	223,067	0	0	2,353	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	133,408	0	0	289	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	80,150	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	2	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	18,894	0	0	8,083	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	122,182	0	0	0	194.15
194.16	07966	FITNESS	0	9,759	0	0	1,749	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	1,120	0	0	6,500	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	5,520	0	0	18,284	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	476	0	0	491	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	83,663	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	1,305,450	0	0	10,024	194.29
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	27,061,484	1,526	0	2,639,867	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 8/24/2020 7:50 am	
Cost Center Description			FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
			7.01	8.00	9.00	10.00	10.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING	3,137,031					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	4,538	218,188				8.00
9.00	00900	HOUSEKEEPING	76,019	0	1,055,300			9.00
10.00	01000	DIETARY	147,306	0	50,860	1,471,929		10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	417,808	10.01
10.02	01002	CAFETERIA	0	0	0	489,863	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	25,661	10,918	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	11,267	0	3,890	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	34,334	0	11,855	0	0	14.00
15.00	01500	PHARMACY	46,378	0	16,013	0	0	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	41,256	0	14,245	0	0	15.02
15.03	01503	MED SURG SUPPLY	0	0	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	32,737	0	11,303	0	0	16.00
17.00	01700	SOCIAL SERVICE	17,842	0	6,160	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	612	0	211	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	690	0	238	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	652,401	94,846	225,250	488,835	207,988	30.00
31.00	03100	INTENSIVE CARE UNIT	197,871	24,983	68,318	132,078	56,196	31.00
31.01	03101	PEDIATRIC ICU	14,240	1,309	4,916	5,540	2,357	31.01
31.02	03102	NEONATAL ICU	49,211	1,549	16,991	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	120,682	2,793	41,668	273,148	116,218	40.00
41.00	04100	SUBPROVIDER - IRF	50,873	6,284	17,565	49,577	21,094	41.00
43.00	04300	NURSERY	10,915	0	3,769	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	16,345	262	5,644	7,137	3,037	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	251,277	7,615	86,758	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	38,624	0	13,336	0	0	50.01
51.00	05100	RECOVERY ROOM	147,159	7,026	50,809	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	60,347	14,248	20,836	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	113,608	5,586	39,225	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	6,844	0	2,363	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	15,713	0	5,425	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	92,362	0	31,889	0	0	55.00
56.00	05600	RADIOISOTOPE	14,122	0	4,876	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	36,735	371	12,683	25	0	58.00
60.00	06000	LABORATORY	119,126	0	41,130	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	3,145	0	1,086	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	31,688	960	10,941	65	0	65.00
65.02	06502	DIALYSIS	9,265	567	3,199	0	0	65.02
65.03	03330	ENDOSCOPY	55,425	1,811	19,136	0	0	65.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
		7.01	8.00	9.00	10.00	10.01	
66.00	06600 PHYSICAL THERAPY	59,328	0	20,484	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	3,136	0	1,083	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 NEURO REHAB	18,099	1,156	6,249	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	87	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3,389	109	1,170	0	0	70.00
70.01	03950 NUTRITION SUPPORT	239	0	83	0	0	70.01
70.03	03952 CARDIAC CATH LAB	68,873	12,415	23,780	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	6,991	65	2,414	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	8,200	458	2,831	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	8,550	0	2,952	0	0	90.00
90.01	09001 ANTI COAG CLINIC	7,660	0	2,645	0	0	90.01
90.02	09002 INFECTIOUS DISEASES	3,416	0	1,180	0	0	90.02
90.03	09003 RHEUMATOLOGY	3,324	0	1,148	0	0	90.03
91.00	09100 EMERGENCY	162,580	33,579	56,134	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	2,253	0	778	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	15,233	0	5,259	0	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	45,726	22	15,788	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,937,954	218,101	986,566	1,471,929	417,808	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,821	0	3,391	0	0	190.00
194.00	07950 NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951 TELEVISION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953 OP CLINIC	88,771	0	30,650	0	0	194.03
194.04	07954 PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955 EDUCARE CTR	36,951	0	12,758	0	0	194.05
194.06	07956 STUCKY RESEARCH CTR	3,129	0	1,080	0	0	194.06
194.07	07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958 FOUNDATION	384	0	133	0	0	194.08
194.09	07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962 GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963 HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964 SENIOR HEALTH SERVICES	10,750	0	3,712	0	0	194.14
194.15	07965 SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	0	194.15
194.16	07966 FITNESS	2,327	0	803	0	0	194.16
194.17	07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968 BREAST DIAGNOSTIC CTR	8,644	0	2,984	0	0	194.18
194.19	07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971 RONALD MCDONALD FAMILY ROOM	24,316	87	8,395	0	0	194.21
194.22	07972 EBT	0	0	0	0	0	194.22
194.23	07973 MEDICAL OFFICE BUILDINGS	653	0	225	0	0	194.23
194.24	07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975 PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976 ISH	0	0	0	0	0	194.26
194.27	07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979 RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978 OUTPATIENT PHARMACY	13,331	0	4,603	0	0	194.29
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	350,887	0	201.00
202.00	TOTAL (sum lines 118 through 201)	3,137,031	218,188	1,055,300	1,822,816	417,808	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 8/24/2020 7:50 am	
Cost Center Description			CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			10.02	10.03	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	01002	CAFETERIA	489,863					10.02
10.03	01003	PREADMITS AND ER	24,384	60,963				10.03
11.00	01100	CAFETERIA	465,479	0	465,479			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	1,215,461	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	22,485	0	0	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0	15.01
15.02	01502	IV SOLUTIONS	0	0	2,349	0	11,093	15.02
15.03	01503	MED SURG SUPPLY	0	0	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	7,551	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	2,181	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	60,963	116,289	0	549,097	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	46,649	0	220,273	31.00
31.01	03101	PEDIATRIC ICU	0	0	2,181	0	10,301	31.01
31.02	03102	NEONATAL ICU	0	0	8,893	0	41,994	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	16,612	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	12,417	0	0	41.00
43.00	04300	NURSERY	0	0	7,383	0	34,863	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	1,175	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	32,889	0	136,284	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	7,383	0	34,863	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,181	0	10,301	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	27,855	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	2,377	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,685	0	5,546	55.00
56.00	05600	RADIOISOTOPE	0	0	671	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,846	0	0	58.00
60.00	06000	LABORATORY	0	0	23,156	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	2,517	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	15,773	0	0	65.00
65.02	06502	DIALYSIS	0	0	336	0	1,585	65.02
65.03	03330	ENDOSCOPY	0	0	10,068	0	0	65.03

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 8/24/2020 7:50 am	
Cost Center Description			CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			10.02	10.03	11.00	12.00	13.00	
66.00	06600	PHYSICAL THERAPY	0	0	16,948	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,175	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	5,202	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	1,678	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	671	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	2,181	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	8,893	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	839	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	1,678	0	7,923	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	3,356	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	0	6,339	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	2,014	0	0	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	28,694	0	128,360	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	839	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	7,887	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	489,863	60,963	455,580	0	1,201,199	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	168	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	1,342	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	671	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	503	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	503	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	3,020	0	14,262	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	1,007	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	0	2,685	0	0	194.29
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	489,863	60,963	465,479	0	1,215,461	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 8/24/2020 7:50 am		
Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	I V SOLUTIONS	MED SURG SUPPLY
			14.00	15.00	15.01	15.02	15.03
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE					10.01
10.02	01002	CAFETERIA					10.02
10.03	01003	PREADMITS AND ER					10.03
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	267,225				14.00
15.00	01500	PHARMACY	0	6,258,378			15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	0		15.01
15.02	01502	I V SOLUTIONS	0	0	0	453,205	15.02
15.03	01503	MED SURG SUPPLY	258,834	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4	1,043	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	19	0	0	31.00
31.01	03101	PEDIATRIC ICU	0	13	0	0	31.01
31.02	03102	NEONATAL ICU	0	5	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	5	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	18	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	7,472	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,387	170	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	844	0	0	50.01
51.00	05100	RECOVERY ROOM	0	3	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	529	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
60.00	06000	LABORATORY	0	365	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	21	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	10	0	0	65.00
65.02	06502	DIALYSIS	0	0	0	0	65.02

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 8/24/2020 7:50 am
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	I V SOLUTIONS	MED SURG SUPPLY	
			14.00	15.00	15.01	15.02	15.03	
65.03	03330	ENDOSCOPY	0	20	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0	49	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	18	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	37	0	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,817,370	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	453,205	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,820,281	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,100,432	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	361	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	81	0	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	0	2,327	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	259	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	356	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	286,770	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	267,225	4,401,234	0	453,205	3,637,651	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	4,720	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	48	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	23	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	1,852,353	0	0	0	194.29
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	267,225	6,258,378	0	453,205	3,637,651	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 8/24/2020 7:50 am		
Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
			16.00	17.00	17.01	19.00	20.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE					10.01
10.02	01002	CAFETERIA					10.02
10.03	01003	PREADMITS AND ER					10.03
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
15.01	01501	OUTPATIENT PHARMACY					15.01
15.02	01502	IV SOLUTIONS					15.02
15.03	01503	MED SURG SUPPLY					15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	254,511				16.00
17.00	01700	SOCIAL SERVICE	0	409,309			17.00
17.01	01701	REHAB ADMIN	0	0	65,836		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	22,922	217,507	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	219	52,678	0	0	31.00
31.01	03101	PEDIATRIC ICU	73	10,806	0	0	31.01
31.02	03102	NEONATAL ICU	0	12,156	0	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	620	0	10,165	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	48,577	0	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	7,033	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,156	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	71,935	0	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	364	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	73	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	692	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,442	0	0	0	58.00
60.00	06000	LABORATORY	1,057	0	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,737	0	0	0	65.00
65.02	06502	DIALYSIS	73	0	0	0	65.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
Part II
Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	17.01	19.00	20.00	
65.03	03330	ENDOSCOPY	29,190	0	0			65.03
66.00	06600	PHYSICAL THERAPY	2,697	0	22,016			66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0			66.01
66.02	03650	PV REHAB OUTREACH	0	0	0			66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	11,837			67.00
68.00	06800	SPEECH PATHOLOGY	0	0	11,837			68.00
68.01	06801	NEURO REHAB	1,749	0	9,981			68.01
69.00	06900	ELECTROCARDIOLOGY	5,284	0	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	401	0	0			70.00
70.01	03950	NUTRITION SUPPORT	0	0	0			70.01
70.03	03952	CARDIAC CATH LAB	34,693	10,806	0			70.03
70.04	03953	CARDIAC REHA SERVICES	620	0	0			70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0			71.00
71.01	07101	COST OF SOLUTIONS	0	0	0			71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0			73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	146	0	0			76.98
76.99	07699	LITHOTRIpsy	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	146	0	0			90.00
90.01	09001	ANTICOAG CLINIC	984	0	0			90.01
90.02	09002	INFECTIOUS DISEASES	292	0	0			90.02
90.03	09003	RHEUMATOLOGY	0	0	0			90.03
91.00	09100	EMERGENCY	1,676	93,200	0			91.00
91.01	09101	PARTIAL HOSPITALIZATION	620	0	0			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,931	0	0			95.00
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	10,568	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	251,814	409,309	65,836	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
194.00	07950	NON ALLOWABLE	0	0	0			194.00
194.01	07951	TELEVISION	0	0	0			194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0			194.02
194.03	07953	OP CLINIC	0	0	0			194.03
194.04	07954	PARK CENTER CLINIC	0	0	0			194.04
194.05	07955	EDUCARE CTR	0	0	0			194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0			194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0			194.07
194.08	07958	FOUNDATION	0	0	0			194.08
194.09	07959	LV HEALTH PLAN	0	0	0			194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0			194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0			194.11
194.12	07962	GUEST SERVICES	0	0	0			194.12
194.13	07963	HUNTINGTON ARC	0	0	0			194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0			194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	73	0	0			194.15
194.16	07966	FITNESS	0	0	0			194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0			194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0			194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0			194.19
194.20	07970	START-UP COSTS NORTH	0	0	0			194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0			194.21
194.22	07972	EBT	0	0	0			194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0			194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0			194.24
194.25	07975	PREMIER SURGERY CENTER	2,624	0	0			194.25
194.26	07976	ISH	0	0	0			194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0			194.27
194.28	07979	RWJ FOUNDATION	0	0	0			194.28
194.29	07978	OUTPATIENT PHARMACY	0	0	0			194.29
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	254,511	409,309	65,836	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

Worksheet B
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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	COMMUNICATIONS					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	MATERIALS MANAGEMENT					5.03
5.04 00570	PATIENT SERVICES					5.04
5.05 00580	PATIENT ACCOUNTING					5.05
5.06 00591	AMBULATORY SVCS ADMIN					5.06
5.07 00590	OTHER A&G					5.07
5.08 00592	CAREW MEDICAL PARK ADMIN					5.08
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	FACILITY ENGINEERING					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
10.01 01001	KITCHEN-NO CONNECT W/CAFE					10.01
10.02 01002	CAFETERIA					10.02
10.03 01003	PREADMITS ANDER					10.03
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
15.01 01501	OUTPATIENT PHARMACY					15.01
15.02 01502	IV SOLUTIONS					15.02
15.03 01503	MED SURG SUPPLY					15.03
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
17.01 01701	REHAB ADMIN					17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	132,623				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)			8,267		23.00
23.01 02301	PARAMED ED RADIOLOGY				0	23.01
23.02 02302	PARAMED ED PHARMACY					39,455
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
31.01 03101	PEDIATRIC ICU					31.01
31.02 03102	NEONATAL ICU					31.02
32.00 03200	CORONARY CARE UNIT					32.00
40.00 04000	SUBPROVIDER - I PF					40.00
41.00 04100	SUBPROVIDER - I RF					41.00
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
50.01 05001	PARKVIEW PREMIER SURGERY					50.01
51.00 05100	RECOVERY ROOM					51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
54.01 05401	RADIOLOGY - WABASH					54.01
54.02 05402	RADIOLOGY - MANCHESTER					54.02
54.03 05403	RADIOLOGY - EAST STATE					54.03
54.04 05404	RADIOLOGY - JEFFERSON					54.04
54.05 05405	RADIOLOGY - NHMP					54.05
54.06 05406	RADIOLOGY - CMP					54.06
54.07 05407	RADIOLOGY - WP					54.07
54.08 05408	RADIOLOGY - PULM CLINIC					54.08
54.09 05409	RADIOLOGY - WHITLEY POOL					54.09
55.00 05500	RADIOLOGY-THERAPEUTIC					55.00
56.00 05600	RADIOISOTOPE					56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)					58.00
60.00 06000	LABORATORY					60.00
60.01 06001	ANATOMICAL PATHOLOGY					60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL					62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS					62.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED RADIOLOGY	PARAMED PHARMACY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
65.00 06500 RESPIRATORY THERAPY						65.00
65.02 06502 DIALYSIS						65.02
65.03 03330 ENDOSCOPY						65.03
66.00 06600 PHYSICAL THERAPY						66.00
66.01 06601 TRANSITIONAL THERAPY						66.01
66.02 03650 PV REHAB OUTREACH						66.02
67.00 06700 OCCUPATIONAL THERAPY						67.00
68.00 06800 SPEECH PATHOLOGY						68.00
68.01 06801 NEURO REHAB						68.01
69.00 06900 ELECTROCARDIOLOGY						69.00
70.00 07000 ELECTROENCEPHALOGRAPHY						70.00
70.01 03950 NUTRITION SUPPORT						70.01
70.03 03952 CARDIAC CATH LAB						70.03
70.04 03953 CARDIAC REHA SERVICES						70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
71.01 07101 COST OF SOLUTIONS						71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00 07300 DRUGS CHARGED TO PATIENTS						73.00
76.97 07697 CARDIAC REHABILITATION						76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY						76.98
76.99 07699 LI THOTRI PSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC						90.00
90.01 09001 ANTI COAG CLINIC						90.01
90.02 09002 INFECTIOUS DISEASES						90.02
90.03 09003 RHEUMATOLOGY						90.03
91.00 09100 EMERGENCY						91.00
91.01 09101 PARTIAL HOSPITALIZATION						91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
99.10 09910 CORF						99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 09940 OUTPATIENT SPEECH PATHOLOGY						99.40
101.00 10100 HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600 HOSPICE						116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
194.00 07950 NON ALLOWABLE						194.00
194.01 07951 TELEVISION						194.01
194.02 07952 PHYSICIAN PRACTICES						194.02
194.03 07953 OP CLINIC						194.03
194.04 07954 PARK CENTER CLINIC						194.04
194.05 07955 EDUCARE CTR						194.05
194.06 07956 STUCKY RESEARCH CTR						194.06
194.07 07957 OCCUPATIONAL HEALTH						194.07
194.08 07958 FOUNDATION						194.08
194.09 07959 LV HEALTH PLAN						194.09
194.10 07960 PV RESPIRATORY OUTREACH						194.10
194.11 07961 OUTREACH TRANSCRIPTION						194.11
194.12 07962 GUEST SERVICES						194.12
194.13 07963 HUNTINGTON ARC						194.13
194.14 07964 SENIOR HEALTH SERVICES						194.14
194.15 07965 SCHOOL NURSE/COMMUNITY OUTREACH						194.15
194.16 07966 FITNESS						194.16
194.17 07967 NONALLOWABLE ADVERTISING						194.17
194.18 07968 BREAST DIAGNOSTIC CTR						194.18
194.19 07969 REGIONAL PAIN CLINIC						194.19
194.20 07970 START-UP COSTS NORTH						194.20
194.21 07971 RONALD MCDONALD FAMILY ROOM						194.21
194.22 07972 EBT						194.22
194.23 07973 MEDICAL OFFICE BUILDINGS						194.23
194.24 07974 START-UP COSTS ORTHO						194.24
194.25 07975 PREMIER SURGERY CENTER						194.25
194.26 07976 ISH						194.26
194.27 07977 MCHA BRYAN HOPD						194.27
194.28 07979 RWJ FOUNDATION						194.28
194.29 07978 OUTPATIENT PHARMACY						194.29

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

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Part II
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Cost Center Description		INTERNS & RESIDENTS		PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
		21.00	22.00				
200.00	Cross Foot Adjustments	132,623	0	8,267	0	39,455	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	132,623	0	8,267	0	39,455	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

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Part II
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	MATERIALS MANAGEMENT				5.03
5.04	00570	PATIENT SERVICES				5.04
5.05	00580	PATIENT ACCOUNTING				5.05
5.06	00591	AMBULATORY SVCS ADMIN				5.06
5.07	00590	OTHER A&G				5.07
5.08	00592	CAREW MEDICAL PARK ADMIN				5.08
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	FACILITY ENGINEERING				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE				10.01
10.02	01002	CAFETERIA				10.02
10.03	01003	PREADMITS ANDER				10.03
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
15.01	01501	OUTPATIENT PHARMACY				15.01
15.02	01502	IV SOLUTIONS				15.02
15.03	01503	MED SURG SUPPLY				15.03
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
17.01	01701	REHAB ADMIN				17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PARAMED ED RADIOLOGY				23.01
23.02	02302	PARAMED ED PHARMACY				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	11,635,910	0	11,635,910	30.00
31.00	03100	INTENSIVE CARE UNIT	4,219,758	0	4,219,758	31.00
31.01	03101	PEDIATRIC ICU	260,350	0	260,350	31.01
31.02	03102	NEONATAL ICU	838,615	0	838,615	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	1,719,779	0	1,719,779	40.00
41.00	04100	SUBPROVIDER - I RF	938,159	0	938,159	41.00
43.00	04300	NURSERY	301,217	0	301,217	43.00
44.00	04400	SKILLED NURSING FACILITY	197,651	0	197,651	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,055,110	0	7,055,110	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	707,210	0	707,210	50.01
51.00	05100	RECOVERY ROOM	1,591,027	0	1,591,027	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	513,300	0	513,300	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,747,227	0	5,747,227	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	119,275	0	119,275	54.05
54.06	05406	RADIOLOGY - CMP	208	0	208	54.06
54.07	05407	RADIOLOGY - WP	425	0	425	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	155,462	0	155,462	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	4,620,684	0	4,620,684	55.00
56.00	05600	RADIOISOTOPE	192,339	0	192,339	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	424,441	0	424,441	58.00
60.00	06000	LABORATORY	3,438,722	0	3,438,722	60.00
60.01	06001	ANATOMICAL PATHOLOGY	388,055	0	388,055	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	147,972	0	147,972	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0021

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

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Part II
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
65.00	06500	RESPIRATORY THERAPY	957,549	0	957,549	65.00
65.02	06502	DIALYSIS	202,988	0	202,988	65.02
65.03	03330	ENDOSCOPY	3,748,167	0	3,748,167	65.03
66.00	06600	PHYSICAL THERAPY	820,334	0	820,334	66.00
66.01	06601	TRANSITIONAL THERAPY	18	0	18	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	194,335	0	194,335	67.00
68.00	06800	SPEECH PATHOLOGY	62,565	0	62,565	68.00
68.01	06801	NEURO REHAB	299,139	0	299,139	68.01
69.00	06900	ELECTROCARDIOLOGY	112,936	0	112,936	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	90,172	0	90,172	70.00
70.01	03950	NUTRITION SUPPORT	46,373	0	46,373	70.01
70.03	03952	CARDIAC CATH LAB	2,410,376	0	2,410,376	70.03
70.04	03953	CARDIAC REHA SERVICES	93,295	0	93,295	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,832,736	0	1,832,736	71.00
71.01	07101	COST OF SOLUTIONS	460,976	0	460,976	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,841,298	0	1,841,298	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,238,469	0	7,238,469	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	173,898	0	173,898	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	117,081	0	117,081	90.00
90.01	09001	ANTI COAG CLINIC	187,261	0	187,261	90.01
90.02	09002	INFECTIOUS DISEASES	68,729	0	68,729	90.02
90.03	09003	RHEUMATOLOGY	26,198	0	26,198	90.03
91.00	09100	EMERGENCY	3,110,360	0	3,110,360	91.00
91.01	09101	PARTIAL HOSPITALIZATION	35,287	0	35,287	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	474,471	0	474,471	95.00
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	1,351,494	0	1,351,494	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	471,642	0	471,642	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	71,641,043	0	71,641,043	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	85,160	0	85,160	190.00
194.00	07950	NON ALLOWABLE	20,519	0	20,519	194.00
194.01	07951	TELEVISION	15	0	15	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	194.02
194.03	07953	OP CLINIC	689,847	0	689,847	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	194.04
194.05	07955	EDUCARE CTR	327,679	0	327,679	194.05
194.06	07956	STUCKY RESEARCH CTR	458,364	0	458,364	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	194.07
194.08	07958	FOUNDATION	137,797	0	137,797	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	194.11
194.12	07962	GUEST SERVICES	80,888	0	80,888	194.12
194.13	07963	HUNTINGTON ARC	14	0	14	194.13
194.14	07964	SENIOR HEALTH SERVICES	100,870	0	100,870	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	153,634	0	153,634	194.15
194.16	07966	FITNESS	27,588	0	27,588	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	66,381	0	66,381	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	189,815	0	189,815	194.21
194.22	07972	EBT	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	15,979	0	15,979	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	86,287	0	86,287	194.25
194.26	07976	ISH	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	3,266,931	0	3,266,931	194.29

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0021		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 8/24/2020 7:50 am	
Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total			
		24.00	25.00	26.00			
200.00	Cross Foot Adjustments	180,345	0	180,345			200.00
201.00	Negative Cost Centers	350,887	0	350,887			201.00
202.00	TOTAL (sum lines 118 through 201)	77,880,043	0	77,880,043			202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,926,146				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		18,252,759			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	44,810	2,160	372,045,159		4.00
5.01 00540	COMMUNICATIONS	0	0	0	8,596	5.01
5.02 00550	DATA PROCESSING	9,654	0	0	1,587	9,924 5.02
5.03 00560	MATERIALS MANAGEMENT	3,278	0	0	137	0 5.03
5.04 00570	PATIENT SERVICES	6,785	3,759	2,940,399	456	104 5.04
5.05 00580	PATIENT ACCOUNTING	1,993	0	0	278	0 5.05
5.06 00591	AMBULATORY SVCS ADMIN	0	0	0	0	0 5.06
5.07 00590	OTHER A&G	162,169	191,492	108,777,498	926	189 5.07
5.08 00592	CAREW MEDICAL PARK ADMIN	117	0	0	0	0 5.08
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	170,212	35,474	1,057,981	43	38 7.00
7.01 00701	FACILITY ENGINEERING	162,563	306,919	3,368,566	216	151 7.01
8.00 00800	LAUNDRY & LINEN SERVICE	1,974	0	0	116	0 8.00
9.00 00900	HOUSEKEEPING	33,067	19,286	7,548,064	51	560 9.00
10.00 01000	DIETARY	64,076	412,924	2,684,682	70	518 10.00
10.01 01001	KITCHEN-NO CONNECT W/CAFE	0	0	4,548,476	0	0 10.01
10.02 01002	CAFETERIA	0	0	0	0	0 10.02
10.03 01003	PREADMITS AND ER	0	0	0	0	0 10.03
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	4,901	595,981	2,351,527	16	50 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	14,935	0	0	56	0 14.00
15.00 01500	PHARMACY	20,174	3,129,154	13,100,783	141	334 15.00
15.01 01501	OUTPATIENT PHARMACY	0	0	0	0	0 15.01
15.02 01502	IV SOLUTIONS	17,946	576	604,884	0	35 15.02
15.03 01503	MED SURG SUPPLY	0	0	0	0	0 15.03
16.00 01600	MEDICAL RECORDS & LIBRARY	14,240	0	0	17	0 16.00
17.00 01700	SOCIAL SERVICE	7,761	6,851	3,532,914	62	112 17.00
17.01 01701	REHAB ADMIN	0	0	1,153,835	37	32 17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	4,653	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	266	0	75,023	0	0 23.00
23.01 02301	PARAMED RADIOLOGY	0	0	0	0	0 23.01
23.02 02302	PARAMED PHARMACY	300	0	708,432	0	0 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	283,787	1,032,875	50,600,552	1,379	1,927 30.00
31.00 03100	INTENSIVE CARE UNIT	86,071	601,932	20,863,401	234	695 31.00
31.01 03101	PEDIATRIC ICU	6,194	32,618	1,174,262	17	33 31.01
31.02 03102	NEONATAL ICU	21,406	70,267	4,304,241	145	132 31.02
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
40.00 04000	SUBPROVIDER - IPF	52,495	22,742	6,179,158	255	249 40.00
41.00 04100	SUBPROVIDER - IRF	22,129	82,112	4,809,626	88	186 41.00
43.00 04300	NURSERY	4,748	0	3,122,952	1	0 43.00
44.00 04400	SKILLED NURSING FACILITY	7,110	4,843	394,522	44	17 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	109,302	2,261,264	12,725,826	172	491 50.00
50.01 05001	PARKVIEW PREMIER SURGERY	16,801	150,662	1,861,505	39	68 50.01
51.00 05100	RECOVERY ROOM	64,012	26,529	4,394,912	107	111 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	26,250	0	81,766	84	34 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	49,418	2,329,671	12,802,905	202	459 54.00
54.01 05401	RADIOLOGY - WABASH	0	0	0	0	0 54.01
54.02 05402	RADIOLOGY - MANCHESTER	0	0	0	0	0 54.02
54.03 05403	RADIOLOGY - EAST STATE	0	0	0	0	0 54.03
54.04 05404	RADIOLOGY - JEFFERSON	0	0	0	0	0 54.04
54.05 05405	RADIOLOGY - NHMP	2,977	31,774	241,748	0	12 54.05
54.06 05406	RADIOLOGY - CMP	0	0	0	27	0 54.06
54.07 05407	RADIOLOGY - WP	0	0	8,473	0	0 54.07
54.08 05408	RADIOLOGY - PULM CLINIC	6,835	12,122	200,996	6	7 54.08
54.09 05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0 54.09
55.00 05500	RADIOLOGY-THERAPEUTIC	40,176	2,100,455	5,600,986	208	148 55.00
56.00 05600	RADIOISOTOPE	6,143	35,766	389,844	6	11 56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	15,979	45,435	924,893	20	27 58.00
60.00 06000	LABORATORY	51,818	809,274	17,625,045	204	806 60.00
60.01 06001	ANATOMICAL PATHOLOGY	1,368	140,005	922,590	10	37 60.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
62.00	06200	0	0	716	3	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	13,784	228,777	5,837,646	67	235	65.00
65.02	06502	4,030	3,238	51,442	6	4	65.02
65.03	03330	24,109	1,796,762	4,053,510	14	150	65.03
66.00	06600	25,807	57,262	4,290,351	50	253	66.00
66.01	06601	0	0	0	0	0	66.01
66.02	03650	0	0	0	0	0	66.02
67.00	06700	1,364	0	3,237,730	1	16	67.00
68.00	06800	0	0	1,045,455	1	0	68.00
68.01	06801	7,873	17,938	2,198,899	20	78	68.01
69.00	06900	0	16,789	1,289,386	5	26	69.00
70.00	07000	1,474	14,363	646,647	1	11	70.00
70.01	03950	104	381	839,479	12	33	70.01
70.03	03952	29,959	889,469	4,711,651	165	132	70.03
70.04	03953	3,041	13,483	287,112	16	13	70.04
71.00	07100	0	0	0	0	0	71.00
71.01	07101	0	0	0	0	0	71.01
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.97	07697	0	0	0	0	0	76.97
76.98	07698	3,567	14,019	744,063	0	24	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	3,719	0	1,463,392	10	50	90.00
90.01	09001	3,332	1,250	1,379,929	13	20	90.01
90.02	09002	1,486	96	693,248	0	29	90.02
90.03	09003	1,446	111	0	0	0	90.03
91.00	09100	70,720	474,088	12,814,477	220	503	91.00
91.01	09101	980	0	315,789	2	11	91.01
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	6,626	48,006	1,834,245	17	53	95.00
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20
99.30	09930	0	0	0	0	0	99.30
99.40	09940	0	0	0	0	0	99.40
101.00	10100	19,890	38,734	9,044,198	276	477	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	0	0	5,503,968	0	0	116.00
118.00		1,839,551	18,109,688	363,971,253	8,356	9,691	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	4,272	2,270	7,230	8	0	190.00
194.00	07950	0	0	0	44	0	194.00
194.01	07951	0	0	0	2	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	38,614	0	249	5	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	16,073	1,631	117,587	1	4	194.05
194.06	07956	1,361	126,824	4,015,801	2	107	194.06
194.07	07957	0	0	0	0	0	194.07
194.08	07958	167	0	466,913	21	9	194.08
194.09	07959	0	0	0	0	0	194.09
194.10	07960	0	0	0	0	0	194.10
194.11	07961	0	0	0	0	0	194.11
194.12	07962	0	0	88,620	0	6	194.12
194.13	07963	0	0	0	0	1	194.13
194.14	07964	4,676	49	140,353	2	7	194.14
194.15	07965	0	4,081	1,501,540	10	44	194.15
194.16	07966	1,012	0	183,905	0	0	194.16
194.17	07967	0	0	0	0	0	194.17
194.18	07968	3,760	0	0	8	0	194.18
194.19	07969	0	0	0	0	0	194.19
194.20	07970	0	0	0	0	0	194.20
194.21	07971	10,577	486	0	0	0	194.21
194.22	07972	0	0	0	0	0	194.22
194.23	07973	284	5,549	309,921	11	15	194.23
194.24	07974	0	0	0	0	0	194.24
194.25	07975	0	0	0	121	0	194.25

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.26 07976 ISH	0	0	0	0	0	194.26
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28 07979 RWJ FOUNDATION	0	0	0	0	0	194.28
194.29 07978 OUTPATIENT PHARMACY	5,799	2,181	1,241,787	5	40	194.29
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)	24,117,421	29,205,802	32,940,322	1,589,324	414,303	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	12.521076	1.600076	0.088539	184.891112	41.747582	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			564,525	0	120,878	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001517	0.000000	12.180371	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: 15-0021

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

Worksheet B-1
Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		MATERIALS MANAGEMENT (COSTED REQUISITION)	PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation	
		5.03	5.04	5.05	5.06	5A.07	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT	125,324,365				5.03
5.04	00570	PATIENT SERVICES	85,939	2,072,584,133			5.04
5.05	00580	PATIENT ACCOUNTING		0	4,264,418,841		5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	0	0	5.06
5.07	00590	OTHER A&G	866,676	0	0	0	-232,194,068
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	0	0	0
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	199,726	0	0	0	0
7.01	00701	FACILITY ENGINEERING	605,796	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	725,051	0	0	0	0
9.00	00900	HOUSEKEEPING	1,013,533	0	0	0	0
10.00	01000	DIETARY	1,131,976	0	0	0	0
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	0
10.02	01002	CAFETERIA	0	0	0	0	0
10.03	01003	PREADMITS AND ER	0	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	13,835	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	978,290	0	0	0	0
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0
15.02	01502	IV SOLUTIONS	224,403	0	0	0	0
15.03	01503	MED SURG SUPPLY	77,000,264	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	44,846	0	0	0	0
17.01	01701	REHAB ADMIN	9,095	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	22	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,204,600	295,943,777	393,833,507	0	0
31.00	03100	INTENSIVE CARE UNIT	1,813,668	107,229,548	107,229,548	0	0
31.01	03101	PEDIATRIC ICU	58,570	4,869,645	4,869,645	0	0
31.02	03102	NEONATAL ICU	429,541	38,545,874	38,545,874	0	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	192,942	28,899,850	28,899,850	0	0
41.00	04100	SUBPROVIDER - I RF	346,175	25,244,484	25,244,484	0	0
43.00	04300	NURSERY	0	6,513,232	6,513,232	0	0
44.00	04400	SKILLED NURSING FACILITY	67,232	935,822	935,822	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,019,708	314,210,113	541,969,720	0	0
50.01	05001	PARKVIEW PREMIER SURGERY	471,997	193,870	71,450,937	0	0
51.00	05100	RECOVERY ROOM	317,363	41,960,259	99,034,466	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,423	3,965,625	3,965,625	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,397,721	161,834,439	464,899,327	0	0
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0
54.05	05405	RADIOLOGY - NHMP	9,250	14,638	1,555,030	0	0
54.06	05406	RADIOLOGY - CMP	0	0	7,500	0	0
54.07	05407	RADIOLOGY - WP	261	0	15,000	0	0
54.08	05408	RADIOLOGY - PULM CLINIC	9,804	609	418,184	0	0
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	309,717	3,149,361	135,237,354	0	0
56.00	05600	RADIOLOGY-SOTOPE	161,429	4,234,260	7,255,664	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	61,615	11,433,869	19,980,548	0	0
60.00	06000	LABORATORY	13,351,931	154,148,716	344,141,291	0	0
60.01	06001	ANATOMICAL PATHOLOGY	1,213,083	11,305,613	24,823,887	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,530	14,061,377	16,590,048	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	232,129	47,083,406	57,043,951	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		MATERIALS MANAGEMENT (COSTED REQUISITION)	PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation		
		5.03	5.04	5.05	5.06	5A.07		
65.02	06502	DIALYSIS	11,051	8,426,608	8,821,077	0	0	65.02
65.03	03330	ENDOSCOPY	1,183,488	24,784,346	134,157,976	0	0	65.03
66.00	06600	PHYSICAL THERAPY	56,056	14,623,501	21,816,980	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	100	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,324	14,482,908	15,121,835	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,590,529	6,162,311	0	0	68.00
68.01	06801	NEURO REHAB	51,254	4,664	13,472,907	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	166,368	12,020,025	43,895,990	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	81,664	4,738,127	8,352,282	0	0	70.00
70.01	03950	NUTRITION SUPPORT	16,146	578,157	699,303	0	0	70.01
70.03	03952	CARDIAC CATH LAB	324,151	94,442,602	194,489,260	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	20,953	434	2,329,929	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	117,952,955	205,820,941	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	55,726,628	72,956,637	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	148,920,070	232,161,396	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	194,265,629	564,802,284	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	72,268	5,105,795	11,203,846	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	372,645	1,663,895	0	0	90.00
90.01	09001	ANTI COAG CLINIC	174,031	15,901	4,525,049	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	24,686	0	968,117	0	0	90.02
90.03	09003	RHEUMATOLOGY	3,374	0	100,000	0	0	90.03
91.00	09100	EMERGENCY	1,830,444	94,754,222	268,631,625	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	2,409	0	2,224,638	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,133,525	0	15,141,612	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	1,121,918	0	26,300,588	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	14,137,769	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	124,849,251	2,072,584,133	4,264,418,841	0	-232,194,068	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	37,048	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	34,114	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	87,322	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	9,586	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	84,916	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	10,200	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	101,844	0	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	18,432	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	3	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	48,442	0	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	43,207	0	0	0	0	194.29
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		MATERIALS MANAGEMENT (COSTED REQUIREMENT)	PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation	
		5.03	5.04	5.05	5.06	5A.07	
202.00	Cost to be allocated (per Wkst. B, Part I)	66,374	4,161,183	76,355	0		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000530	0.002008	0.000018	0.000000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	41,044	96,727	24,955	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000328	0.000047	0.000006	0.000000		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: 15-0021

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

Worksheet B-1
Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		OTHER A&G (ACCUM COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)	
		5.07	5.08	6.00	7.00	7.01	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						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
5.07	00590	649,942,247					5.07
5.08	00592	1,465	10,000				5.08
6.00	00600	0	0	0			6.00
7.00	00700	10,801,322	0	0	1,527,128		7.00
7.01	00701	7,740,987	0	0	162,563	1,364,565	7.01
8.00	00800	4,449,955	0	0	1,974	1,974	8.00
9.00	00900	11,014,818	0	0	33,067	33,067	9.00
10.00	01000	963,619	0	0	64,076	64,076	10.00
10.01	01001	9,868,815	0	0	0	0	10.01
10.02	01002	0	0	0	0	0	10.02
10.03	01003	0	0	0	0	0	10.03
11.00	01100	0	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	4,147,041	0	0	4,901	4,901	13.00
14.00	01400	197,356	0	0	14,935	14,935	14.00
15.00	01500	20,531,812	0	0	20,174	20,174	15.00
15.01	01501	0	0	0	0	0	15.01
15.02	01502	3,030,879	0	0	17,946	17,946	15.02
15.03	01503	80,548,197	0	0	0	0	15.03
16.00	01600	181,443	0	0	14,240	14,240	16.00
17.00	01700	5,991,395	0	0	7,761	7,761	17.00
17.01	01701	1,477,344	0	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	3,185,043	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	84,996	0	0	266	266	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	796,827	0	0	300	300	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	76,478,071	0	0	283,787	283,787	30.00
31.00	03100	28,447,210	0	0	86,071	86,071	31.00
31.01	03101	1,577,926	0	0	6,194	6,194	31.01
31.02	03102	6,725,559	0	0	21,406	21,406	31.02
32.00	03200	0	0	0	0	0	32.00
40.00	04000	8,411,372	0	0	52,495	52,495	40.00
41.00	04100	7,488,912	0	0	22,129	22,129	41.00
43.00	04300	4,120,032	0	0	4,748	4,748	43.00
44.00	04400	1,120,093	0	0	7,110	7,110	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	30,329,695	0	0	109,302	109,302	50.00
50.01	05001	4,038,581	10,000	0	16,801	16,801	50.01
51.00	05100	8,921,425	0	0	64,012	64,012	51.00
52.00	05200	442,563	0	0	26,250	26,250	52.00
54.00	05400	24,476,767	0	0	49,418	49,418	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	382,253	0	0	2,977	2,977	54.05
54.06	05406	4,992	0	0	0	0	54.06
54.07	05407	9,899	0	0	0	0	54.07
54.08	05408	352,686	0	0	6,835	6,835	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	13,052,073	0	0	40,176	40,176	55.00
56.00	05600	629,089	0	0	6,143	6,143	56.00
58.00	05800	1,621,985	0	0	15,979	15,979	58.00
60.00	06000	28,108,482	0	0	51,818	51,818	60.00
60.01	06001	3,238,570	0	0	1,368	1,368	60.01
62.00	06200	3,535,530	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	7,602,523	0	0	13,784	13,784	65.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		OTHER A&G (ACCUM COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)		
		5.07	5.08	6.00	7.00	7.01		
65.02	06502	DIALYSIS	2,996,752	0	0	4,030	4,030	65.02
65.03	03330	ENDOSCOPY	9,695,227	0	0	24,109	24,109	65.03
66.00	06600	PHYSICAL THERAPY	5,500,392	0	0	25,807	25,807	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,645,505	0	0	1,364	1,364	67.00
68.00	06800	SPEECH PATHOLOGY	1,173,033	0	0	0	0	68.00
68.01	06801	NEURO REHAB	2,676,190	0	0	7,873	7,873	68.01
69.00	06900	ELECTROCARDIOLOGY	1,822,114	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	937,411	0	0	1,474	1,474	70.00
70.01	03950	NUTRITION SUPPORT	962,304	0	0	104	104	70.01
70.03	03952	CARDIAC CATH LAB	9,277,447	0	0	29,959	29,959	70.03
70.04	03953	CARDIAC REHA SERVICES	404,512	0	0	3,041	3,041	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	206,246	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	113,212	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	303,211	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	75,081,063	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,864,922	0	0	3,567	3,567	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,101,509	0	0	3,719	3,719	90.00
90.01	09001	ANTI COAG CLINIC	2,825,617	0	0	3,332	3,332	90.01
90.02	09002	INFECTIOUS DISEASES	882,675	0	0	1,486	1,486	90.02
90.03	09003	RHEUMATOLOGY	22,589	0	0	1,446	1,446	90.03
91.00	09100	EMERGENCY	19,389,698	0	0	70,720	70,720	91.00
91.01	09101	PARTIAL HOSPITALIZATION	389,209	0	0	980	980	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,452,938	0	0	6,626	6,626	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	15,062,559	0	0	19,890	19,890	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	11,124,885	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	600,040,822	10,000	0	1,440,533	1,277,970	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	178,156	0	0	4,272	4,272	190.00
194.00	07950	NON ALLOWABLE	492,801	0	0	0	0	194.00
194.01	07951	TELEVISION	370	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	484,832	0	0	38,614	38,614	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	1,102,822	0	0	16,073	16,073	194.05
194.06	07956	STUCKY RESEARCH CTR	5,357,425	0	0	1,361	1,361	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	3,204,068	0	0	167	167	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	1,924,959	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	42	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	453,778	0	0	4,676	4,676	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	2,934,448	0	0	0	0	194.15
194.16	07966	FITNESS	234,373	0	0	1,012	1,012	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	26,901	0	0	3,760	3,760	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	132,569	0	0	10,577	10,577	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	11,427	0	0	284	284	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	2,009,340	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	31,353,114	0	0	5,799	5,799	194.29
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		OTHER A&G (ACCUM COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)	
		5.07	5.08	6.00	7.00	7.01	
202.00	Cost to be allocated (per Wkst. B, Part I)	232,194,068	1,988	0	14,660,127	12,067,051	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.357253	0.198800	0.000000	9.599802	8.843149	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	27,061,484	1,526	0	2,639,867	3,137,031	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.041637	0.152600	0.000000	1.728648	2.298924	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: 15-0021

Period:
From 01/01/2019
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Worksheet B-1

Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	
		8.00	9.00	10.00	10.01	10.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	10,000				8.00
9.00	00900	HOUSEKEEPING	0	1,329,524			9.00
10.00	01000	DIETARY	0	64,076	991,639		10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0		661,557	10.01
10.02	01002	CAFETERIA	0	0	330,021	0	347,309
10.03	01003	PREADMITS AND ER	0	0	17,288	17,288	17,288
11.00	01100	CAFETERIA	0	0	0	0	330,021
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	4,901	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	14,935	0	0	0
15.00	01500	PHARMACY	0	20,174	0	0	0
15.01	01501	OUTPATIENT PHARMACY	0	0	0	0	0
15.02	01502	IV SOLUTIONS	0	17,946	0	0	0
15.03	01503	MED SURG SUPPLY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	14,240	0	0	0
17.00	01700	SOCIAL SERVICE	0	7,761	0	0	0
17.01	01701	REHAB ADMIN	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	266	0	0	0
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0
23.02	02302	PARAMED ED PHARMACY	0	300	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,347	283,787	329,328	329,328	0
31.00	03100	INTENSIVE CARE UNIT	1,145	86,071	88,981	88,981	0
31.01	03101	PEDIATRIC ICU	60	6,194	3,732	3,732	0
31.02	03102	NEONATAL ICU	71	21,406	0	0	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	128	52,495	184,020	184,020	0
41.00	04100	SUBPROVIDER - I RF	288	22,129	33,400	33,400	0
43.00	04300	NURSERY	0	4,748	0	0	0
44.00	04400	SKILLED NURSING FACILITY	12	7,110	4,808	4,808	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	349	109,302	0	0	0
50.01	05001	PARKVIEW PREMIER SURGERY	0	16,801	0	0	0
51.00	05100	RECOVERY ROOM	322	64,012	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	653	26,250	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	256	49,418	0	0	0
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0
54.05	05405	RADIOLOGY - NHMP	0	2,977	0	0	0
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0
54.07	05407	RADIOLOGY - WP	0	0	0	0	0
54.08	05408	RADIOLOGY - PULM CLINIC	0	6,835	0	0	0
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	40,176	0	0	0
56.00	05600	RADIOISOTOPE	0	6,143	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17	15,979	17	0	0
60.00	06000	LABORATORY	0	51,818	0	0	0
60.01	06001	ANATOMICAL PATHOLOGY	0	1,368	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	44	13,784	44	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	
		8.00	9.00	10.00	10.01	10.02	
65.02	06502	DIALYSIS	26	4,030	0	0	0 65.02
65.03	03330	ENDOSCOPY	83	24,109	0	0	0 65.03
66.00	06600	PHYSICAL THERAPY	0	25,807	0	0	0 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,364	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
68.01	06801	NEURO REHAB	53	7,873	0	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	4	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5	1,474	0	0	0 70.00
70.01	03950	NUTRITION SUPPORT	0	104	0	0	0 70.01
70.03	03952	CARDIAC CATH LAB	569	29,959	0	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	3	3,041	0	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	21	3,567	0	0	0 76.98
76.99	07699	LI THOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	3,719	0	0	0 90.00
90.01	09001	ANTI COAG CLINIC	0	3,332	0	0	0 90.01
90.02	09002	INFECTIOUS DISEASES	0	1,486	0	0	0 90.02
90.03	09003	RHEUMATOLOGY	0	1,446	0	0	0 90.03
91.00	09100	EMERGENCY	1,539	70,720	0	0	0 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	980	0	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	6,626	0	0	0 95.00
99.10	09910	CORF	0	0	0	0	0 99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0 99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0 99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0 99.40
101.00	10100	HOME HEALTH AGENCY	1	19,890	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,996	1,242,929	991,639	661,557	347,309 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,272	0	0	0 190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0 194.00
194.01	07951	TELEVISION	0	0	0	0	0 194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0 194.02
194.03	07953	OP CLINIC	0	38,614	0	0	0 194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0 194.04
194.05	07955	EDUCARE CTR	0	16,073	0	0	0 194.05
194.06	07956	STUCKY RESEARCH CTR	0	1,361	0	0	0 194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0 194.07
194.08	07958	FOUNDATION	0	167	0	0	0 194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0 194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0 194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0 194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0 194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0 194.13
194.14	07964	SENIOR HEALTH SERVICES	0	4,676	0	0	0 194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	0 194.15
194.16	07966	FITNESS	0	1,012	0	0	0 194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0 194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	3,760	0	0	0 194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0 194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0 194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	4	10,577	0	0	0 194.21
194.22	07972	EBT	0	0	0	0	0 194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	284	0	0	0 194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0 194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0 194.25
194.26	07976	ISH	0	0	0	0	0 194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0 194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0 194.28
194.29	07978	OUTPATIENT PHARMACY	0	5,799	0	0	0 194.29
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	
		8.00	9.00	10.00	10.01	10.02	
202.00	Cost to be allocated (per Wkst. B, Part I)	6,076,121	15,559,748	3,239,523	13,394,479	1,078,125	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	607.612100	11.703247	3.266837	20.246901	3.104224	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	218,188	1,055,300	1,822,816	417,808	489,863	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	21.818800	0.793743	1.484340	0.631553	1.410453	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: 15-0021

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

Worksheet B-1

Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		PREADMITS AND ER (MEALS PREADMITS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.03	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						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
5.07	00590						5.07
5.08	00592						5.08
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
10.01	01001						10.01
10.02	01002						10.02
10.03	01003						10.03
11.00	01100	329,328					11.00
12.00	01200	0	2,774				12.00
13.00	01300	0	0	0	1,534		13.00
14.00	01400	0	0	0	0	1,000,000	14.00
15.00	01500	0	134	0	0	0	15.00
15.01	01501	0	0	0	0	0	15.01
15.02	01502	0	14	0	14	0	15.02
15.03	01503	0	0	0	0	968,597	15.03
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	45	0	0	0	17.00
17.01	01701	0	13	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	329,328	693	0	693	16	30.00
31.00	03100	0	278	0	278	0	31.00
31.01	03101	0	13	0	13	0	31.01
31.02	03102	0	53	0	53	0	31.02
32.00	03200	0	0	0	0	0	32.00
40.00	04000	0	99	0	0	0	40.00
41.00	04100	0	74	0	0	0	41.00
43.00	04300	0	44	0	44	0	43.00
44.00	04400	0	7	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	196	0	172	31,387	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	0	44	0	44	0	51.00
52.00	05200	0	13	0	13	0	52.00
54.00	05400	0	166	0	0	0	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	0	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
54.08	05408	0	0	0	3	0	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	0	16	0	7	0	55.00
56.00	05600	0	4	0	0	0	56.00
58.00	05800	0	11	0	0	0	58.00
60.00	06000	0	138	0	0	0	60.00
60.01	06001	0	15	0	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description			PREADMITS AND ER (MEALS PREADMITS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.03	11.00	12.00	13.00	14.00	
65.00	06500	RESPIRATORY THERAPY	0	94	0	0	0	65.00
65.02	06502	DIALYSIS	0	2	0	2	0	65.02
65.03	03330	ENDOSCOPY	0	60	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0	101	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	7	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	31	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	10	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	13	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	53	0	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	5	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	10	0	10	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	20	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	8	0	90.01
90.02	09002	INFECTIOUS DISEASES	0	12	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	171	0	162	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	5	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	47	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	329,328	2,715	0	1,516	1,000,000	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	1	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	8	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	4	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	3	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	3	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	18	0	18	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	6	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28	07979	RWJ FOUNDATION	0	0	0	0	0	194.28
194.29	07978	OUTPATIENT PHARMACY	0	16	0	0	0	194.29

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		PREADMITS AND ER (MEALS PREADMITS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.03	11.00	12.00	13.00	14.00	
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)	460,171	1,024,459	0	5,776,331	718,095	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.397303	369.307498	0.000000	3,765.535202	0.718095	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	60,963	465,479	0	1,215,461	267,225	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.185113	167.800649	0.000000	792.347458	0.267225	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: 15-0021

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

Worksheet B-1

Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		15.00	15.01	15.02	15.03	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						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
5.07	00590						5.07
5.08	00592						5.08
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
10.01	01001						10.01
10.02	01002						10.02
10.03	01003						10.03
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	110,253,041					15.00
15.01	01501	0	100				15.01
15.02	01502	0	0	100			15.02
15.03	01503	0	0	0	10,000		15.03
16.00	01600	0	0	0	0	6,984	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	0	0	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	18,374	0	0	0	629	30.00
31.00	03100	330	0	0	0	6	31.00
31.01	03101	228	0	0	0	2	31.01
31.02	03102	83	0	0	0	0	31.02
32.00	03200	0	0	0	0	0	32.00
40.00	04000	84	0	0	0	0	40.00
41.00	04100	310	0	0	0	17	41.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	131,629	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,996	0	0	0	1,333	50.00
50.01	05001	14,862	0	0	0	0	50.01
51.00	05100	61	0	0	0	193	51.00
52.00	05200	0	0	0	0	0	52.00
54.00	05400	9,312	0	0	0	1,974	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	10	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
54.08	05408	0	0	0	0	2	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	115	0	0	0	0	55.00
56.00	05600	0	0	0	0	19	56.00
58.00	05800	1	0	0	0	67	58.00
60.00	06000	6,436	0	0	0	29	60.00
60.01	06001	374	0	0	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	177	0	0	0	130	65.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)		
		15.00	15.01	15.02	15.03	16.00		
65.02	06502	DIALYSIS	0	0	0	2	65.02	
65.03	03330	ENDOSCOPY	348	0	0	801	65.03	
66.00	06600	PHYSICAL THERAPY	869	0	0	74	66.00	
66.01	06601	TRANSITIONAL THERAPY	314	0	0	0	66.01	
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00	
68.01	06801	NEURO REHAB	0	0	0	48	68.01	
69.00	06900	ELECTROCARDIOLOGY	1	0	0	145	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	11	70.00	
70.01	03950	NUTRITION SUPPORT	0	0	0	0	70.01	
70.03	03952	CARDIAC CATH LAB	655	0	0	952	70.03	
70.04	03953	CARDIAC REHA SERVICES	0	0	0	17	70.04	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,996	71.00	
71.01	07101	COST OF SOLUTIONS	0	0	100	0	71.01	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,004	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	72,236,955	100	0	0	73.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	4	0	0	4	76.98	
76.99	07699	LI THOTRI PSY	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,367	0	0	4	90.00	
90.01	09001	ANTI COAG CLINIC	1,427	0	0	27	90.01	
90.02	09002	INFECTIOUS DISEASES	40,997	0	0	8	90.02	
90.03	09003	RHEUMATOLOGY	0	0	0	0	90.03	
91.00	09100	EMERGENCY	4,568	0	0	46	91.00	
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	17	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,264	0	0	53	95.00	
99.10	09910	CORF	0	0	0	0	99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40	
101.00	10100	HOME HEALTH AGENCY	5,051,970	0	0	290	101.00	
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	116.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	77,536,111	100	100	10,000	6,910	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
194.00	07950	NON ALLOWABLE	0	0	0	0	194.00	
194.01	07951	TELEVISION	0	0	0	0	194.01	
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	194.02	
194.03	07953	OP CLINIC	0	0	0	0	194.03	
194.04	07954	PARK CENTER CLINIC	0	0	0	0	194.04	
194.05	07955	EDUCARE CTR	0	0	0	0	194.05	
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	194.06	
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	194.07	
194.08	07958	FOUNDATION	0	0	0	0	194.08	
194.09	07959	LV HEALTH PLAN	0	0	0	0	194.09	
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	194.10	
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	194.11	
194.12	07962	GUEST SERVICES	0	0	0	0	194.12	
194.13	07963	HUNTINGTON ARC	0	0	0	0	194.13	
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	194.14	
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	83,146	0	0	2	194.15	
194.16	07966	FITNESS	0	0	0	0	194.16	
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	194.17	
194.18	07968	BREAST DIAGNOSTIC CTR	838	0	0	0	194.18	
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	194.19	
194.20	07970	START-UP COSTS NORTH	0	0	0	0	194.20	
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	194.21	
194.22	07972	EBT	0	0	0	0	194.22	
194.23	07973	MEDICAL OFFICE BUILDINGS	409	0	0	0	194.23	
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	194.24	
194.25	07975	PREMIER SURGERY CENTER	0	0	0	72	194.25	
194.26	07976	ISH	0	0	0	0	194.26	
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	194.27	
194.28	07979	RWJ FOUNDATION	0	0	0	0	194.28	
194.29	07978	OUTPATIENT PHARMACY	32,632,537	0	0	0	194.29	
200.00		Cross Foot Adjustments					200.00	
201.00		Negative Cost Centers					201.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		15.00	15.01	15.02	15.03	16.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	28,524,519	0	4,712,560	110,020,076	675,545	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.258719	0.000000	47,125.600000	11,002.007600	96.727520	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	6,258,378	0	453,205	3,637,651	254,511	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.056764	0.000000	4,532.050000	363.765100	36.442010	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: 15-0021

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

Worksheet B-1

Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN	NURSING SCHOOL	INTERNS & RESIDENTS
	(TIME SPENT)	(PERCENTAGE 4)	ANESTHETISTS	(ASSIGNED TIME)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)
	17.00	17.01	19.00	20.00	21.00
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 COMMUNICATIONS					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 MATERIALS MANAGEMENT					5.03
5.04 00570 PATIENT SERVICES					5.04
5.05 00580 PATIENT ACCOUNTING					5.05
5.06 00591 AMBULATORY SVCS ADMIN					5.06
5.07 00590 OTHER A&G					5.07
5.08 00592 CAREW MEDICAL PARK ADMIN					5.08
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
7.01 00701 FACILITY ENGINEERING					7.01
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
10.01 01001 KITCHEN-NO CONNECT W/CAFE					10.01
10.02 01002 CAFETERIA					10.02
10.03 01003 PREADMITS AND ER					10.03
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
15.01 01501 OUTPATIENT PHARMACY					15.01
15.02 01502 IV SOLUTIONS					15.02
15.03 01503 MED SURG SUPPLY					15.03
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE	10,000				17.00
17.01 01701 REHAB ADMIN	0	10,000			17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00 02000 NURSING SCHOOL	0	0		0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			10,000 21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0			23.00
23.01 02301 PARAMED ED RADIOLOGY	0	0			23.01
23.02 02302 PARAMED ED PHARMACY	0	0			23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	5,314	0	0	0	4,419 30.00
31.00 03100 INTENSIVE CARE UNIT	1,287	0	0	0	1,389 31.00
31.01 03101 PEDIATRIC ICU	264	0	0	0	0 31.01
31.02 03102 NEONATAL ICU	297	0	0	0	0 31.02
32.00 03200 CORONARY CARE UNIT	0	0	0	0	631 32.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100 SUBPROVIDER - IRF	0	1,544	0	0	0 41.00
43.00 04300 NURSERY	0	0	0	0	433 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	0	0	0	1,166 50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	0	0	0	0 50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	297	0	0	0	268 52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0 54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0 54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0 54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0 54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	0 54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0 54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0 54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0 54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0 54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0 56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
60.00 06000 LABORATORY	0	0	0	0	0 60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	0	0 60.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

Period:
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To 12/31/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN	NURSING SCHOOL	INTERNS & RESIDENTS	
	(TIME SPENT)	(PERCENTAGE 4)	ANESTHETISTS (ASSIGNED TIME)	(ASSIGNED TIME)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	17.00	17.01	19.00	20.00	21.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.02 06502 DIALYSIS	0	0	0	0	0	65.02
65.03 03330 ENDOSCOPY	0	0	0	0	0	65.03
66.00 06600 PHYSICAL THERAPY	0	3,344	0	0	0	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	1,798	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,798	0	0	0	68.00
68.01 06801 NEURO REHAB	0	1,516	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 03950 NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03 03952 CARDIAC CATH LAB	264	0	0	0	0	70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 ANTI COAG CLINIC	0	0	0	0	0	90.01
90.02 09002 INFECTIOUS DISEASES	0	0	0	0	0	90.02
90.03 09003 RHEUMATOLOGY	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	2,277	0	0	0	1,694	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	10,000	10,000	0	0	10,000	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07950 NON ALLOWABLE	0	0	0	0	0	194.00
194.01 07951 TELEVISION	0	0	0	0	0	194.01
194.02 07952 PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03 07953 OP CLINIC	0	0	0	0	0	194.03
194.04 07954 PARK CENTER CLINIC	0	0	0	0	0	194.04
194.05 07955 EDUCARE CTR	0	0	0	0	0	194.05
194.06 07956 STUCKY RESEARCH CTR	0	0	0	0	0	194.06
194.07 07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08 07958 FOUNDATION	0	0	0	0	0	194.08
194.09 07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10 07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11 07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12 07962 GUEST SERVICES	0	0	0	0	0	194.12
194.13 07963 HUNTINGTON ARC	0	0	0	0	0	194.13
194.14 07964 SENIOR HEALTH SERVICES	0	0	0	0	0	194.14
194.15 07965 SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	0	194.15
194.16 07966 FITNESS	0	0	0	0	0	194.16
194.17 07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18 07968 BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19 07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20 07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21 07971 RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22 07972 EBT	0	0	0	0	0	194.22
194.23 07973 MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.23
194.24 07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25 07975 PREMIER SURGERY CENTER	0	0	0	0	0	194.25

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN	NURSING SCHOOL	INTERNS & RESIDENTS	
	(TIME SPENT)	(PERCENTAGE 4)	ANESTHETISTS (ASSIGNED TIME)	(ASSIGNED TIME)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	17.00	17.01	19.00	20.00	21.00	
194.26 07976 ISH	0	0	0	0	0	194.26
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
194.28 07979 RWJ FOUNDATION	0	0	0	0	0	194.28
194.29 07978 OUTPATIENT PHARMACY	0	0	0	0	0	194.29
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)	8,382,423	2,009,931	0	0	4,322,909	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	838.242300	200.993100	0.000000	0.000000	432.290900	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	409,309	65,836	0	0	132,623	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	40.930900	6.583600	0.000000	0.000000	13.262300	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED RADIOLOGY (PERCENTAGE %)	PARAMED PHARMACY (COSTED REQUIS.)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
	22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 COMMUNICATIONS					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 MATERIALS MANAGEMENT					5.03
5.04 00570 PATIENT SERVICES					5.04
5.05 00580 PATIENT ACCOUNTING					5.05
5.06 00591 AMBULATORY SVCS ADMIN					5.06
5.07 00590 OTHER A&G					5.07
5.08 00592 CAREW MEDICAL PARK ADMIN					5.08
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
7.01 00701 FACILITY ENGINEERING					7.01
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
10.01 01001 KITCHEN-NO CONNECT W/CAFE					10.01
10.02 01002 CAFETERIA					10.02
10.03 01003 PREADMITS AND ER					10.03
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
15.01 01501 OUTPATIENT PHARMACY					15.01
15.02 01502 IV SOLUTIONS					15.02
15.03 01503 MED SURG SUPPLY					15.03
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
17.01 01701 REHAB ADMIN					17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0		100		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0				22.00
23.00 02300 PARAMED PRGM-(SPECIFY)				0	23.00
23.01 02301 PARAMED RADIOLOGY					23.01
23.02 02302 PARAMED PHARMACY				110,253,041	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	0	0	18,374	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	330	31.00
31.01 03101 PEDIATRIC ICU	0	0	0	228	31.01
31.02 03102 NEONATAL ICU	0	0	0	83	31.02
32.00 03200 CORONARY CARE UNIT	0	0	0	0	32.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	84	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	310	41.00
43.00 04300 NURSERY	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	131,629	44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0	2,996	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	0	0	14,862	50.01
51.00 05100 RECOVERY ROOM	0	0	0	61	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	9,312	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	115	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1	58.00
60.00 06000 LABORATORY	0	100	0	6,436	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	374	60.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	PARAMED RADIOLOGY (PERCENTAGE %)	PARAMED PHARMACY (COSTED REQUIS.)	
		22.00	23.00	23.01	23.02	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILICS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	177	65.00
65.02	06502	DIALYSIS	0	0	0	65.02
65.03	03330	ENDOSCOPY	0	0	348	65.03
66.00	06600	PHYSICAL THERAPY	0	0	869	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	314	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	1	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	655	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	72,236,955	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	4	76.98
76.99	07699	LITHOTRIpsy	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	6,367	90.00
90.01	09001	ANTI COAG CLINIC	0	0	1,427	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	40,997	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	4,568	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	6,264	95.00
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	5,051,970	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	100	77,536,111	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	194.03
194.04	07954	PARK CENTER CLINIC	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	83,146	194.15
194.16	07966	FITNESS	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	838	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	194.21
194.22	07972	EBT	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	409	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	194.25

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0021

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

Worksheet B-1

Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED RADIOLOGY (PERCENTAGE %)	PARAMED PHARMACY (COSTED REQUIS.)		
	SERVICES-OTHER					
	PRGM COSTS APPRV (ASSIGNED TIME)					
	22.00	23.00	23.01	23.02		
194.26 07976 ISH	0	0	0	0		194.26
194.27 07977 MCHA BRYAN HOPD	0	0	0	0		194.27
194.28 07979 RWJ FOUNDATION	0	0	0	0		194.28
194.29 07978 OUTPATIENT PHARMACY	0	0	0	32,632,537		194.29
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	123,380	0	1,090,540		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	1,233.800000	0.000000	0.009891		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	8,267	0	39,455		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	82.670000	0.000000	0.000358		205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)		0	0	0		206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	0.000000	0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

Worksheet C
Part I
Date/Time Prepared:
8/24/2020 7:50 am

		Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	130,586,041		130,586,041	83,112	130,669,153	30.00
31.00	03100	INTENSIVE CARE UNIT	46,221,738		46,221,738	0	46,221,738	31.00
31.01	03101	PEDIATRIC ICU	2,727,883		2,727,883	0	2,727,883	31.01
31.02	03102	NEONATAL ICU	10,284,860		10,284,860	0	10,284,860	31.02
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
40.00	04000	SUBPROVIDER - I/PF	17,440,241		17,440,241	105,923	17,546,164	40.00
41.00	04100	SUBPROVIDER - I/RF	12,131,192		12,131,192	0	12,131,192	41.00
43.00	04300	NURSERY	5,916,994		5,916,994	0	5,916,994	43.00
44.00	04400	SKILLED NURSING FACILITY	1,892,877		1,892,877	0	1,892,877	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	45,544,505		45,544,505	0	45,544,505	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	5,993,842		5,993,842	0	5,993,842	50.01
51.00	05100	RECOVERY ROOM	14,434,620		14,434,620	0	14,434,620	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,091,490		2,091,490	0	2,091,490	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,121,227		35,121,227	0	35,121,227	54.00
54.01	05401	RADIOLOGY - WABASH	0		0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0		0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0		0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0		0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	609,527		609,527	0	609,527	54.05
54.06	05406	RADIOLOGY - CMP	6,775		6,775	0	6,775	54.06
54.07	05407	RADIOLOGY - WP	13,435		13,435	0	13,435	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	696,224		696,224	0	696,224	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0		0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	18,958,418		18,958,418	76,160	19,034,578	55.00
56.00	05600	RADIOISOTOPE	1,042,336		1,042,336	0	1,042,336	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,704,078		2,704,078	0	2,704,078	58.00
60.00	06000	LABORATORY	39,891,316		39,891,316	0	39,891,316	60.00
60.01	06001	ANATOMICAL PATHOLOGY	4,442,440		4,442,440	0	4,442,440	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,798,609		4,798,609	0	4,798,609	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	10,808,300	0	10,808,300	1,426	10,809,726	65.00
65.02	06502	DIALYSIS	4,213,101	0	4,213,101	0	4,213,101	65.02
65.03	03330	ENDOSCOPY	14,035,833	0	14,035,833	0	14,035,833	65.03
66.00	06600	PHYSICAL THERAPY	8,960,219	0	8,960,219	0	8,960,219	66.00
66.01	06601	TRANSITIONAL THERAPY	84	0	84	0	84	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	5,352,963	0	5,352,963	0	5,352,963	67.00
68.00	06800	SPEECH PATHOLOGY	1,953,489	0	1,953,489	0	1,953,489	68.00
68.01	06801	NEURO REHAB	4,222,609	0	4,222,609	0	4,222,609	68.01
69.00	06900	ELECTROCARDIOLOGY	2,493,218		2,493,218	0	2,493,218	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,322,319		1,322,319	0	1,322,319	70.00
70.01	03950	NUTRITION SUPPORT	1,314,026		1,314,026	0	1,314,026	70.01
70.03	03952	CARDIAC CATH LAB	14,173,853		14,173,853	0	14,173,853	70.03
70.04	03953	CARDIAC REHA SERVICES	646,014		646,014	0	646,014	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	55,245,958		55,245,958	0	55,245,958	71.00
71.01	07101	COST OF SOLUTIONS	4,866,217		4,866,217	0	4,866,217	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	55,465,580		55,465,580	0	55,465,580	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	121,307,557		121,307,557	0	121,307,557	73.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,693,198		2,693,198	0	2,693,198	76.98
76.99	07699	LITHOTRIpsy	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,616,623		1,616,623	0	1,616,623	90.00
90.01	09001	ANTI COAG CLINIC	3,968,643		3,968,643	0	3,968,643	90.01
90.02	09002	INFECTIOUS DISEASES	1,259,029		1,259,029	0	1,259,029	90.02
90.03	09003	RHEUMATOLOGY	74,250		74,250	0	74,250	90.03
91.00	09100	EMERGENCY	31,971,303		31,971,303	181,493	32,152,796	91.00
91.01	09101	PARTIAL HOSPITALIZATION	561,289		561,289	0	561,289	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	19,361,050		19,361,050	0	19,361,050	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	8,982,185		8,982,185	0	8,982,185	95.00
99.10	09910	CORF	0		0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	22,428,980		22,428,980	0	22,428,980	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	15,099,284		15,099,284	0	15,099,284	116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0021		Period: From 01/01/2019 To 12/31/2019		Worksheet C Part I Date/Time Prepared: 8/24/2020 7:50 am	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
200.00	Subtotal (see instructions)	817,947,842	0	817,947,842	448,114	818,395,956	200.00
201.00	Less Observation Beds	19,361,050		19,361,050		19,361,050	201.00
202.00	Total (see instructions)	798,586,792	0	798,586,792	448,114	799,034,906	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

Worksheet C
Part I
Date/Time Prepared:
8/24/2020 7:50 am

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	291,759,841		291,759,841		30.00
31.00	03100	INTENSIVE CARE UNIT	107,229,548		107,229,548		31.00
31.01	03101	PEDIATRIC ICU	4,869,645		4,869,645		31.01
31.02	03102	NEONATAL ICU	38,545,874		38,545,874		31.02
32.00	03200	CORONARY CARE UNIT	0		0		32.00
40.00	04000	SUBPROVIDER - IPF	28,899,850		28,899,850		40.00
41.00	04100	SUBPROVIDER - IRF	25,244,484		25,244,484		41.00
43.00	04300	NURSERY	6,513,232		6,513,232		43.00
44.00	04400	SKILLED NURSING FACILITY	935,822		935,822		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	314,210,113	227,759,607	541,969,720	0.084035	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	193,870	71,257,067	71,450,937	0.083888	50.01
51.00	05100	RECOVERY ROOM	41,960,259	57,074,207	99,034,466	0.145753	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,965,625	0	3,965,625	0.0527405	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	161,834,439	303,064,888	464,899,327	0.075546	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	14,638	1,540,392	1,555,030	0.0391971	54.05
54.06	05406	RADIOLOGY - CMP	0	7,500	7,500	0.0903333	54.06
54.07	05407	RADIOLOGY - WP	0	15,000	15,000	0.0895667	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	609	417,575	418,184	1.664875	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	3,149,361	132,087,993	135,237,354	0.140186	55.00
56.00	05600	RADIOISOTOPE	4,234,260	3,021,404	7,255,664	0.143658	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,433,869	8,546,679	19,980,548	0.135336	58.00
60.00	06000	LABORATORY	154,148,716	189,992,575	344,141,291	0.115916	60.00
60.01	06001	ANATOMICAL PATHOLOGY	11,305,613	13,518,274	24,823,887	0.178958	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	14,061,377	2,528,671	16,590,048	0.289246	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	47,083,406	9,960,545	57,043,951	0.189473	65.00
65.02	06502	DIALYSIS	8,426,608	394,469	8,821,077	0.477618	65.02
65.03	03330	ENDOSCOPY	24,784,346	109,373,630	134,157,976	0.104622	65.03
66.00	06600	PHYSICAL THERAPY	14,623,501	7,193,479	21,816,980	0.410699	66.00
66.01	06601	TRANSITIONAL THERAPY	0	100	100	0.840000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	14,482,908	638,927	15,121,835	0.353989	67.00
68.00	06800	SPEECH PATHOLOGY	5,590,529	571,782	6,162,311	0.317006	68.00
68.01	06801	NEURO REHAB	4,664	13,468,243	13,472,907	0.313415	68.01
69.00	06900	ELECTROCARDIOLOGY	12,020,025	31,875,965	43,895,990	0.056798	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,738,127	3,614,155	8,352,282	0.158318	70.00
70.01	03950	NUTRITION SUPPORT	578,157	121,146	699,303	1.879051	70.01
70.03	03952	CARDIAC CATH LAB	94,442,602	100,046,658	194,489,260	0.072877	70.03
70.04	03953	CARDIAC REHA SERVICES	434	2,329,495	2,329,929	0.277268	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	117,952,955	87,867,986	205,820,941	0.268418	71.00
71.01	07101	COST OF SOLUTIONS	55,726,628	17,230,009	72,956,637	0.066700	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	148,920,070	83,241,326	232,161,396	0.238910	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	194,265,629	370,536,655	564,802,284	0.214779	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,105,795	6,098,051	11,203,846	0.240382	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	372,645	1,291,250	1,663,895	0.0971590	90.00
90.01	09001	ANTI COAG CLINIC	15,901	4,509,148	4,525,049	0.877039	90.01
90.02	09002	INFECTIOUS DISEASES	0	968,117	968,117	1.300493	90.02
90.03	09003	RHEUMATOLOGY	0	100,000	100,000	0.742500	90.03
91.00	09100	EMERGENCY	94,754,222	173,877,403	268,631,625	0.119015	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	2,224,638	2,224,638	0.252306	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,183,936	97,889,730	102,073,666	0.189677	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	15,141,612	15,141,612	0.593212	95.00
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	26,300,588	26,300,588		101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	14,137,769	14,137,769		116.00
200.00		Subtotal (see instructions)	2,072,584,133	2,191,834,708	4,264,418,841		200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0021			Period: From 01/01/2019 To 12/31/2019		Worksheet C Part I Date/Time Prepared: 8/24/2020 7:50 am	
		Title XVIII			Hospital		PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00	9.00	10.00		
201.00	Less Observation Beds						201.00	
202.00	Total (see instructions)	2,072,584,133	2,191,834,708	4,264,418,841			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 8/24/2020 7:50 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	03101 PEDIATRIC ICU			31.01
31.02	03102 NEONATAL ICU			31.02
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.084035		50.00
50.01	05001 PARKVIEW PREMIER SURGERY	0.083888		50.01
51.00	05100 RECOVERY ROOM	0.145753		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.527405		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.075546		54.00
54.01	05401 RADIOLOGY - WABASH	0.000000		54.01
54.02	05402 RADIOLOGY - MANCHESTER	0.000000		54.02
54.03	05403 RADIOLOGY - EAST STATE	0.000000		54.03
54.04	05404 RADIOLOGY - JEFFERSON	0.000000		54.04
54.05	05405 RADIOLOGY - NHMP	0.391971		54.05
54.06	05406 RADIOLOGY - CMP	0.903333		54.06
54.07	05407 RADIOLOGY - WP	0.895667		54.07
54.08	05408 RADIOLOGY - PULM CLINIC	1.664875		54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000		54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0.140749		55.00
56.00	05600 RADIOISOTOPE	0.143658		56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.135336		58.00
60.00	06000 LABORATORY	0.115916		60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.178958		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.289246		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.189498		65.00
65.02	06502 DIALYSIS	0.477618		65.02
65.03	03330 ENDOSCOPY	0.104622		65.03
66.00	06600 PHYSICAL THERAPY	0.410699		66.00
66.01	06601 TRANSITIONAL THERAPY	0.840000		66.01
66.02	03650 PV REHAB OUTREACH	0.000000		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.353989		67.00
68.00	06800 SPEECH PATHOLOGY	0.317006		68.00
68.01	06801 NEURO REHAB	0.313415		68.01
69.00	06900 ELECTROCARDIOLOGY	0.056798		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.158318		70.00
70.01	03950 NUTRITION SUPPORT	1.879051		70.01
70.03	03952 CARDIAC CATH LAB	0.072877		70.03
70.04	03953 CARDIAC REHA SERVICES	0.277268		70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.268418		71.00
71.01	07101 COST OF SOLUTIONS	0.066700		71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.238910		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.214779		73.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.240382		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.971590		90.00
90.01	09001 ANTI COAG CLINIC	0.877039		90.01
90.02	09002 INFECTIOUS DISEASES	1.300493		90.02
90.03	09003 RHEUMATOLOGY	0.742500		90.03
91.00	09100 EMERGENCY	0.119691		91.00
91.01	09101 PARTIAL HOSPITALIZATION	0.252306		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.189677		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.593212		95.00
99.10	09910 CORF			99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY			99.40
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

Worksheet C
Part I
Date/Time Prepared:
8/24/2020 7:50 am

		Title XIX		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE				
				Di sallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	130,586,041		130,586,041	83,112	130,669,153	30.00
31.00	03100	INTENSIVE CARE UNIT	46,221,738		46,221,738	0	46,221,738	31.00
31.01	03101	PEDIATRIC ICU	2,727,883		2,727,883	0	2,727,883	31.01
31.02	03102	NEONATAL ICU	10,284,860		10,284,860	0	10,284,860	31.02
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
40.00	04000	SUBPROVIDER - I/PF	17,440,241		17,440,241	105,923	17,546,164	40.00
41.00	04100	SUBPROVIDER - I/RF	12,131,192		12,131,192	0	12,131,192	41.00
43.00	04300	NURSERY	5,916,994		5,916,994	0	5,916,994	43.00
44.00	04400	SKILLED NURSING FACILITY	1,892,877		1,892,877	0	1,892,877	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	45,544,505		45,544,505	0	45,544,505	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	5,993,842		5,993,842	0	5,993,842	50.01
51.00	05100	RECOVERY ROOM	14,434,620		14,434,620	0	14,434,620	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,091,490		2,091,490	0	2,091,490	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,121,227		35,121,227	0	35,121,227	54.00
54.01	05401	RADIOLOGY - WABASH	0		0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0		0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0		0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0		0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	609,527		609,527	0	609,527	54.05
54.06	05406	RADIOLOGY - CMP	6,775		6,775	0	6,775	54.06
54.07	05407	RADIOLOGY - WP	13,435		13,435	0	13,435	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	696,224		696,224	0	696,224	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0		0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	18,958,418		18,958,418	76,160	19,034,578	55.00
56.00	05600	RADIOISOTOPE	1,042,336		1,042,336	0	1,042,336	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,704,078		2,704,078	0	2,704,078	58.00
60.00	06000	LABORATORY	39,891,316		39,891,316	0	39,891,316	60.00
60.01	06001	ANATOMICAL PATHOLOGY	4,442,440		4,442,440	0	4,442,440	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,798,609		4,798,609	0	4,798,609	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	10,808,300	0	10,808,300	1,426	10,809,726	65.00
65.02	06502	DIALYSIS	4,213,101	0	4,213,101	0	4,213,101	65.02
65.03	03330	ENDOSCOPY	14,035,833	0	14,035,833	0	14,035,833	65.03
66.00	06600	PHYSICAL THERAPY	8,960,219	0	8,960,219	0	8,960,219	66.00
66.01	06601	TRANSITIONAL THERAPY	84	0	84	0	84	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	5,352,963	0	5,352,963	0	5,352,963	67.00
68.00	06800	SPEECH PATHOLOGY	1,953,489	0	1,953,489	0	1,953,489	68.00
68.01	06801	NEURO REHAB	4,222,609	0	4,222,609	0	4,222,609	68.01
69.00	06900	ELECTROCARDIOLOGY	2,493,218		2,493,218	0	2,493,218	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,322,319		1,322,319	0	1,322,319	70.00
70.01	03950	NUTRITION SUPPORT	1,314,026		1,314,026	0	1,314,026	70.01
70.03	03952	CARDIAC CATH LAB	14,173,853		14,173,853	0	14,173,853	70.03
70.04	03953	CARDIAC REHA SERVICES	646,014		646,014	0	646,014	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	55,245,958		55,245,958	0	55,245,958	71.00
71.01	07101	COST OF SOLUTIONS	4,866,217		4,866,217	0	4,866,217	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	55,465,580		55,465,580	0	55,465,580	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	121,307,557		121,307,557	0	121,307,557	73.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,693,198		2,693,198	0	2,693,198	76.98
76.99	07699	LITHOTRIpsy	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,616,623		1,616,623	0	1,616,623	90.00
90.01	09001	ANTI COAG CLINIC	3,968,643		3,968,643	0	3,968,643	90.01
90.02	09002	INFECTIOUS DISEASES	1,259,029		1,259,029	0	1,259,029	90.02
90.03	09003	RHEUMATOLOGY	74,250		74,250	0	74,250	90.03
91.00	09100	EMERGENCY	31,971,303		31,971,303	181,493	32,152,796	91.00
91.01	09101	PARTIAL HOSPITALIZATION	561,289		561,289	0	561,289	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	19,361,050		19,361,050	0	19,361,050	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	8,982,185		8,982,185	0	8,982,185	95.00
99.10	09910	CORF	0		0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	22,428,980		22,428,980	0	22,428,980	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	15,099,284		15,099,284	0	15,099,284	116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE	Total Costs	
					Disallowance		
1.00	2.00	3.00	4.00	5.00			
200.00	Subtotal (see instructions)	817,947,842	0	817,947,842	448,114	818,395,956	200.00
201.00	Less Observation Beds	19,361,050		19,361,050		19,361,050	201.00
202.00	Total (see instructions)	798,586,792	0	798,586,792	448,114	799,034,906	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

Worksheet C
Part I
Date/Time Prepared:
8/24/2020 7:50 am

		Title XIX			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	291,759,841		291,759,841		30.00
31.00	03100	INTENSIVE CARE UNIT	107,229,548		107,229,548		31.00
31.01	03101	PEDIATRIC ICU	4,869,645		4,869,645		31.01
31.02	03102	NEONATAL ICU	38,545,874		38,545,874		31.02
32.00	03200	CORONARY CARE UNIT	0		0		32.00
40.00	04000	SUBPROVIDER - IPF	28,899,850		28,899,850		40.00
41.00	04100	SUBPROVIDER - IRF	25,244,484		25,244,484		41.00
43.00	04300	NURSERY	6,513,232		6,513,232		43.00
44.00	04400	SKILLED NURSING FACILITY	935,822		935,822		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	314,210,113	227,759,607	541,969,720	0.084035	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	193,870	71,257,067	71,450,937	0.083888	50.01
51.00	05100	RECOVERY ROOM	41,960,259	57,074,207	99,034,466	0.145753	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,965,625	0	3,965,625	0.0527405	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	161,834,439	303,064,888	464,899,327	0.075546	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	14,638	1,540,392	1,555,030	0.0391971	54.05
54.06	05406	RADIOLOGY - CMP	0	7,500	7,500	0.0903333	54.06
54.07	05407	RADIOLOGY - WP	0	15,000	15,000	0.0895667	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	609	417,575	418,184	1.664875	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	3,149,361	132,087,993	135,237,354	0.140186	55.00
56.00	05600	RADIOISOTOPE	4,234,260	3,021,404	7,255,664	0.143658	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,433,869	8,546,679	19,980,548	0.135336	58.00
60.00	06000	LABORATORY	154,148,716	189,992,575	344,141,291	0.115916	60.00
60.01	06001	ANATOMICAL PATHOLOGY	11,305,613	13,518,274	24,823,887	0.178958	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	14,061,377	2,528,671	16,590,048	0.289246	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	47,083,406	9,960,545	57,043,951	0.189473	65.00
65.02	06502	DIALYSIS	8,426,608	394,469	8,821,077	0.477618	65.02
65.03	03330	ENDOSCOPY	24,784,346	109,373,630	134,157,976	0.104622	65.03
66.00	06600	PHYSICAL THERAPY	14,623,501	7,193,479	21,816,980	0.410699	66.00
66.01	06601	TRANSITIONAL THERAPY	0	100	100	0.840000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	14,482,908	638,927	15,121,835	0.353989	67.00
68.00	06800	SPEECH PATHOLOGY	5,590,529	571,782	6,162,311	0.317006	68.00
68.01	06801	NEURO REHAB	4,664	13,468,243	13,472,907	0.313415	68.01
69.00	06900	ELECTROCARDIOLOGY	12,020,025	31,875,965	43,895,990	0.056798	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,738,127	3,614,155	8,352,282	0.158318	70.00
70.01	03950	NUTRITION SUPPORT	578,157	121,146	699,303	1.879051	70.01
70.03	03952	CARDIAC CATH LAB	94,442,602	100,046,658	194,489,260	0.072877	70.03
70.04	03953	CARDIAC REHA SERVICES	434	2,329,495	2,329,929	0.277268	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	117,952,955	87,867,986	205,820,941	0.268418	71.00
71.01	07101	COST OF SOLUTIONS	55,726,628	17,230,009	72,956,637	0.066700	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	148,920,070	83,241,326	232,161,396	0.238910	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	194,265,629	370,536,655	564,802,284	0.214779	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,105,795	6,098,051	11,203,846	0.240382	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	372,645	1,291,250	1,663,895	0.0971590	90.00
90.01	09001	ANTI COAG CLINIC	15,901	4,509,148	4,525,049	0.877039	90.01
90.02	09002	INFECTIOUS DISEASES	0	968,117	968,117	1.300493	90.02
90.03	09003	RHEUMATOLOGY	0	100,000	100,000	0.742500	90.03
91.00	09100	EMERGENCY	94,754,222	173,877,403	268,631,625	0.119015	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	2,224,638	2,224,638	0.252306	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,183,936	97,889,730	102,073,666	0.189677	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	15,141,612	15,141,612	0.593212	95.00
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	26,300,588	26,300,588		101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	14,137,769	14,137,769		116.00
200.00		Subtotal (see instructions)	2,072,584,133	2,191,834,708	4,264,418,841		200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0021

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

Worksheet C
Part I
Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		Title XIX			Hospital	PPS	
		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	
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	2,072,584,133	2,191,834,708	4,264,418,841			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 8/24/2020 7:50 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	03101 PEDIATRIC ICU			31.01
31.02	03102 NEONATAL ICU			31.02
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.084035		50.00
50.01	05001 PARKVIEW PREMIER SURGERY	0.083888		50.01
51.00	05100 RECOVERY ROOM	0.145753		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.527405		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.075546		54.00
54.01	05401 RADIOLOGY - WABASH	0.000000		54.01
54.02	05402 RADIOLOGY - MANCHESTER	0.000000		54.02
54.03	05403 RADIOLOGY - EAST STATE	0.000000		54.03
54.04	05404 RADIOLOGY - JEFFERSON	0.000000		54.04
54.05	05405 RADIOLOGY - NHMP	0.391971		54.05
54.06	05406 RADIOLOGY - CMP	0.903333		54.06
54.07	05407 RADIOLOGY - WP	0.895667		54.07
54.08	05408 RADIOLOGY - PULM CLINIC	1.664875		54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000		54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0.140749		55.00
56.00	05600 RADIOISOTOPE	0.143658		56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.135336		58.00
60.00	06000 LABORATORY	0.115916		60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.178958		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.289246		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.189498		65.00
65.02	06502 DIALYSIS	0.477618		65.02
65.03	03330 ENDOSCOPY	0.104622		65.03
66.00	06600 PHYSICAL THERAPY	0.410699		66.00
66.01	06601 TRANSITIONAL THERAPY	0.840000		66.01
66.02	03650 PV REHAB OUTREACH	0.000000		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.353989		67.00
68.00	06800 SPEECH PATHOLOGY	0.317006		68.00
68.01	06801 NEURO REHAB	0.313415		68.01
69.00	06900 ELECTROCARDIOLOGY	0.056798		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.158318		70.00
70.01	03950 NUTRITION SUPPORT	1.879051		70.01
70.03	03952 CARDIAC CATH LAB	0.072877		70.03
70.04	03953 CARDIAC REHA SERVICES	0.277268		70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.268418		71.00
71.01	07101 COST OF SOLUTIONS	0.066700		71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.238910		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.214779		73.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.240382		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.971590		90.00
90.01	09001 ANTI COAG CLINIC	0.877039		90.01
90.02	09002 INFECTIOUS DISEASES	1.300493		90.02
90.03	09003 RHEUMATOLOGY	0.742500		90.03
91.00	09100 EMERGENCY	0.119691		91.00
91.01	09101 PARTIAL HOSPITALIZATION	0.252306		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.189677		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.593212		95.00
99.10	09910 CORF			99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY			99.40
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part II Date/Time Prepared: 8/24/2020 7:50 am
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Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	45,544,505	7,055,110	38,489,395	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	5,993,842	707,210	5,286,632	0	0	50.01
51.00	05100	RECOVERY ROOM	14,434,620	1,591,027	12,843,593	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,091,490	513,300	1,578,190	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,121,227	5,747,227	29,374,000	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	609,527	119,275	490,252	0	0	54.05
54.06	05406	RADIOLOGY - CMP	6,775	208	6,567	0	0	54.06
54.07	05407	RADIOLOGY - WP	13,435	425	13,010	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	696,224	155,462	540,762	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	18,958,418	4,620,684	14,337,734	0	0	55.00
56.00	05600	RADIOISOTOPE	1,042,336	192,339	849,997	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,704,078	424,441	2,279,637	0	0	58.00
60.00	06000	LABORATORY	39,891,316	3,438,722	36,452,594	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	4,442,440	388,055	4,054,385	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,798,609	147,972	4,650,637	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	10,808,300	957,549	9,850,751	0	0	65.00
65.02	06502	DIALYSIS	4,213,101	202,988	4,010,113	0	0	65.02
65.03	03330	ENDOSCOPY	14,035,833	3,748,167	10,287,666	0	0	65.03
66.00	06600	PHYSICAL THERAPY	8,960,219	820,334	8,139,885	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	84	18	66	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	5,352,963	194,335	5,158,628	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,953,489	62,565	1,890,924	0	0	68.00
68.01	06801	NEURO REHAB	4,222,609	299,139	3,923,470	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	2,493,218	112,936	2,380,282	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,322,319	90,172	1,232,147	0	0	70.00
70.01	03950	NUTRITION SUPPORT	1,314,026	46,373	1,267,653	0	0	70.01
70.03	03952	CARDIAC CATH LAB	14,173,853	2,410,376	11,763,477	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	646,014	93,295	552,719	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	55,245,958	1,832,736	53,413,222	0	0	71.00
71.01	07101	COST OF SOLUTIONS	4,866,217	460,976	4,405,241	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	55,465,580	1,841,298	53,624,282	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	121,307,557	7,238,469	114,069,088	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,693,198	173,898	2,519,300	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,616,623	117,081	1,499,542	0	0	90.00
90.01	09001	ANTI COAG CLINIC	3,968,643	187,261	3,781,382	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	1,259,029	68,729	1,190,300	0	0	90.02
90.03	09003	RHEUMATOLOGY	74,250	26,198	48,052	0	0	90.03
91.00	09100	EMERGENCY	31,971,303	3,110,360	28,860,943	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	561,289	35,287	526,002	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	19,361,050	1,724,082	17,636,968	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	8,982,185	474,471	8,507,714	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	22,428,980	1,351,494	21,077,486	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	15,099,284	471,642	14,627,642	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	590,746,016	53,253,686	537,492,330	0	0	200.00
201.00		Less Observation Beds	19,361,050	1,724,082	17,636,968	0	0	201.00
202.00		Total (line 200 minus line 201)	571,384,966	51,529,604	519,855,362	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part II Date/Time Prepared: 8/24/2020 7:50 am
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	45,544,505	541,969,720	0.084035		50.00
50.01	05001 PARKVIEW PREMIER SURGERY	5,993,842	71,450,937	0.083888		50.01
51.00	05100 RECOVERY ROOM	14,434,620	99,034,466	0.145753		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,091,490	3,965,625	0.527405		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	35,121,227	464,899,327	0.075546		54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0.000000		54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0.000000		54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0.000000		54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0.000000		54.04
54.05	05405 RADIOLOGY - NHMP	609,527	1,555,030	0.391971		54.05
54.06	05406 RADIOLOGY - CMP	6,775	7,500	0.903333		54.06
54.07	05407 RADIOLOGY - WP	13,435	15,000	0.895667		54.07
54.08	05408 RADIOLOGY - PULM CLINIC	696,224	418,184	1.664875		54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0.000000		54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	18,958,418	135,237,354	0.140186		55.00
56.00	05600 RADIOISOTOPE	1,042,336	7,255,664	0.143658		56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,704,078	19,980,548	0.135336		58.00
60.00	06000 LABORATORY	39,891,316	344,141,291	0.115916		60.00
60.01	06001 ANATOMICAL PATHOLOGY	4,442,440	24,823,887	0.178958		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	4,798,609	16,590,048	0.289246		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	10,808,300	57,043,951	0.189473		65.00
65.02	06502 DIALYSIS	4,213,101	8,821,077	0.477618		65.02
65.03	03330 ENDOSCOPY	14,035,833	134,157,976	0.104622		65.03
66.00	06600 PHYSICAL THERAPY	8,960,219	21,816,980	0.410699		66.00
66.01	06601 TRANSITIONAL THERAPY	84	100	0.840000		66.01
66.02	03650 PV REHAB OUTREACH	0	0	0.000000		66.02
67.00	06700 OCCUPATIONAL THERAPY	5,352,963	15,121,835	0.353989		67.00
68.00	06800 SPEECH PATHOLOGY	1,953,489	6,162,311	0.317006		68.00
68.01	06801 NEURO REHAB	4,222,609	13,472,907	0.313415		68.01
69.00	06900 ELECTROCARDIOLOGY	2,493,218	43,895,990	0.056798		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,322,319	8,352,282	0.158318		70.00
70.01	03950 NUTRITION SUPPORT	1,314,026	699,303	1.879051		70.01
70.03	03952 CARDIAC CATH LAB	14,173,853	194,489,260	0.072877		70.03
70.04	03953 CARDIAC REHA SERVICES	646,014	2,329,929	0.277268		70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	55,245,958	205,820,941	0.268418		71.00
71.01	07101 COST OF SOLUTIONS	4,866,217	72,956,637	0.066700		71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	55,465,580	232,161,396	0.238910		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	121,307,557	564,802,284	0.214779		73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000		76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	2,693,198	11,203,846	0.240382		76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	1,616,623	1,663,895	0.971590		90.00
90.01	09001 ANTI COAG CLINIC	3,968,643	4,525,049	0.877039		90.01
90.02	09002 INFECTIOUS DISEASES	1,259,029	968,117	1.300493		90.02
90.03	09003 RHEUMATOLOGY	74,250	100,000	0.742500		90.03
91.00	09100 EMERGENCY	31,971,303	268,631,625	0.119015		91.00
91.01	09101 PARTIAL HOSPITALIZATION	561,289	2,224,638	0.252306		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	19,361,050	102,073,666	0.189677		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	8,982,185	15,141,612	0.593212		95.00
99.10	09910 CORF	0	0	0.000000		99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0.000000		99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0.000000		99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0.000000		99.40
101.00	10100 HOME HEALTH AGENCY	22,428,980	26,300,588	0.852794		101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600 HOSPICE	15,099,284	14,137,769	1.068010		116.00
200.00	Subtotal (sum of lines 50 thru 199)	590,746,016	3,760,420,545			200.00
201.00	Less Observation Beds	19,361,050	0			201.00
202.00	Total (line 200 minus line 201)	571,384,966	3,760,420,545			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part I Date/Time Prepared: 8/24/2020 7:50 am
Title XVIII			Hospital	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	11,635,910	0	11,635,910	135,468	85.89	30.00
31.00	INTENSIVE CARE UNIT	4,219,758		4,219,758	36,110	116.86	31.00
31.01	PEDIATRIC ICU	260,350		260,350	1,368	190.31	31.01
31.02	NEONATAL ICU	838,615		838,615	9,461	88.64	31.02
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
40.00	SUBPROVIDER - IPF	1,719,779	0	1,719,779	18,531	92.81	40.00
41.00	SUBPROVIDER - IRF	938,159	0	938,159	10,015	93.68	41.00
43.00	NURSERY	301,217		301,217	5,882	51.21	43.00
44.00	SKILLED NURSING FACILITY	197,651		197,651	1,406	140.58	44.00
200.00	Total (lines 30 through 199)	20,111,439		20,111,439	218,241		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	36,019	3,093,672	30.00
31.00	INTENSIVE CARE UNIT	6,259	731,427	31.00
31.01	PEDIATRIC ICU	0	0	31.01
31.02	NEONATAL ICU	0	0	31.02
32.00	CORONARY CARE UNIT	0	0	32.00
40.00	SUBPROVIDER - IPF	3,719	345,160	40.00
41.00	SUBPROVIDER - IRF	4,224	395,704	41.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	508	71,415	44.00
200.00	Total (lines 30 through 199)	50,729	4,637,378	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0021

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

Worksheet D
Part II
Date/Time Prepared:
8/24/2020 7:50 am

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	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	7,055,110	541,969,720	0.013018	84,706,609	1,102,711	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	707,210	71,450,937	0.009898	30,698	304	50.01
51.00	05100 RECOVERY ROOM	1,591,027	99,034,466	0.016065	7,047,376	113,216	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	513,300	3,965,625	0.0129437	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,747,227	464,899,327	0.012362	41,794,663	516,666	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	119,275	1,555,030	0.076703	0	0	54.05
54.06	05406 RADIOLOGY - CMP	208	7,500	0.027733	0	0	54.06
54.07	05407 RADIOLOGY - WP	425	15,000	0.028333	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	155,462	418,184	0.371755	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	4,620,684	135,237,354	0.034167	982,356	33,564	55.00
56.00	05600 RADIOISOTOPE	192,339	7,255,664	0.026509	1,597,223	42,341	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	424,441	19,980,548	0.021243	3,176,474	67,478	58.00
60.00	06000 LABORATORY	3,438,722	344,141,291	0.009992	42,004,467	419,709	60.00
60.01	06001 ANATOMICAL PATHOLOGY	388,055	24,823,887	0.015632	3,357,095	52,478	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	147,972	16,590,048	0.008919	6,140,914	54,771	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	957,549	57,043,951	0.016786	13,714,452	230,211	65.00
65.02	06502 DIALYSIS	202,988	8,821,077	0.023012	3,929,390	90,423	65.02
65.03	03330 ENDOSCOPY	3,748,167	134,157,976	0.027938	7,464,586	208,546	65.03
66.00	06600 PHYSICAL THERAPY	820,334	21,816,980	0.037601	3,024,184	113,712	66.00
66.01	06601 TRANSITIONAL THERAPY	18	100	0.180000	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	194,335	15,121,835	0.012851	2,776,268	35,678	67.00
68.00	06800 SPEECH PATHOLOGY	62,565	6,162,311	0.010153	1,177,880	11,959	68.00
68.01	06801 NEURO REHAB	299,139	13,472,907	0.022203	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	112,936	43,895,990	0.002573	9,406,048	24,202	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	90,172	8,352,282	0.010796	22,487	243	70.00
70.01	03950 NUTRITION SUPPORT	46,373	699,303	0.066313	155,067	10,283	70.01
70.03	03952 CARDIAC CATH LAB	2,410,376	194,489,260	0.012393	28,350,504	351,348	70.03
70.04	03953 CARDIAC REHA SERVICES	93,295	2,329,929	0.040042	434	17	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,832,736	205,820,941	0.008905	35,760,676	318,449	71.00
71.01	07101 COST OF SOLUTIONS	460,976	72,956,637	0.006318	13,816,822	87,295	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,841,298	232,161,396	0.007931	47,848,854	379,489	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,238,469	564,802,284	0.012816	51,289,480	657,326	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	173,898	11,203,846	0.015521	742,489	11,524	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	117,081	1,663,895	0.070366	89,664	6,309	90.00
90.01	09001 ANTI COAG CLINIC	187,261	4,525,049	0.041383	3,905	162	90.01
90.02	09002 INFECTIOUS DISEASES	68,729	968,117	0.070992	0	0	90.02
90.03	09003 RHEUMATOLOGY	26,198	100,000	0.261980	0	0	90.03
91.00	09100 EMERGENCY	3,110,360	268,631,625	0.011579	24,983,788	289,287	91.00
91.01	09101 PARTIAL HOSPITALIZATION	35,287	2,224,638	0.015862	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,724,082	102,073,666	0.016891	1,368,825	23,121	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	50,956,079	3,704,840,576		436,763,678	5,252,822	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part III Date/Time Prepared: 8/24/2020 7:50 am
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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	182	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	3	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	2	0	31.01
31.02	03102	NEONATAL ICU	0	0	1	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	1	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	3	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	1,302	0	44.00
200.00		Total (lines 30 through 199)	0	0	1,494	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	182	135,468	0.00	36,019	30.00
31.00	03100	INTENSIVE CARE UNIT		3	36,110	0.00	6,259	31.00
31.01	03101	PEDIATRIC ICU		2	1,368	0.00	0	31.01
31.02	03102	NEONATAL ICU		1	9,461	0.00	0	31.02
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	1	18,531	0.00	3,719	40.00
41.00	04100	SUBPROVIDER - IRF	0	3	10,015	0.00	4,224	41.00
43.00	04300	NURSERY		0	5,882	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY		1,302	1,406	0.93	508	44.00
200.00		Total (lines 30 through 199)		1,494	218,241		50,729	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
31.01	03101	PEDIATRIC ICU	0				31.01
31.02	03102	NEONATAL ICU	0				31.02
32.00	03200	CORONARY CARE UNIT	0				32.00
40.00	04000	SUBPROVIDER - IPF	0				40.00
41.00	04100	SUBPROVIDER - IRF	0				41.00
43.00	04300	NURSERY	0				43.00
44.00	04400	SKILLED NURSING FACILITY	472				44.00
200.00		Total (lines 30 through 199)	472				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/24/2020 7:50 am
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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	30	50.00	
50.01 05001 PARKVIEW PREMIER SURGERY	0	0	0	0	147	50.01	
51.00 05100 RECOVERY ROOM	0	0	0	0	1	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	92	54.00	
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01	
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02	
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03	
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04	
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05	
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0	54.06	
54.07 05407 RADIOLOGY - WP	0	0	0	0	0	54.07	
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08	
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	1	55.00	
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
60.00 06000 LABORATORY	0	0	0	0	123,444	60.00	
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	0	4	60.01	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00	
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	2	65.00	
65.02 06502 DIALYSIS	0	0	0	0	0	65.02	
65.03 03330 ENDOSCOPY	0	0	0	0	3	65.03	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	9	66.00	
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	3	66.01	
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0	66.02	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00	
68.01 06801 NEURO REHAB	0	0	0	0	0	68.01	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
70.01 03950 NUTRITION SUPPORT	0	0	0	0	0	70.01	
70.03 03952 CARDIAC CATH LAB	0	0	0	0	6	70.03	
70.04 03953 CARDIAC REHA SERVICES	0	0	0	0	0	70.04	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
71.01 07101 COST OF SOLUTIONS	0	0	0	0	0	71.01	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	714,523	73.00	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	63	90.00	
90.01 09001 ANTI COAG CLINIC	0	0	0	0	14	90.01	
90.02 09002 INFECTIOUS DISEASES	0	0	0	0	406	90.02	
90.03 09003 RHEUMATOLOGY	0	0	0	0	0	90.03	
91.00 09100 EMERGENCY	0	0	0	0	45	91.00	
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	19	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
200.00 Total (lines 50 through 199)	0	0	0	0	838,812	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/24/2020 7:50 am
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	Title XVIII	
						Hospital	PPS
	4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	30	30	541,969,720	0.000000		50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	147	147	71,450,937	0.000002		50.01
51.00 05100 RECOVERY ROOM	0	1	1	99,034,466	0.000000		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,965,625	0.000000		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	92	92	464,899,327	0.000000		54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0.000000		54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0.000000		54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0.000000		54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0.000000		54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	1,555,030	0.000000		54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	7,500	0.000000		54.06
54.07 05407 RADIOLOGY - WP	0	0	0	15,000	0.000000		54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	418,184	0.000000		54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000		54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	1	1	135,237,354	0.000000		55.00
56.00 05600 RADIOISOTOPE	0	0	0	7,255,664	0.000000		56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	19,980,548	0.000000		58.00
60.00 06000 LABORATORY	0	123,444	123,444	344,141,291	0.000359		60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	4	4	24,823,887	0.000000		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	16,590,048	0.000000		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000		62.30
65.00 06500 RESPIRATORY THERAPY	0	2	2	57,043,951	0.000000		65.00
65.02 06502 DIALYSIS	0	0	0	8,821,077	0.000000		65.02
65.03 03330 ENDOSCOPY	0	3	3	134,157,976	0.000000		65.03
66.00 06600 PHYSICAL THERAPY	0	9	9	21,816,980	0.000000		66.00
66.01 06601 TRANSITIONAL THERAPY	0	3	3	100	0.030000		66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0.000000		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	15,121,835	0.000000		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	6,162,311	0.000000		68.00
68.01 06801 NEURO REHAB	0	0	0	13,472,907	0.000000		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	43,895,990	0.000000		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	8,352,282	0.000000		70.00
70.01 03950 NUTRITION SUPPORT	0	0	0	699,303	0.000000		70.01
70.03 03952 CARDIAC CATH LAB	0	6	6	194,489,260	0.000000		70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	0	2,329,929	0.000000		70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	205,820,941	0.000000		71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	72,956,637	0.000000		71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	232,161,396	0.000000		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	714,523	714,523	564,802,284	0.001265		73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000		76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	11,203,846	0.000000		76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	63	63	1,663,895	0.000038		90.00
90.01 09001 ANTI COAG CLINIC	0	14	14	4,525,049	0.000003		90.01
90.02 09002 INFECTIOUS DISEASES	0	406	406	968,117	0.000419		90.02
90.03 09003 RHEUMATOLOGY	0	0	0	100,000	0.000000		90.03
91.00 09100 EMERGENCY	0	45	45	268,631,625	0.000000		91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	2,224,638	0.000000		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	19	19	102,073,666	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES							95.00
200.00 Total (lines 50 through 199)	0	838,812	838,812	3,704,840,576			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/24/2020 7:50 am
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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	84,706,609	0	36,780,662	0	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	0.000002	30,698	0	8,660,111	17	50.01
51.00	05100 RECOVERY ROOM	0.000000	7,047,376	0	15,524,805	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	41,794,663	0	57,720,022	0	54.00
54.01	05401 RADIOLOGY - WABASH	0.000000	0	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0.000000	0	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0.000000	0	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0.000000	0	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0.000000	0	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0.000000	0	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0.000000	0	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0.000000	0	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	982,356	0	45,645,152	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	1,597,223	0	2,191,187	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	3,176,474	0	6,783,449	0	58.00
60.00	06000 LABORATORY	0.000359	42,004,467	15,080	7,852,744	2,819	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.000000	3,357,095	0	7,361,336	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	6,140,914	0	1,557,974	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.000000	13,714,452	0	3,997,882	0	65.00
65.02	06502 DIALYSIS	0.000000	3,929,390	0	209,683	0	65.02
65.03	03330 ENDOSCOPY	0.000000	7,464,586	0	22,124,128	0	65.03
66.00	06600 PHYSICAL THERAPY	0.000000	3,024,184	0	259,240	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0.030000	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0.000000	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,776,268	0	224,454	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	1,177,880	0	54,790	0	68.00
68.01	06801 NEURO REHAB	0.000000	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.000000	9,406,048	0	5,075,599	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	22,487	0	7,098	0	70.00
70.01	03950 NUTRITION SUPPORT	0.000000	155,067	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0.000000	28,350,504	0	24,814,431	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0.000000	434	0	815,591	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	35,760,676	0	20,127,442	0	71.00
71.01	07101 COST OF SOLUTIONS	0.000000	13,816,822	0	3,458,096	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	47,848,854	0	22,420,534	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001265	51,289,480	64,881	100,843,133	127,567	73.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	742,489	0	2,147,724	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000038	89,664	3	440,087	17	90.00
90.01	09001 ANTI COAG CLINIC	0.000003	3,905	0	1,818,601	5	90.01
90.02	09002 INFECTIOUS DISEASES	0.000419	0	0	240,369	101	90.02
90.03	09003 RHEUMATOLOGY	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.000000	24,983,788	0	24,321,282	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0.000000	0	0	1,720	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,368,825	0	4,087,459	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		436,763,678	79,964	427,566,785	130,526	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 8/24/2020 7:50 am
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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	0.084035	36,780,662	0	0	3,090,863	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.083888	8,660,111	0	0	726,479	50.01
51.00	05100	RECOVERY ROOM	0.145753	15,524,805	0	0	2,262,787	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.527405	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.075546	57,720,022	0	0	4,360,517	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.391971	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0.903333	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0.895667	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	1.664875	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.140186	45,645,152	0	0	6,398,811	55.00
56.00	05600	RADIOISOTOPE	0.143658	2,191,187	0	0	314,782	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.135336	6,783,449	0	0	918,045	58.00
60.00	06000	LABORATORY	0.115916	7,852,744	0	0	910,259	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.178958	7,361,336	0	0	1,317,370	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.289246	1,557,974	0	0	450,638	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.189473	3,997,882	0	0	757,491	65.00
65.02	06502	DIALYSIS	0.477618	209,683	0	0	100,148	65.02
65.03	03330	ENDOSCOPY	0.104622	22,124,128	0	0	2,314,671	65.03
66.00	06600	PHYSICAL THERAPY	0.410699	259,240	0	0	106,470	66.00
66.01	06601	TRANSITIONAL THERAPY	0.840000	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.353989	224,454	0	0	79,454	67.00
68.00	06800	SPEECH PATHOLOGY	0.317006	54,790	0	0	17,369	68.00
68.01	06801	NEURO REHAB	0.313415	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.056798	5,075,599	0	0	288,284	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.158318	7,098	0	0	1,124	70.00
70.01	03950	NUTRITION SUPPORT	1.879051	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0.072877	24,814,431	0	0	1,808,401	70.03
70.04	03953	CARDIAC REHA SERVICES	0.277268	815,591	0	0	226,137	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.268418	20,127,442	0	0	5,402,568	71.00
71.01	07101	COST OF SOLUTIONS	0.066700	3,458,096	0	0	230,655	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.238910	22,420,534	0	0	5,356,490	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.214779	100,843,133	0	0	21,658,987	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.240382	2,147,724	0	0	516,274	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.971590	440,087	0	0	427,584	90.00
90.01	09001	ANTI COAG CLINIC	0.877039	1,818,601	0	0	1,594,984	90.01
90.02	09002	INFECTIOUS DISEASES	1.300493	240,369	0	0	312,598	90.02
90.03	09003	RHEUMATOLOGY	0.742500	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.119015	24,321,282	0	0	2,894,597	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.252306	1,720	0	0	434	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.189677	4,087,459	0	0	775,297	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.593212		0	0		95.00
200.00		Subtotal (see instructions)		427,566,785	0	0	65,620,568	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		427,566,785	0	0	65,620,568	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 8/24/2020 7:50 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY - WABASH	0	0		54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0		54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0		54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0		54.04
54.05 05405 RADIOLOGY - NHMP	0	0		54.05
54.06 05406 RADIOLOGY - CMP	0	0		54.06
54.07 05407 RADIOLOGY - WP	0	0		54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0		54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0		54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.02 06502 DIALYSIS	0	0		65.02
65.03 03330 ENDOSCOPY	0	0		65.03
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 TRANSITIONAL THERAPY	0	0		66.01
66.02 03650 PV REHAB OUTREACH	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 NEURO REHAB	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 03950 NUTRITION SUPPORT	0	0		70.01
70.03 03952 CARDIAC CATH LAB	0	0		70.03
70.04 03953 CARDIAC REHA SERVICES	0	0		70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
71.01 07101 COST OF SOLUTIONS	0	0		71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 ANTI COAG CLINIC	0	0		90.01
90.02 09002 INFECTIOUS DISEASES	0	0		90.02
90.03 09003 RHEUMATOLOGY	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00	Subtotal (see instructions)	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0021 Component CCN: 15-S021		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part II Date/Time Prepared: 8/24/2020 7:50 am		
Title XVIII				Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,055,110	541,969,720	0.013018	264,738	3,446	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	707,210	71,450,937	0.009898	0	0	50.01
51.00	05100	RECOVERY ROOM	1,591,027	99,034,466	0.016065	89,358	1,436	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	513,300	3,965,625	0.129437	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,747,227	464,899,327	0.012362	242,286	2,995	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	119,275	1,555,030	0.076703	0	0	54.05
54.06	05406	RADIOLOGY - CMP	208	7,500	0.027733	0	0	54.06
54.07	05407	RADIOLOGY - WP	425	15,000	0.028333	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	155,462	418,184	0.371755	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	4,620,684	135,237,354	0.034167	0	0	55.00
56.00	05600	RADIO SOTOPE	192,339	7,255,664	0.026509	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	424,441	19,980,548	0.021243	15,389	327	58.00
60.00	06000	LABORATORY	3,438,722	344,141,291	0.009992	698,678	6,981	60.00
60.01	06001	ANATOMICAL PATHOLOGY	388,055	24,823,887	0.015632	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	147,972	16,590,048	0.008919	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	957,549	57,043,951	0.016786	13,563	228	65.00
65.02	06502	DIALYSIS	202,988	8,821,077	0.023012	26,079	600	65.02
65.03	03330	ENDOSCOPY	3,748,167	134,157,976	0.027938	4,538	127	65.03
66.00	06600	PHYSICAL THERAPY	820,334	21,816,980	0.037601	48,864	1,837	66.00
66.01	06601	TRANSITIONAL THERAPY	18	100	0.180000	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	194,335	15,121,835	0.012851	78,690	1,011	67.00
68.00	06800	SPEECH PATHOLOGY	62,565	6,162,311	0.010153	13,447	137	68.00
68.01	06801	NEURO REHAB	299,139	13,472,907	0.022203	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	112,936	43,895,990	0.002573	20,805	54	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	90,172	8,352,282	0.010796	0	0	70.00
70.01	03950	NUTRITION SUPPORT	46,373	699,303	0.066313	5,709	379	70.01
70.03	03952	CARDIAC CATH LAB	2,410,376	194,489,260	0.012393	0	0	70.03
70.04	03953	CARDIAC REHAB SERVICES	93,295	2,329,929	0.040042	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,832,736	205,820,941	0.008905	54,611	486	71.00
71.01	07101	COST OF SOLUTIONS	460,976	72,956,637	0.006318	55,348	350	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,841,298	232,161,396	0.007931	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,238,469	564,802,284	0.012816	591,261	7,578	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	173,898	11,203,846	0.015521	11,834	184	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	117,081	1,663,895	0.070366	771	54	90.00
90.01	09001	ANTI COAG CLINIC	187,261	4,525,049	0.041383	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	68,729	968,117	0.070992	0	0	90.02
90.03	09003	RHEUMATOLOGY	26,198	100,000	0.261980	0	0	90.03
91.00	09100	EMERGENCY	3,110,360	268,631,625	0.011579	902,464	10,450	91.00
91.01	09101	PARTIAL HOSPITALIZATION	35,287	2,224,638	0.015862	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	102,073,666	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	49,231,997	3,704,840,576		3,138,433	38,660	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/24/2020 7:50 am		
Title XVIII			Subprovider - IPF	PPS		
Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	30	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	0	0	0	147	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	1	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	92	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	1	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	0	123,444	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	0	4	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	2	65.00
65.02 06502 DIALYSIS	0	0	0	0	0	65.02
65.03 03330 ENDOSCOPY	0	0	0	0	3	65.03
66.00 06600 PHYSICAL THERAPY	0	0	0	0	9	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	3	66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01 06801 NEURO REHAB	0	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 03950 NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03 03952 CARDIAC CATH LAB	0	0	0	0	6	70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	714,523	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	63	90.00
90.01 09001 ANTI COAG CLINIC	0	0	0	0	14	90.01
90.02 09002 INFECTIOUS DISEASES	0	0	0	0	406	90.02
90.03 09003 RHEUMATOLOGY	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	0	45	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	838,793	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/24/2020 7:50 am				
Title XVIII			Subprovider - IPF	PPS				
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	30	30	541,969,720	0.000000	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	147	147	71,450,937	0.000002	50.01
51.00	05100	RECOVERY ROOM	0	1	1	99,034,466	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,965,625	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	92	92	464,899,327	0.000000	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	1,555,030	0.000000	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	7,500	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	15,000	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	418,184	0.000000	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1	1	135,237,354	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	7,255,664	0.000000	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	19,980,548	0.000000	58.00
60.00	06000	LABORATORY	0	123,444	123,444	344,141,291	0.000359	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	4	4	24,823,887	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	16,590,048	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	2	2	57,043,951	0.000000	65.00
65.02	06502	DIALYSIS	0	0	0	8,821,077	0.000000	65.02
65.03	03330	ENDOSCOPY	0	3	3	134,157,976	0.000000	65.03
66.00	06600	PHYSICAL THERAPY	0	9	9	21,816,980	0.000000	66.00
66.01	06601	TRANSITIONAL THERAPY	0	3	3	100	0.030000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	15,121,835	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,162,311	0.000000	68.00
68.01	06801	NEURO REHAB	0	0	0	13,472,907	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	43,895,990	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	8,352,282	0.000000	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	699,303	0.000000	70.01
70.03	03952	CARDIAC CATH LAB	0	6	6	194,489,260	0.000000	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	2,329,929	0.000000	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	205,820,941	0.000000	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	72,956,637	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	232,161,396	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	714,523	714,523	564,802,284	0.001265	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	11,203,846	0.000000	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	63	63	1,663,895	0.000038	90.00
90.01	09001	ANTI COAG CLINIC	0	14	14	4,525,049	0.000003	90.01
90.02	09002	INFECTIOUS DISEASES	0	406	406	968,117	0.000419	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	100,000	0.000000	90.03
91.00	09100	EMERGENCY	0	45	45	268,631,625	0.000000	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	2,224,638	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	102,073,666	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	838,793	838,793	3,704,840,576		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/24/2020 7:50 am	
Title XVIII			Subprovider - IPF	PPS	
Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
	9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.000000	264,738	0	0	0
50.01 05001 PARKVIEW PREMIER SURGERY	0.000002	0	0	0	0
51.00 05100 RECOVERY ROOM	0.000000	89,358	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	242,286	0	0	0
54.01 05401 RADIOLOGY - WABASH	0.000000	0	0	0	0
54.02 05402 RADIOLOGY - MANCHESTER	0.000000	0	0	0	0
54.03 05403 RADIOLOGY - EAST STATE	0.000000	0	0	0	0
54.04 05404 RADIOLOGY - JEFFERSON	0.000000	0	0	0	0
54.05 05405 RADIOLOGY - NHMP	0.000000	0	0	0	0
54.06 05406 RADIOLOGY - CMP	0.000000	0	0	0	0
54.07 05407 RADIOLOGY - WP	0.000000	0	0	0	0
54.08 05408 RADIOLOGY - PULM CLINIC	0.000000	0	0	0	0
54.09 05409 RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
56.00 05600 RADIO SOTOPE	0.000000	0	0	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	15,389	0	0	0
60.00 06000 LABORATORY	0.000359	698,678	251	0	0
60.01 06001 ANATOMICAL PATHOLOGY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.000000	13,563	0	0	0
65.02 06502 DIALYSIS	0.000000	26,079	0	0	0
65.03 03330 ENDOSCOPY	0.000000	4,538	0	0	0
66.00 06600 PHYSICAL THERAPY	0.000000	48,864	0	0	0
66.01 06601 TRANSITIONAL THERAPY	0.030000	0	0	0	0
66.02 03650 PV REHAB OUTREACH	0.000000	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.000000	78,690	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.000000	13,447	0	0	0
68.01 06801 NEURO REHAB	0.000000	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.000000	20,805	0	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0
70.01 03950 NUTRITION SUPPORT	0.000000	5,709	0	0	0
70.03 03952 CARDIAC CATH LAB	0.000000	0	0	0	0
70.04 03953 CARDIAC REHA SERVICES	0.000000	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	54,611	0	0	0
71.01 07101 COST OF SOLUTIONS	0.000000	55,348	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.001265	591,261	748	0	0
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	11,834	0	0	0
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000038	771	0	0	0
90.01 09001 ANTI COAG CLINIC	0.000003	0	0	0	0
90.02 09002 INFECTIOUS DISEASES	0.000419	0	0	0	0
90.03 09003 RHEUMATOLOGY	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.000000	902,464	0	0	0
91.01 09101 PARTIAL HOSPITALIZATION	0.000000	0	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES					
200.00	Total (lines 50 through 199)	3,138,433	999	0	0

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0021 Component CCN: 15-T021		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part II Date/Time Prepared: 8/24/2020 7:50 am	
			Title XVIII		Subprovider - IRF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,055,110	541,969,720	0.013018	191,635	2,495	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	707,210	71,450,937	0.009898	0	0	50.01
51.00	05100	RECOVERY ROOM	1,591,027	99,034,466	0.016065	1,344	22	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	513,300	3,965,625	0.129437	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,747,227	464,899,327	0.012362	375,876	4,647	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	119,275	1,555,030	0.076703	0	0	54.05
54.06	05406	RADIOLOGY - CMP	208	7,500	0.027733	0	0	54.06
54.07	05407	RADIOLOGY - WP	425	15,000	0.028333	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	155,462	418,184	0.371755	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	4,620,684	135,237,354	0.034167	38,873	1,328	55.00
56.00	05600	RADIO SOTOPE	192,339	7,255,664	0.026509	5,241	139	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	424,441	19,980,548	0.021243	36,470	775	58.00
60.00	06000	LABORATORY	3,438,722	344,141,291	0.009992	982,868	9,821	60.00
60.01	06001	ANATOMICAL PATHOLOGY	388,055	24,823,887	0.015632	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	147,972	16,590,048	0.008919	37,634	336	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	957,549	57,043,951	0.016786	219,494	3,684	65.00
65.02	06502	DIALYSIS	202,988	8,821,077	0.023012	329,584	7,584	65.02
65.03	03330	ENDOSCOPY	3,748,167	134,157,976	0.027938	16,238	454	65.03
66.00	06600	PHYSICAL THERAPY	820,334	21,816,980	0.037601	2,087,533	78,493	66.00
66.01	06601	TRANSITIONAL THERAPY	18	100	0.180000	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	194,335	15,121,835	0.012851	2,213,778	28,449	67.00
68.00	06800	SPEECH PATHOLOGY	62,565	6,162,311	0.010153	600,473	6,097	68.00
68.01	06801	NEURO REHAB	299,139	13,472,907	0.022203	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	112,936	43,895,990	0.002573	200,740	517	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	90,172	8,352,282	0.010796	0	0	70.00
70.01	03950	NUTRITION SUPPORT	46,373	699,303	0.066313	6,279	416	70.01
70.03	03952	CARDIAC CATH LAB	2,410,376	194,489,260	0.012393	0	0	70.03
70.04	03953	CARDIAC REHAB SERVICES	93,295	2,329,929	0.040042	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,832,736	205,820,941	0.008905	404,858	3,605	71.00
71.01	07101	COST OF SOLUTIONS	460,976	72,956,637	0.006318	184,164	1,164	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,841,298	232,161,396	0.007931	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,238,469	564,802,284	0.012816	1,093,191	14,010	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	173,898	11,203,846	0.015521	63,134	980	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	117,081	1,663,895	0.070366	4,784	337	90.00
90.01	09001	ANTI COAG CLINIC	187,261	4,525,049	0.041383	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	68,729	968,117	0.070992	0	0	90.02
90.03	09003	RHEUMATOLOGY	26,198	100,000	0.261980	0	0	90.03
91.00	09100	EMERGENCY	3,110,360	268,631,625	0.011579	25,136	291	91.00
91.01	09101	PARTIAL HOSPITALIZATION	35,287	2,224,638	0.015862	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	102,073,666	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	49,231,997	3,704,840,576		9,119,327	165,644	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/24/2020 7:50 am			
Title XVIII			Subprovider - IRF	PPS			
Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	30	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	147	50.01
51.00	05100	RECOVERY ROOM	0	0	0	1	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	92	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	1	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	123,444	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	4	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	2	65.00
65.02	06502	DIALYSIS	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	0	0	0	3	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	9	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	3	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	6	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	714,523	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	63	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	14	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	406	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	45	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	838,793	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/24/2020 7:50 am				
Title XVIII			Subprovider - IRF	PPS				
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	30	30	541,969,720	0.000000	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	147	147	71,450,937	0.000002	50.01
51.00	05100	RECOVERY ROOM	0	1	1	99,034,466	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,965,625	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	92	92	464,899,327	0.000000	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	1,555,030	0.000000	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	7,500	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	15,000	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	418,184	0.000000	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1	1	135,237,354	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	7,255,664	0.000000	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	19,980,548	0.000000	58.00
60.00	06000	LABORATORY	0	123,444	123,444	344,141,291	0.000359	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	4	4	24,823,887	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	16,590,048	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	2	2	57,043,951	0.000000	65.00
65.02	06502	DIALYSIS	0	0	0	8,821,077	0.000000	65.02
65.03	03330	ENDOSCOPY	0	3	3	134,157,976	0.000000	65.03
66.00	06600	PHYSICAL THERAPY	0	9	9	21,816,980	0.000000	66.00
66.01	06601	TRANSITIONAL THERAPY	0	3	3	100	0.030000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	15,121,835	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,162,311	0.000000	68.00
68.01	06801	NEURO REHAB	0	0	0	13,472,907	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	43,895,990	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	8,352,282	0.000000	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	699,303	0.000000	70.01
70.03	03952	CARDIAC CATH LAB	0	6	6	194,489,260	0.000000	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	2,329,929	0.000000	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	205,820,941	0.000000	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	72,956,637	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	232,161,396	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	714,523	714,523	564,802,284	0.001265	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	11,203,846	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	63	63	1,663,895	0.000038	90.00
90.01	09001	ANTI COAG CLINIC	0	14	14	4,525,049	0.000003	90.01
90.02	09002	INFECTIOUS DISEASES	0	406	406	968,117	0.000419	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	100,000	0.000000	90.03
91.00	09100	EMERGENCY	0	45	45	268,631,625	0.000000	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	2,224,638	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	102,073,666	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	838,793	838,793	3,704,840,576		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/24/2020 7:50 am		
Title XVIII			Subprovider - IRF	PPS		
Cost Center Description	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	191,635	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	50.01
51.00	05100	RECOVERY ROOM	1,344	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	375,876	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	38,873	0	0	55.00
56.00	05600	RADIOISOTOPE	5,241	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	36,470	0	0	58.00
60.00	06000	LABORATORY	982,868	353	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	37,634	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	219,494	0	0	65.00
65.02	06502	DIALYSIS	329,584	0	0	65.02
65.03	03330	ENDOSCOPY	16,238	0	0	65.03
66.00	06600	PHYSICAL THERAPY	2,087,533	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,213,778	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	600,473	0	0	68.00
68.01	06801	NEURO REHAB	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	200,740	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	6,279	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	404,858	0	0	71.00
71.01	07101	COST OF SOLUTIONS	184,164	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,093,191	1,383	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	63,134	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,784	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	90.03
91.00	09100	EMERGENCY	25,136	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (lines 50 through 199)	9,119,327	1,736	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021 Component CCN: 15-5516	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/24/2020 7:50 am
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	Title XVIII	Skilled Nursing Facility	PPS
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	30	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	0	0	0	0	147	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	1	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	92	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	1	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	123,444	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	0	4	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	2	65.00
65.02	06502 DIALYSIS	0	0	0	0	0	65.02
65.03	03330 ENDOSCOPY	0	0	0	0	3	65.03
66.00	06600 PHYSICAL THERAPY	0	0	0	0	9	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	3	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0	0	0	0	6	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	714,523	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	63	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	0	14	90.01
90.02	09002 INFECTIOUS DISEASES	0	0	0	0	406	90.02
90.03	09003 RHEUMATOLOGY	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	0	45	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	838,793	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-5516	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/24/2020 7:50 am		
Title XVIII			Skilled Nursing Facility	PPS		
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	30	30	541,969,720	0.000000	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	147	147	71,450,937	0.000002	50.01
51.00 05100 RECOVERY ROOM	0	1	1	99,034,466	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,965,625	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	92	92	464,899,327	0.000000	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0.000000	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0.000000	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0.000000	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0.000000	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	1,555,030	0.000000	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	7,500	0.000000	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	15,000	0.000000	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	418,184	0.000000	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	1	1	135,237,354	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	7,255,664	0.000000	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	19,980,548	0.000000	58.00
60.00 06000 LABORATORY	0	123,444	123,444	344,141,291	0.000359	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	4	4	24,823,887	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	16,590,048	0.000000	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00 06500 RESPIRATORY THERAPY	0	2	2	57,043,951	0.000000	65.00
65.02 06502 DIALYSIS	0	0	0	8,821,077	0.000000	65.02
65.03 03330 ENDOSCOPY	0	3	3	134,157,976	0.000000	65.03
66.00 06600 PHYSICAL THERAPY	0	9	9	21,816,980	0.000000	66.00
66.01 06601 TRANSITIONAL THERAPY	0	3	3	100	0.030000	66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0.000000	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	15,121,835	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	6,162,311	0.000000	68.00
68.01 06801 NEURO REHAB	0	0	0	13,472,907	0.000000	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	43,895,990	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	8,352,282	0.000000	70.00
70.01 03950 NUTRITION SUPPORT	0	0	0	699,303	0.000000	70.01
70.03 03952 CARDIAC CATH LAB	0	6	6	194,489,260	0.000000	70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	0	2,329,929	0.000000	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	205,820,941	0.000000	71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	72,956,637	0.000000	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	232,161,396	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	714,523	714,523	564,802,284	0.001265	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	11,203,846	0.000000	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	63	63	1,663,895	0.000038	90.00
90.01 09001 ANTI COAG CLINIC	0	14	14	4,525,049	0.000003	90.01
90.02 09002 INFECTIOUS DISEASES	0	406	406	968,117	0.000419	90.02
90.03 09003 RHEUMATOLOGY	0	0	0	100,000	0.000000	90.03
91.00 09100 EMERGENCY	0	45	45	268,631,625	0.000000	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	2,224,638	0.000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	102,073,666	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	838,793	838,793	3,704,840,576		95.00
200.00	Total (lines 50 through 199)	0	838,793	838,793	3,704,840,576	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-5516	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/24/2020 7:50 am		
Cost Center Description			Title XVIII		Skilled Nursing Facility	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
		9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	6,000	0	0
50.01	05001	PARKVIEW PREMIER SURGERY	0.000002	0	0	0
51.00	05100	RECOVERY ROOM	0.000000	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	44,979	0	0
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0	0
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0	0
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0	0
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0	0
54.05	05405	RADIOLOGY - NHMP	0.000000	0	0	0
54.06	05406	RADIOLOGY - CMP	0.000000	0	0	0
54.07	05407	RADIOLOGY - WP	0.000000	0	0	0
54.08	05408	RADIOLOGY - PULM CLINIC	0.000000	0	0	0
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	3,101	0	0
56.00	05600	RADIOISOTOPE	0.000000	5,990	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	4,018	0	0
60.00	06000	LABORATORY	0.000359	114,324	41	0
60.01	06001	ANATOMICAL PATHOLOGY	0.000000	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0
65.00	06500	RESPIRATORY THERAPY	0.000000	26,633	0	0
65.02	06502	DIALYSIS	0.000000	0	0	0
65.03	03330	ENDOSCOPY	0.000000	4,531	0	0
66.00	06600	PHYSICAL THERAPY	0.000000	165,741	0	0
66.01	06601	TRANSITIONAL THERAPY	0.030000	0	0	0
66.02	03650	PV REHAB OUTREACH	0.000000	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	160,888	0	0
68.00	06800	SPEECH PATHOLOGY	0.000000	36,624	0	0
68.01	06801	NEURO REHAB	0.000000	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,161	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0
70.01	03950	NUTRITION SUPPORT	0.000000	35	0	0
70.03	03952	CARDIAC CATH LAB	0.000000	0	0	0
70.04	03953	CARDIAC REHA SERVICES	0.000000	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	78,900	0	0
71.01	07101	COST OF SOLUTIONS	0.000000	24,220	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001265	169,498	214	0
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	3,998	0	0
76.99	07699	LITHOTRIPSY	0.000000	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000038	393	0	0
90.01	09001	ANTI COAG CLINIC	0.000003	0	0	0
90.02	09002	INFECTIOUS DISEASES	0.000419	0	0	0
90.03	09003	RHEUMATOLOGY	0.000000	0	0	0
91.00	09100	EMERGENCY	0.000000	0	0	0
91.01	09101	PARTIAL HOSPITALIZATION	0.000000	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				
200.00		Total (lines 50 through 199)		851,034	255	0

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 15-0021

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

Worksheet D
Part I
Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		Title XIX			Hospital		PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	11,635,910	0	11,635,910	135,468	85.89	30.00
31.00	INTENSIVE CARE UNIT	4,219,758		4,219,758	36,110	116.86	31.00
31.01	PEDIATRIC ICU	260,350		260,350	1,368	190.31	31.01
31.02	NEONATAL ICU	838,615		838,615	9,461	88.64	31.02
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
40.00	SUBPROVIDER - IPF	1,719,779	0	1,719,779	18,531	92.81	40.00
41.00	SUBPROVIDER - IRF	938,159	0	938,159	10,015	93.68	41.00
43.00	NURSERY	301,217		301,217	5,882	51.21	43.00
44.00	SKILLED NURSING FACILITY	197,651		197,651	1,406	140.58	44.00
200.00	Total (lines 30 through 199)	20,111,439		20,111,439	218,241		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	5,268	452,469				
31.00	INTENSIVE CARE UNIT	2,228	260,364				
31.01	PEDIATRIC ICU	0	0				
31.02	NEONATAL ICU	0	0				
32.00	CORONARY CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	2,150	199,542				
41.00	SUBPROVIDER - IRF	276	25,856				
43.00	NURSERY	350	17,924				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	10,272	956,155				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0021

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

Worksheet D
Part II
Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	7,055,110	541,969,720	0.013018	6,532,494	85,040	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	707,210	71,450,937	0.009898	0	0	50.01
51.00	05100 RECOVERY ROOM	1,591,027	99,034,466	0.016065	812,923	13,060	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	513,300	3,965,625	0.0129437	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,747,227	464,899,327	0.012362	4,920,033	60,821	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	119,275	1,555,030	0.076703	0	0	54.05
54.06	05406 RADIOLOGY - CMP	208	7,500	0.027733	0	0	54.06
54.07	05407 RADIOLOGY - WP	425	15,000	0.028333	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	155,462	418,184	0.371755	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	4,620,684	135,237,354	0.034167	146,758	5,014	55.00
56.00	05600 RADIOISOTOPE	192,339	7,255,664	0.026509	99,690	2,643	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	424,441	19,980,548	0.021243	419,290	8,907	58.00
60.00	06000 LABORATORY	3,438,722	344,141,291	0.009992	6,334,064	63,290	60.00
60.01	06001 ANATOMICAL PATHOLOGY	388,055	24,823,887	0.015632	322,238	5,037	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	147,972	16,590,048	0.008919	968,622	8,639	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	957,549	57,043,951	0.016786	3,447,814	57,875	65.00
65.02	06502 DIALYSIS	202,988	8,821,077	0.023012	346,801	7,981	65.02
65.03	03330 ENDOSCOPY	3,748,167	134,157,976	0.027938	725,833	20,278	65.03
66.00	06600 PHYSICAL THERAPY	820,334	21,816,980	0.037601	235,306	8,848	66.00
66.01	06601 TRANSITIONAL THERAPY	18	100	0.180000	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	194,335	15,121,835	0.012851	252,220	3,241	67.00
68.00	06800 SPEECH PATHOLOGY	62,565	6,162,311	0.010153	176,436	1,791	68.00
68.01	06801 NEURO REHAB	299,139	13,472,907	0.022203	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	112,936	43,895,990	0.002573	695,026	1,788	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	90,172	8,352,282	0.010796	0	0	70.00
70.01	03950 NUTRITION SUPPORT	46,373	699,303	0.066313	24,222	1,606	70.01
70.03	03952 CARDIAC CATH LAB	2,410,376	194,489,260	0.012393	1,170,783	14,510	70.03
70.04	03953 CARDIAC REHA SERVICES	93,295	2,329,929	0.040042	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,832,736	205,820,941	0.008905	3,833,185	34,135	71.00
71.01	07101 COST OF SOLUTIONS	460,976	72,956,637	0.006318	2,374,416	15,002	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,841,298	232,161,396	0.007931	1,273,246	10,098	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,238,469	564,802,284	0.012816	8,470,485	108,558	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	173,898	11,203,846	0.015521	96,851	1,503	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	117,081	1,663,895	0.070366	16,591	1,167	90.00
90.01	09001 ANTI COAG CLINIC	187,261	4,525,049	0.041383	0	0	90.01
90.02	09002 INFECTIOUS DISEASES	68,729	968,117	0.070992	0	0	90.02
90.03	09003 RHEUMATOLOGY	26,198	100,000	0.261980	0	0	90.03
91.00	09100 EMERGENCY	3,110,360	268,631,625	0.011579	3,244,657	37,570	91.00
91.01	09101 PARTIAL HOSPITALIZATION	35,287	2,224,638	0.015862	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,724,082	102,073,666	0.016891	99,984	1,689	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	50,956,079	3,704,840,576		47,039,968	580,091	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part III Date/Time Prepared: 8/24/2020 7:50 am
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	182	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	3	0	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	2	0	31.01
31.02	03102	NEONATAL ICU	0	0	0	1	0	31.02
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	1	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	3	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	1,302	0	44.00
200.00		Total (lines 30 through 199)	0	0	0	1,494	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	182	135,468	0.00	5,268	30.00
31.00	03100	INTENSIVE CARE UNIT		3	36,110	0.00	2,228	31.00
31.01	03101	PEDIATRIC ICU		2	1,368	0.00	0	31.01
31.02	03102	NEONATAL ICU		1	9,461	0.00	0	31.02
32.00	03200	CORONARY CARE UNIT		0	0	0.00	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	1	18,531	0.00	2,150	40.00
41.00	04100	SUBPROVIDER - IRF	0	3	10,015	0.00	276	41.00
43.00	04300	NURSERY		0	5,882	0.00	350	43.00
44.00	04400	SKILLED NURSING FACILITY		1,302	1,406	0.93	0	44.00
200.00		Total (lines 30 through 199)		1,494	218,241		10,272	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
31.01	03101	PEDIATRIC ICU	0					31.01
31.02	03102	NEONATAL ICU	0					31.02
32.00	03200	CORONARY CARE UNIT	0					32.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
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: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/24/2020 7:50 am
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Cost Center Description	Title XIX			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	30	50.00	
50.01 05001 PARKVIEW PREMIER SURGERY	0	0	0	0	147	50.01	
51.00 05100 RECOVERY ROOM	0	0	0	0	1	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	92	54.00	
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01	
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02	
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03	
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04	
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05	
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0	54.06	
54.07 05407 RADIOLOGY - WP	0	0	0	0	0	54.07	
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08	
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	1	55.00	
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
60.00 06000 LABORATORY	0	0	0	0	123,444	60.00	
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	0	4	60.01	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00	
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	2	65.00	
65.02 06502 DIALYSIS	0	0	0	0	0	65.02	
65.03 03330 ENDOSCOPY	0	0	0	0	3	65.03	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	9	66.00	
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	3	66.01	
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0	66.02	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00	
68.01 06801 NEURO REHAB	0	0	0	0	0	68.01	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
70.01 03950 NUTRITION SUPPORT	0	0	0	0	0	70.01	
70.03 03952 CARDIAC CATH LAB	0	0	0	0	6	70.03	
70.04 03953 CARDIAC REHA SERVICES	0	0	0	0	0	70.04	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
71.01 07101 COST OF SOLUTIONS	0	0	0	0	0	71.01	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	714,523	73.00	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	63	90.00	
90.01 09001 ANTI COAG CLINIC	0	0	0	0	14	90.01	
90.02 09002 INFECTIOUS DISEASES	0	0	0	0	406	90.02	
90.03 09003 RHEUMATOLOGY	0	0	0	0	0	90.03	
91.00 09100 EMERGENCY	0	0	0	0	45	91.00	
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
200.00 Total (lines 50 through 199)	0	0	0	0	838,793	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/24/2020 7:50 am
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Cost Center Description	Title XIX		Hospital		PPS	
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	30	30	541,969,720	0.000000	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	147	147	71,450,937	0.000002	50.01
51.00 05100 RECOVERY ROOM	0	1	1	99,034,466	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,965,625	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	92	92	464,899,327	0.000000	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0.000000	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0.000000	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0.000000	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0.000000	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	1,555,030	0.000000	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	7,500	0.000000	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	15,000	0.000000	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	418,184	0.000000	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	1	1	135,237,354	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	7,255,664	0.000000	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	19,980,548	0.000000	58.00
60.00 06000 LABORATORY	0	123,444	123,444	344,141,291	0.000359	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	4	4	24,823,887	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	16,590,048	0.000000	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00 06500 RESPIRATORY THERAPY	0	2	2	57,043,951	0.000000	65.00
65.02 06502 DIALYSIS	0	0	0	8,821,077	0.000000	65.02
65.03 03330 ENDOSCOPY	0	3	3	134,157,976	0.000000	65.03
66.00 06600 PHYSICAL THERAPY	0	9	9	21,816,980	0.000000	66.00
66.01 06601 TRANSITIONAL THERAPY	0	3	3	100	0.030000	66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0.000000	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	15,121,835	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	6,162,311	0.000000	68.00
68.01 06801 NEURO REHAB	0	0	0	13,472,907	0.000000	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	43,895,990	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	8,352,282	0.000000	70.00
70.01 03950 NUTRITION SUPPORT	0	0	0	699,303	0.000000	70.01
70.03 03952 CARDIAC CATH LAB	0	6	6	194,489,260	0.000000	70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	0	2,329,929	0.000000	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	205,820,941	0.000000	71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	72,956,637	0.000000	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	232,161,396	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	714,523	714,523	564,802,284	0.001265	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	11,203,846	0.000000	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	63	63	1,663,895	0.000038	90.00
90.01 09001 ANTI COAG CLINIC	0	14	14	4,525,049	0.000003	90.01
90.02 09002 INFECTIOUS DISEASES	0	406	406	968,117	0.000419	90.02
90.03 09003 RHEUMATOLOGY	0	0	0	100,000	0.000000	90.03
91.00 09100 EMERGENCY	0	45	45	268,631,625	0.000000	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	2,224,638	0.000000	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	102,073,666	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	838,793	838,793	3,704,840,576		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/24/2020 7:50 am
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Cost Center Description	Title XIX			Hospital		PPS
	Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.000000	6,532,494	0	0	0	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0.000002	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.000000	812,923	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.000000	4,920,033	0	0	0	54.00
54.01 05401 RADIOLOGY - WABASH	0.000000	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0.000000	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0.000000	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0.000000	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0.000000	0	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0.000000	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0.000000	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0.000000	0	0	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	146,758	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.000000	99,690	0	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	419,290	0	0	0	58.00
60.00 06000 LABORATORY	0.000359	6,334,064	2,274	0	0	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0.000000	322,238	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	968,622	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0.000000	3,447,814	0	0	0	65.00
65.02 06502 DIALYSIS	0.000000	346,801	0	0	0	65.02
65.03 03330 ENDOSCOPY	0.000000	725,833	0	0	0	65.03
66.00 06600 PHYSICAL THERAPY	0.000000	235,306	0	0	0	66.00
66.01 06601 TRANSITIONAL THERAPY	0.030000	0	0	0	0	66.01
66.02 03650 PV REHAB OUTREACH	0.000000	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0.000000	252,220	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	176,436	0	0	0	68.00
68.01 06801 NEURO REHAB	0.000000	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0.000000	695,026	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
70.01 03950 NUTRITION SUPPORT	0.000000	24,222	0	0	0	70.01
70.03 03952 CARDIAC CATH LAB	0.000000	1,170,783	0	0	0	70.03
70.04 03953 CARDIAC REHA SERVICES	0.000000	0	0	0	0	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	3,833,185	0	0	0	71.00
71.01 07101 COST OF SOLUTIONS	0.000000	2,374,416	0	0	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,273,246	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.001265	8,470,485	10,715	0	0	73.00
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	96,851	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000038	16,591	1	0	0	90.00
90.01 09001 ANTI COAG CLINIC	0.000003	0	0	0	0	90.01
90.02 09002 INFECTIOUS DISEASES	0.000419	0	0	0	0	90.02
90.03 09003 RHEUMATOLOGY	0.000000	0	0	0	0	90.03
91.00 09100 EMERGENCY	0.000000	3,244,657	0	0	0	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0.000000	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	99,984	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	47,039,968	12,990	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 8/24/2020 7:50 am
		Title XIX	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	0.084035	0	5,376,869	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.083888	0	619,938	0	0	50.01
51.00	05100	RECOVERY ROOM	0.145753	0	1,273,357	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.527405	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.075546	0	6,230,374	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.391971	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0.903333	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0.895667	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	1.664875	0	785	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.140186	0	3,757,927	0	0	55.00
56.00	05600	RADIOISOTOPE	0.143658	0	123,690	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.135336	0	523,517	0	0	58.00
60.00	06000	LABORATORY	0.115916	0	4,113,026	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.178958	0	417,517	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.289246	0	107,624	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.189473	0	671,082	0	0	65.00
65.02	06502	DIALYSIS	0.477618	0	24,885	0	0	65.02
65.03	03330	ENDOSCOPY	0.104622	0	899,867	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0.410699	0	480,058	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0.840000	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.353989	0	409,694	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.317006	0	470,335	0	0	68.00
68.01	06801	NEURO REHAB	0.313415	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.056798	0	448,804	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.158318	0	7,020	0	0	70.00
70.01	03950	NUTRITION SUPPORT	1.879051	0	7,260	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0.072877	0	364,532	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0.277268	0	1,302	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.268418	0	1,087,547	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0.066700	0	827,081	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.238910	0	1,624,706	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.214779	0	7,465,134	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.240382	0	441,493	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.971590	0	41,862	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0.877039	0	23,000	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	1.300493	0	34,170	0	0	90.02
90.03	09003	RHEUMATOLOGY	0.742500	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.119015	0	8,220,885	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.252306	0	2,394	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.189677	0	1,089,059	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.593212	0	300,377	0	0	95.00
200.00		Subtotal (see instructions)		0	47,487,171	0	0	200.00
201.00		Less BPB Clinic Lab. Services-Program Only Charges		0	0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		0	47,487,171	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 8/24/2020 7:50 am
		Title XIX	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	451,845	0	50.00
50.01 05001	PARKVIEW PREMIER SURGERY	52,005	0	50.01
51.00 05100	RECOVERY ROOM	185,596	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	470,680	0	54.00
54.01 05401	RADIOLOGY - WABASH	0	0	54.01
54.02 05402	RADIOLOGY - MANCHESTER	0	0	54.02
54.03 05403	RADIOLOGY - EAST STATE	0	0	54.03
54.04 05404	RADIOLOGY - JEFFERSON	0	0	54.04
54.05 05405	RADIOLOGY - NHMP	0	0	54.05
54.06 05406	RADIOLOGY - CMP	0	0	54.06
54.07 05407	RADIOLOGY - WP	0	0	54.07
54.08 05408	RADIOLOGY - PULM CLINIC	1,307	0	54.08
54.09 05409	RADIOLOGY - WHITLEY POOL	0	0	54.09
55.00 05500	RADIOLOGY-THERAPEUTIC	526,809	0	55.00
56.00 05600	RADIOISOTOPE	17,769	0	56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	70,851	0	58.00
60.00 06000	LABORATORY	476,766	0	60.00
60.01 06001	ANATOMICAL PATHOLOGY	74,718	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	31,130	0	62.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00 06500	RESPIRATORY THERAPY	127,152	0	65.00
65.02 06502	DIALYSIS	11,886	0	65.02
65.03 03330	ENDOSCOPY	94,146	0	65.03
66.00 06600	PHYSICAL THERAPY	197,159	0	66.00
66.01 06601	TRANSITIONAL THERAPY	0	0	66.01
66.02 03650	PV REHAB OUTREACH	0	0	66.02
67.00 06700	OCCUPATIONAL THERAPY	145,027	0	67.00
68.00 06800	SPEECH PATHOLOGY	149,099	0	68.00
68.01 06801	NEURO REHAB	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY	25,491	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,111	0	70.00
70.01 03950	NUTRITION SUPPORT	13,642	0	70.01
70.03 03952	CARDIAC CATH LAB	26,566	0	70.03
70.04 03953	CARDIAC REHA SERVICES	361	0	70.04
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	291,917	0	71.00
71.01 07101	COST OF SOLUTIONS	55,166	0	71.01
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	388,159	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,603,354	0	73.00
76.97 07697	CARDIAC REHABILITATION	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	106,127	0	76.98
76.99 07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000	CLINIC	40,673	0	90.00
90.01 09001	ANTI COAG CLINIC	20,172	0	90.01
90.02 09002	INFECTIOUS DISEASES	44,438	0	90.02
90.03 09003	RHEUMATOLOGY	0	0	90.03
91.00 09100	EMERGENCY	978,409	0	91.00
91.01 09101	PARTIAL HOSPITALIZATION	604	0	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	206,569	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500	AMBULANCE SERVICES	178,187	0	95.00
200.00	Subtotal (see instructions)	7,064,891	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 - line 201)	7,064,891	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0021 Component CCN: 15-S021		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part II Date/Time Prepared: 8/24/2020 7:50 am	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,055,110	541,969,720	0.013018	37,821	492	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	707,210	71,450,937	0.009898	0	0	50.01
51.00	05100	RECOVERY ROOM	1,591,027	99,034,466	0.016065	12,750	205	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	513,300	3,965,625	0.129437	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,747,227	464,899,327	0.012362	126,607	1,565	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	119,275	1,555,030	0.076703	0	0	54.05
54.06	05406	RADIOLOGY - CMP	208	7,500	0.027733	0	0	54.06
54.07	05407	RADIOLOGY - WP	425	15,000	0.028333	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	155,462	418,184	0.371755	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	4,620,684	135,237,354	0.034167	0	0	55.00
56.00	05600	RADIO SOTOPE	192,339	7,255,664	0.026509	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	424,441	19,980,548	0.021243	4,451	95	58.00
60.00	06000	LABORATORY	3,438,722	344,141,291	0.009992	590,146	5,897	60.00
60.01	06001	ANATOMICAL PATHOLOGY	388,055	24,823,887	0.015632	131	2	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	147,972	16,590,048	0.008919	2,978	27	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	957,549	57,043,951	0.016786	16,415	276	65.00
65.02	06502	DIALYSIS	202,988	8,821,077	0.023012	0	0	65.02
65.03	03330	ENDOSCOPY	3,748,167	134,157,976	0.027938	6,792	190	65.03
66.00	06600	PHYSICAL THERAPY	820,334	21,816,980	0.037601	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	18	100	0.180000	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	194,335	15,121,835	0.012851	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	62,565	6,162,311	0.010153	0	0	68.00
68.01	06801	NEURO REHAB	299,139	13,472,907	0.022203	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	112,936	43,895,990	0.002573	6,951	18	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	90,172	8,352,282	0.010796	0	0	70.00
70.01	03950	NUTRITION SUPPORT	46,373	699,303	0.066313	5,478	363	70.01
70.03	03952	CARDIAC CATH LAB	2,410,376	194,489,260	0.012393	2,864	35	70.03
70.04	03953	CARDIAC REHAB SERVICES	93,295	2,329,929	0.040042	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,832,736	205,820,941	0.008905	5,583	50	71.00
71.01	07101	COST OF SOLUTIONS	460,976	72,956,637	0.006318	34,653	219	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,841,298	232,161,396	0.007931	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,238,469	564,802,284	0.012816	219,479	2,813	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	173,898	11,203,846	0.015521	1,280	20	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	117,081	1,663,895	0.070366	609	43	90.00
90.01	09001	ANTI COAG CLINIC	187,261	4,525,049	0.041383	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	68,729	968,117	0.070992	0	0	90.02
90.03	09003	RHEUMATOLOGY	26,198	100,000	0.261980	0	0	90.03
91.00	09100	EMERGENCY	3,110,360	268,631,625	0.011579	1,425,849	16,510	91.00
91.01	09101	PARTIAL HOSPITALIZATION	35,287	2,224,638	0.015862	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	102,073,666	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	49,231,997	3,704,840,576		2,500,837	28,820	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/24/2020 7:50 am			
Title XIX			Subprovider - IPF	PPS			
Cost Center Description	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	30	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	0	0	147	50.01
51.00	05100	RECOVERY ROOM	0	0	0	1	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	92	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	1	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	123,444	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	4	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	2	65.00
65.02	06502	DIALYSIS	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	0	0	0	3	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	9	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	3	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	6	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	714,523	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	63	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	14	90.01
90.02	09002	INFECTIOUS DISEASES	0	0	0	406	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	45	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	838,793	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/24/2020 7:50 am				
		Title XIX	Subprovider - IPF	PPS				
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	30	30	541,969,720	0.000000	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	147	147	71,450,937	0.000002	50.01
51.00	05100	RECOVERY ROOM	0	1	1	99,034,466	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,965,625	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	92	92	464,899,327	0.000000	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	1,555,030	0.000000	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	7,500	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	15,000	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	418,184	0.000000	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1	1	135,237,354	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	7,255,664	0.000000	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	19,980,548	0.000000	58.00
60.00	06000	LABORATORY	0	123,444	123,444	344,141,291	0.000359	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	4	4	24,823,887	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	16,590,048	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	2	2	57,043,951	0.000000	65.00
65.02	06502	DIALYSIS	0	0	0	8,821,077	0.000000	65.02
65.03	03330	ENDOSCOPY	0	3	3	134,157,976	0.000000	65.03
66.00	06600	PHYSICAL THERAPY	0	9	9	21,816,980	0.000000	66.00
66.01	06601	TRANSITIONAL THERAPY	0	3	3	100	0.030000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	15,121,835	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,162,311	0.000000	68.00
68.01	06801	NEURO REHAB	0	0	0	13,472,907	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	43,895,990	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	8,352,282	0.000000	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	699,303	0.000000	70.01
70.03	03952	CARDIAC CATH LAB	0	6	6	194,489,260	0.000000	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	2,329,929	0.000000	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	205,820,941	0.000000	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	72,956,637	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	232,161,396	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	714,523	714,523	564,802,284	0.001265	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	11,203,846	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	63	63	1,663,895	0.000038	90.00
90.01	09001	ANTI COAG CLINIC	0	14	14	4,525,049	0.000003	90.01
90.02	09002	INFECTIOUS DISEASES	0	406	406	968,117	0.000419	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	100,000	0.000000	90.03
91.00	09100	EMERGENCY	0	45	45	268,631,625	0.000000	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	2,224,638	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	102,073,666	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	838,793	838,793	3,704,840,576		95.00
200.00		Total (lines 50 through 199)	0	838,793	838,793	3,704,840,576		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/24/2020 7:50 am			
Cost Center Description			Title XIX		Subprovider - IPF	PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	37,821	0	0	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.000002	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	12,750	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	126,607	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.000000	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0.000000	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0.000000	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0.000000	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	4,451	0	0	58.00
60.00	06000	LABORATORY	0.000359	590,146	212	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.000000	131	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	2,978	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	16,415	0	0	65.00
65.02	06502	DIALYSIS	0.000000	0	0	0	65.02
65.03	03330	ENDOSCOPY	0.000000	6,792	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0.030000	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
68.01	06801	NEURO REHAB	0.000000	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.000000	6,951	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0.000000	5,478	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0.000000	2,864	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0.000000	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	5,583	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0.000000	34,653	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001265	219,479	278	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	1,280	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000038	609	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0.000003	0	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	0.000419	0	0	0	90.02
90.03	09003	RHEUMATOLOGY	0.000000	0	0	0	90.03
91.00	09100	EMERGENCY	0.000000	1,425,849	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.000000	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50 through 199)		2,500,837	490	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 8/24/2020 7:50 am
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	Title XIX	Subprovider - IPF	PPS
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	PPS Services (see inst.)
		Cost Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.084035	0	0	0	0	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0.083888	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.145753	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.527405	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.075546	0	5,531	0	0	54.00
54.01 05401 RADIOLOGY - WABASH	0.000000	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0.000000	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0.000000	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0.000000	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0.391971	0	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0.903333	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0.895667	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	1.664875	0	0	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0.140186	0	196	0	0	55.00
56.00 05600 RADIOISOTOPE	0.143658	0	0	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.135336	0	0	0	0	58.00
60.00 06000 LABORATORY	0.115916	0	10,308	0	0	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0.178958	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.289246	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0.189473	0	0	0	0	65.00
65.02 06502 DIALYSIS	0.477618	0	0	0	0	65.02
65.03 03330 ENDOSCOPY	0.104622	0	0	0	0	65.03
66.00 06600 PHYSICAL THERAPY	0.410699	0	0	0	0	66.00
66.01 06601 TRANSITIONAL THERAPY	0.840000	0	0	0	0	66.01
66.02 03650 PV REHAB OUTREACH	0.000000	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0.353989	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.317006	0	0	0	0	68.00
68.01 06801 NEURO REHAB	0.313415	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0.056798	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.158318	0	0	0	0	70.00
70.01 03950 NUTRITION SUPPORT	1.879051	0	66	79051	0	70.01
70.03 03952 CARDIAC CATH LAB	0.072877	0	0	0	0	70.03
70.04 03953 CARDIAC REHA SERVICES	0.277268	0	0	0	0	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.268418	0	0	0	0	71.00
71.01 07101 COST OF SOLUTIONS	0.066700	0	250	0	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.238910	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.214779	0	983	0	0	73.00
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.240382	0	0	0	0	76.98
76.99 07699 LI THOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.971590	0	29,147	0	0	90.00
90.01 09001 ANTI COAG CLINIC	0.877039	0	0	0	0	90.01
90.02 09002 INFECTIOUS DISEASES	1.300493	0	0	0	0	90.02
90.03 09003 RHEUMATOLOGY	0.742500	0	0	0	0	90.03
91.00 09100 EMERGENCY	0.119015	0	25,747	0	0	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0.252306	0	60,184	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.189677	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.593212	0	0	0	0	95.00
200.00	Subtotal (see instructions)	0	132,412	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	0	0	201.00
202.00	Net Charges (line 200 - line 201)	0	132,412	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 8/24/2020 7:50 am
	Title XIX	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 PARKVIEW PREMIER SURGERY	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	418	0	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	27	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
60.00 06000 LABORATORY	1,195	0	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
65.02 06502 DIALYSIS	0	0	65.02
65.03 03330 ENDOSCOPY	0	0	65.03
66.00 06600 PHYSICAL THERAPY	0	0	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	66.01
66.02 03650 PV REHAB OUTREACH	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
68.01 06801 NEURO REHAB	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01 03950 NUTRITION SUPPORT	124	0	70.01
70.03 03952 CARDIAC CATH LAB	0	0	70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
71.01 07101 COST OF SOLUTIONS	17	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	211	0	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	28,319	0	90.00
90.01 09001 ANTI COAG CLINIC	0	0	90.01
90.02 09002 INFECTIOUS DISEASES	0	0	90.02
90.03 09003 RHEUMATOLOGY	0	0	90.03
91.00 09100 EMERGENCY	3,064	0	91.00
91.01 09101 PARTIAL HOSPITALIZATION	15,185	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00 Subtotal (see instructions)	48,560	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 - line 201)	48,560	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0021 Component CCN: 15-T021		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part II Date/Time Prepared: 8/24/2020 7:50 am		
Title XIX				Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,055,110	541,969,720	0.013018	1,997	26	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	707,210	71,450,937	0.009898	0	0	50.01
51.00	05100	RECOVERY ROOM	1,591,027	99,034,466	0.016065	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	513,300	3,965,625	0.129437	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,747,227	464,899,327	0.012362	11,164	138	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	119,275	1,555,030	0.076703	0	0	54.05
54.06	05406	RADIOLOGY - CMP	208	7,500	0.027733	0	0	54.06
54.07	05407	RADIOLOGY - WP	425	15,000	0.028333	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	155,462	418,184	0.371755	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	4,620,684	135,237,354	0.034167	2,861	98	55.00
56.00	05600	RADIO SOTOPE	192,339	7,255,664	0.026509	3,343	89	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	424,441	19,980,548	0.021243	1,890	40	58.00
60.00	06000	LABORATORY	3,438,722	344,141,291	0.009992	43,251	432	60.00
60.01	06001	ANATOMICAL PATHOLOGY	388,055	24,823,887	0.015632	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	147,972	16,590,048	0.008919	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	957,549	57,043,951	0.016786	29,764	500	65.00
65.02	06502	DIALYSIS	202,988	8,821,077	0.023012	9,578	220	65.02
65.03	03330	ENDOSCOPY	3,748,167	134,157,976	0.027938	0	0	65.03
66.00	06600	PHYSICAL THERAPY	820,334	21,816,980	0.037601	151,458	5,695	66.00
66.01	06601	TRANSITIONAL THERAPY	18	100	0.180000	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	194,335	15,121,835	0.012851	163,859	2,106	67.00
68.00	06800	SPEECH PATHOLOGY	62,565	6,162,311	0.010153	52,038	528	68.00
68.01	06801	NEURO REHAB	299,139	13,472,907	0.022203	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	112,936	43,895,990	0.002573	728	2	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	90,172	8,352,282	0.010796	0	0	70.00
70.01	03950	NUTRITION SUPPORT	46,373	699,303	0.066313	198	13	70.01
70.03	03952	CARDIAC CATH LAB	2,410,376	194,489,260	0.012393	0	0	70.03
70.04	03953	CARDIAC REHAB SERVICES	93,295	2,329,929	0.040042	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,832,736	205,820,941	0.008905	53,193	474	71.00
71.01	07101	COST OF SOLUTIONS	460,976	72,956,637	0.006318	17,829	113	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,841,298	232,161,396	0.007931	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,238,469	564,802,284	0.012816	74,221	951	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	173,898	11,203,846	0.015521	4,421	69	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	117,081	1,663,895	0.070366	396	28	90.00
90.01	09001	ANTI COAG CLINIC	187,261	4,525,049	0.041383	0	0	90.01
90.02	09002	INFECTIOUS DISEASES	68,729	968,117	0.070992	0	0	90.02
90.03	09003	RHEUMATOLOGY	26,198	100,000	0.261980	0	0	90.03
91.00	09100	EMERGENCY	3,110,360	268,631,625	0.011579	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	35,287	2,224,638	0.015862	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	102,073,666	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	49,231,997	3,704,840,576		622,189	11,522	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/24/2020 7:50 am
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	Title XIX	Subprovider - IRF	PPS
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	30	50.00
50.01	05001 PARKVIEW PREMIER SURGERY	0	0	0	0	147	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	1	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	92	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	1	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	123,444	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	0	4	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	2	65.00
65.02	06502 DIALYSIS	0	0	0	0	0	65.02
65.03	03330 ENDOSCOPY	0	0	0	0	3	65.03
66.00	06600 PHYSICAL THERAPY	0	0	0	0	9	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	3	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0	0	0	0	6	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	714,523	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	63	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	0	14	90.01
90.02	09002 INFECTIOUS DISEASES	0	0	0	0	406	90.02
90.03	09003 RHEUMATOLOGY	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	0	45	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	838,793	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/24/2020 7:50 am				
Title XIX			Subprovider - IRF	PPS				
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)			
	4.00	5.00	6.00	7.00	8.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	30	30	541,969,720	0.000000	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0	147	147	71,450,937	0.000002	50.01
51.00	05100	RECOVERY ROOM	0	1	1	99,034,466	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,965,625	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	92	92	464,899,327	0.000000	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	1,555,030	0.000000	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	7,500	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	15,000	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	418,184	0.000000	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1	1	135,237,354	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	7,255,664	0.000000	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	19,980,548	0.000000	58.00
60.00	06000	LABORATORY	0	123,444	123,444	344,141,291	0.000359	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	4	4	24,823,887	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	16,590,048	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	2	2	57,043,951	0.000000	65.00
65.02	06502	DIALYSIS	0	0	0	8,821,077	0.000000	65.02
65.03	03330	ENDOSCOPY	0	3	3	134,157,976	0.000000	65.03
66.00	06600	PHYSICAL THERAPY	0	9	9	21,816,980	0.000000	66.00
66.01	06601	TRANSITIONAL THERAPY	0	3	3	100	0.030000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	15,121,835	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	6,162,311	0.000000	68.00
68.01	06801	NEURO REHAB	0	0	0	13,472,907	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	43,895,990	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	8,352,282	0.000000	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	699,303	0.000000	70.01
70.03	03952	CARDIAC CATH LAB	0	6	6	194,489,260	0.000000	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	2,329,929	0.000000	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	205,820,941	0.000000	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	72,956,637	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	232,161,396	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	714,523	714,523	564,802,284	0.001265	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	11,203,846	0.000000	76.98
76.99	07699	LI THOTRI PSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	63	63	1,663,895	0.000038	90.00
90.01	09001	ANTI COAG CLINIC	0	14	14	4,525,049	0.000003	90.01
90.02	09002	INFECTIOUS DISEASES	0	406	406	968,117	0.000419	90.02
90.03	09003	RHEUMATOLOGY	0	0	0	100,000	0.000000	90.03
91.00	09100	EMERGENCY	0	45	45	268,631,625	0.000000	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	2,224,638	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	102,073,666	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	838,793	838,793	3,704,840,576		95.00
200.00		Total (lines 50 through 199)	0	838,793	838,793	3,704,840,576		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/24/2020 7:50 am		
Cost Center Description			Title XIX		Subprovider - IRF	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
		9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000	1,997	0	0
50.01	05001	PARKVIEW PREMIER SURGERY	0.000002	0	0	0
51.00	05100	RECOVERY ROOM	0.000000	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	11,164	0	0
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0	0
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0	0
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0	0
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0	0
54.05	05405	RADIOLOGY - NHMP	0.000000	0	0	0
54.06	05406	RADIOLOGY - CMP	0.000000	0	0	0
54.07	05407	RADIOLOGY - WP	0.000000	0	0	0
54.08	05408	RADIOLOGY - PULM CLINIC	0.000000	0	0	0
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	2,861	0	0
56.00	05600	RADIOISOTOPE	0.000000	3,343	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,890	0	0
60.00	06000	LABORATORY	0.000359	43,251	16	0
60.01	06001	ANATOMICAL PATHOLOGY	0.000000	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0
65.00	06500	RESPIRATORY THERAPY	0.000000	29,764	0	0
65.02	06502	DIALYSIS	0.000000	9,578	0	0
65.03	03330	ENDOSCOPY	0.000000	0	0	0
66.00	06600	PHYSICAL THERAPY	0.000000	151,458	0	0
66.01	06601	TRANSITIONAL THERAPY	0.030000	0	0	0
66.02	03650	PV REHAB OUTREACH	0.000000	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0.000000	163,859	0	0
68.00	06800	SPEECH PATHOLOGY	0.000000	52,038	0	0
68.01	06801	NEURO REHAB	0.000000	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0.000000	728	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0
70.01	03950	NUTRITION SUPPORT	0.000000	198	0	0
70.03	03952	CARDIAC CATH LAB	0.000000	0	0	0
70.04	03953	CARDIAC REHAB SERVICES	0.000000	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	53,193	0	0
71.01	07101	COST OF SOLUTIONS	0.000000	17,829	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.001265	74,221	94	0
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	4,421	0	0
76.99	07699	LITHOTRIPSY	0.000000	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000038	396	0	0
90.01	09001	ANTI COAG CLINIC	0.000003	0	0	0
90.02	09002	INFECTIOUS DISEASES	0.000419	0	0	0
90.03	09003	RHEUMATOLOGY	0.000000	0	0	0
91.00	09100	EMERGENCY	0.000000	0	0	0
91.01	09101	PARTIAL HOSPITALIZATION	0.000000	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				
200.00		Total (lines 50 through 199)		622,189	110	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/24/2020 7:50 am
		Title XVIII	Hospital	PPS
Cost Center Description				
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		135,468	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		135,468	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)		115,396	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		36,019	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)		130,669,153	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)		130,669,153	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)		130,669,153	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)		964.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		34,743,207	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)		34,743,207	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	46,221,738	36,110	1,280.03	6,259	8,011,708	43.00
43.01	PEDIATRIC ICU	2,727,883	1,368	1,994.07	0	0	43.01
43.02	NEONATAL ICU	10,284,860	9,461	1,087.08	0	0	43.02
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					66,586,127	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					109,341,042	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)					3,825,099	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,332,786	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					9,157,885	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					100,183,157	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)					20,072	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					964.58	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					19,361,050	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 8/24/2020 7:50 am	
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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	11,635,910	130,669,153	0.089049	19,361,050	1,724,082	90.00
91.00	Nursing School cost	0	130,669,153	0.000000	19,361,050	0	91.00
92.00	Allied health cost	182	130,669,153	0.000001	19,361,050	19	92.00
93.00	All other Medical Education	0	130,669,153	0.000000	19,361,050	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/24/2020 7:50 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		18,531	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		18,531	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)		18,531	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		3,719	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)		17,546,164	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)		17,546,164	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)		17,546,164	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)		946.85	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,521,335	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)		3,521,335	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1	
				Component CCN: 15-S021		Date/Time Prepared: 8/24/2020 7:50 am	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 PEDIATRIC ICU	0	0	0.00	0	0	0	43.01
43.02 NEONATAL ICU	0	0	0.00	0	0	0	43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					473,195		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,994,530		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)					345,160		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					39,659		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					384,819		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,609,711		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-S021		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 8/24/2020 7:50 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,719,779	17,546,164	0.098015	0	0	90.00
91.00	Nursing School cost	0	17,546,164	0.000000	0	0	91.00
92.00	Allied health cost	1	17,546,164	0.000000	0	0	92.00
93.00	All other Medical Education	0	17,546,164	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/24/2020 7:50 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,015	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,015	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)		10,015	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		4,224	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		12,131,192	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		12,131,192	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		12,131,192	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)		1,211.30	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,116,531	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)		5,116,531	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1	
				Component CCN: 15-T021	Date/Time Prepared: 8/24/2020 7:50 am		
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	PEDIATRIC ICU	0	0	0.00	0	0	43.01
43.02	NEONATAL ICU	0	0	0.00	0	0	43.02
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,614,517	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,731,048	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)					395,704	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					167,380	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					563,084	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					7,167,964	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-T021		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 8/24/2020 7:50 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	938,159	12,131,192	0.077334	0	0	90.00
91.00	Nursing School cost	0	12,131,192	0.000000	0	0	91.00
92.00	Allied health cost	3	12,131,192	0.000000	0	0	92.00
93.00	All other Medical Education	0	12,131,192	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-5516	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/24/2020 7:50 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,406	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,406	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,406	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		508	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,892,877	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,892,877	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,892,877	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0021 Component CCN: 15-5516	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/24/2020 7:50 am	
				Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
43.01	PEDIATRIC ICU						43.01
43.02	NEONATAL ICU						43.02
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)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						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)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						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						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						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)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						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)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						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)						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)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						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)					1,892,877	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					1,346.29	71.00
72.00	Program routine service cost (line 9 x line 71)					683,915	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					683,915	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					683,915	83.00
84.00	Program inpatient ancillary services (see instructions)					221,822	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					905,737	86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-5516		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 8/24/2020 7:50 am	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/24/2020 7:50 am
Cost Center Description		Title XIX	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)		135,468	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		135,468	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)		115,396	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		5,268	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)		5,882	15.00
16.00	Nursery days (title V or XIX only)		350	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)		130,669,153	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)		130,669,153	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)		130,669,153	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)		964.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,081,407	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)		5,081,407	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/24/2020 7:50 am		
Cost Center Description			Title XIX		Hospital	PPS	
	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)	5,916,994	5,882	1,005.95	350	352,083	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	46,221,738	36,110	1,280.03	2,228	2,851,907	43.00
43.01	PEDIATRIC ICU	2,727,883	1,368	1,994.07	0	0	43.01
43.02	NEONATAL ICU	10,284,860	9,461	1,087.08	0	0	43.02
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					7,267,473	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					15,552,870	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)					730,757	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					593,081	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,323,838	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					14,229,032	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)					20,072	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					964.58	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					19,361,050	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0021

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

Worksheet D-1

Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description	Cost	Title XIX		Hospital	PPS	
		Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	11,635,910	130,669,153	0.089049	19,361,050	1,724,082	90.00
91.00 Nursing School cost	0	130,669,153	0.000000	19,361,050	0	91.00
92.00 Allied health cost	182	130,669,153	0.000001	19,361,050	19	92.00
93.00 All other Medical Education	0	130,669,153	0.000000	19,361,050	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/24/2020 7:50 am
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		18,531	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		18,531	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)		18,531	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		2,150	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)		5,882	15.00
16.00	Nursery days (title V or XIX only)		350	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)		17,546,164	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)		17,546,164	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)		17,546,164	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)		946.85	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,035,728	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)		2,035,728	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1	
				Component CCN: 15-S021		Date/Time Prepared: 8/24/2020 7:50 am	
				Title XIX	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 PEDIATRIC ICU	0	0	0.00	0	0	0	43.01
43.02 NEONATAL ICU	0	0	0.00	0	0	0	43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					321,723		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,357,451		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)					199,542		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					29,310		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					228,852		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,128,599		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-S021		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 8/24/2020 7:50 am	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,719,779	17,546,164	0.098015	0	0	90.00
91.00	Nursing School cost	0	17,546,164	0.000000	0	0	91.00
92.00	Allied health cost	1	17,546,164	0.000000	0	0	92.00
93.00	All other Medical Education	0	17,546,164	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/24/2020 7:50 am
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,015	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,015	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)		10,015	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		276	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)		5,882	15.00
16.00	Nursery days (title V or XIX only)		350	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		12,131,192	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		12,131,192	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		12,131,192	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)		1,211.30	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		334,319	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)		334,319	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1	
				Component CCN: 15-T021	Date/Time Prepared: 8/24/2020 7:50 am		
				Title XIX	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 PEDIATRIC ICU	0	0	0.00	0	0	0	43.01
43.02 NEONATAL ICU	0	0	0.00	0	0	0	43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					187,351		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					521,670		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)					25,856		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					11,632		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					37,488		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					484,182		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0021 Component CCN: 15-T021		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 8/24/2020 7:50 am	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	938,159	12,131,192	0.077334	0	0	90.00
91.00	Nursing School cost	0	12,131,192	0.000000	0	0	91.00
92.00	Allied health cost	3	12,131,192	0.000000	0	0	92.00
93.00	All other Medical Education	0	12,131,192	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/24/2020 7:50 am	
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		59,045,930	30.00
31.00	03100	INTENSIVE CARE UNIT		33,265,984	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		251,801	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.084035	84,706,609	7,118,320 50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.083888	30,698	2,575 50.01
51.00	05100	RECOVERY ROOM	0.145753	7,047,376	1,027,176 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.527405	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.075546	41,794,663	3,157,420 54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	0.391971	0	0 54.05
54.06	05406	RADIOLOGY - CMP	0.903333	0	0 54.06
54.07	05407	RADIOLOGY - WP	0.895667	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	1.664875	0	0 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.140749	982,356	138,266 55.00
56.00	05600	RADIOISOTOPE	0.143658	1,597,223	229,454 56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.135336	3,176,474	429,891 58.00
60.00	06000	LABORATORY	0.115916	42,004,467	4,868,990 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.178958	3,357,095	600,779 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.289246	6,140,914	1,776,235 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.189498	13,714,452	2,598,861 65.00
65.02	06502	DIALYSIS	0.477618	3,929,390	1,876,747 65.02
65.03	03330	ENDOSCOPY	0.104622	7,464,586	780,960 65.03
66.00	06600	PHYSICAL THERAPY	0.410699	3,024,184	1,242,029 66.00
66.01	06601	TRANSITIONAL THERAPY	0.840000	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.353989	2,776,268	982,768 67.00
68.00	06800	SPEECH PATHOLOGY	0.317006	1,177,880	373,395 68.00
68.01	06801	NEURO REHAB	0.313415	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.056798	9,406,048	534,245 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.158318	22,487	3,560 70.00
70.01	03950	NUTRITION SUPPORT	1.879051	155,067	291,379 70.01
70.03	03952	CARDIAC CATH LAB	0.072877	28,350,504	2,066,100 70.03
70.04	03953	CARDIAC REHAB SERVICES	0.277268	434	120 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.268418	35,760,676	9,598,809 71.00
71.01	07101	COST OF SOLUTIONS	0.066700	13,816,822	921,582 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.238910	47,848,854	11,431,570 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.214779	51,289,480	11,015,903 73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.240382	742,489	178,481 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.971590	89,664	87,117 90.00
90.01	09001	ANTI COAG CLINIC	0.877039	3,905	3,425 90.01
90.02	09002	INFECTIOUS DISEASES	1.300493	0	0 90.02
90.03	09003	RHEUMATOLOGY	0.742500	0	0 90.03
91.00	09100	EMERGENCY	0.119691	24,983,788	2,990,335 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.252306	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.189677	1,368,825	259,635 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		436,763,678	66,586,127 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		436,763,678	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/24/2020 7:50 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
31.01	03101 PEDIATRIC ICU		0	31.01
31.02	03102 NEONATAL ICU		0	31.02
32.00	03200 CORONARY CARE UNIT		0	32.00
40.00	04000 SUBPROVIDER - IPF		5,776,746	40.00
41.00	04100 SUBPROVIDER - IRF		0	41.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.084035	264,738	22,247 50.00
50.01	05001 PARKVIEW PREMIER SURGERY	0.083888	0	0 50.01
51.00	05100 RECOVERY ROOM	0.145753	89,358	13,024 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.527405	0	0 52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.075546	242,286	18,304 54.00
54.01	05401 RADIOLOGY - WABASH	0.000000	0	0 54.01
54.02	05402 RADIOLOGY - MANCHESTER	0.000000	0	0 54.02
54.03	05403 RADIOLOGY - EAST STATE	0.000000	0	0 54.03
54.04	05404 RADIOLOGY - JEFFERSON	0.000000	0	0 54.04
54.05	05405 RADIOLOGY - NHMP	0.391971	0	0 54.05
54.06	05406 RADIOLOGY - CMP	0.903333	0	0 54.06
54.07	05407 RADIOLOGY - WP	0.895667	0	0 54.07
54.08	05408 RADIOLOGY - PULM CLINIC	1.664875	0	0 54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000	0	0 54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0.140749	0	0 55.00
56.00	05600 RADIOISOTOPE	0.143658	0	0 56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.135336	15,389	2,083 58.00
60.00	06000 LABORATORY	0.115916	698,678	80,988 60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.178958	0	0 60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.289246	0	0 62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500 RESPIRATORY THERAPY	0.189498	13,563	2,570 65.00
65.02	06502 DIALYSIS	0.477618	26,079	12,456 65.02
65.03	03330 ENDOSCOPY	0.104622	4,538	475 65.03
66.00	06600 PHYSICAL THERAPY	0.410699	48,864	20,068 66.00
66.01	06601 TRANSITIONAL THERAPY	0.840000	0	0 66.01
66.02	03650 PV REHAB OUTREACH	0.000000	0	0 66.02
67.00	06700 OCCUPATIONAL THERAPY	0.353989	78,690	27,855 67.00
68.00	06800 SPEECH PATHOLOGY	0.317006	13,447	4,263 68.00
68.01	06801 NEURO REHAB	0.313415	0	0 68.01
69.00	06900 ELECTROCARDIOLOGY	0.056798	20,805	1,182 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.158318	0	0 70.00
70.01	03950 NUTRITION SUPPORT	1.879051	5,709	10,728 70.01
70.03	03952 CARDIAC CATH LAB	0.072877	0	0 70.03
70.04	03953 CARDIAC REHAB SERVICES	0.277268	0	0 70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.268418	54,611	14,659 71.00
71.01	07101 COST OF SOLUTIONS	0.066700	55,348	3,692 71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.238910	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.214779	591,261	126,990 73.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.240382	11,834	2,845 76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.971590	771	749 90.00
90.01	09001 ANTI COAG CLINIC	0.877039	0	0 90.01
90.02	09002 INFECTIOUS DISEASES	1.300493	0	0 90.02
90.03	09003 RHEUMATOLOGY	0.742500	0	0 90.03
91.00	09100 EMERGENCY	0.119691	902,464	108,017 91.00
91.01	09101 PARTIAL HOSPITALIZATION	0.252306	0	0 91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.189677	0	0 92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,138,433	473,195 200.00
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)		3,138,433	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/24/2020 7:50 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		6,696,489	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.084035	191,635	16,104
50.01	05001	PARKVIEW PREMIER SURGERY	0.083888	0	0
51.00	05100	RECOVERY ROOM	0.145753	1,344	196
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.527405	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.075546	375,876	28,396
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0
54.05	05405	RADIOLOGY - NHMP	0.391971	0	0
54.06	05406	RADIOLOGY - CMP	0.903333	0	0
54.07	05407	RADIOLOGY - WP	0.895667	0	0
54.08	05408	RADIOLOGY - PULM CLINIC	1.664875	0	0
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0.140749	38,873	5,471
56.00	05600	RADIOISOTOPE	0.143658	5,241	753
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.135336	36,470	4,936
60.00	06000	LABORATORY	0.115916	982,868	113,930
60.01	06001	ANATOMICAL PATHOLOGY	0.178958	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.289246	37,634	10,885
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	0.189498	219,494	41,594
65.02	06502	DIALYSIS	0.477618	329,584	157,415
65.03	03330	ENDOSCOPY	0.104622	16,238	1,699
66.00	06600	PHYSICAL THERAPY	0.410699	2,087,533	857,348
66.01	06601	TRANSITIONAL THERAPY	0.840000	0	0
66.02	03650	PV REHAB OUTREACH	0.000000	0	0
67.00	06700	OCCUPATIONAL THERAPY	0.353989	2,213,778	783,653
68.00	06800	SPEECH PATHOLOGY	0.317006	600,473	190,354
68.01	06801	NEURO REHAB	0.313415	0	0
69.00	06900	ELECTROCARDIOLOGY	0.056798	200,740	11,402
70.00	07000	ELECTROENCEPHALOGRAPHY	0.158318	0	0
70.01	03950	NUTRITION SUPPORT	1.879051	6,279	11,799
70.03	03952	CARDIAC CATH LAB	0.072877	0	0
70.04	03953	CARDIAC REHAB SERVICES	0.277268	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.268418	404,858	108,671
71.01	07101	COST OF SOLUTIONS	0.066700	184,164	12,284
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.238910	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0.214779	1,093,191	234,794
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.240382	63,134	15,176
76.99	07699	LITHOTRIPSY	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.971590	4,784	4,648
90.01	09001	ANTI COAG CLINIC	0.877039	0	0
90.02	09002	INFECTIOUS DISEASES	1.300493	0	0
90.03	09003	RHEUMATOLOGY	0.742500	0	0
91.00	09100	EMERGENCY	0.119691	25,136	3,009
91.01	09101	PARTIAL HOSPITALIZATION	0.252306	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.189677	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		9,119,327	2,614,517
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0
202.00		Net charges (line 200 minus line 201)		9,119,327	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021 Component CCN: 15-5516	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/24/2020 7:50 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.084035	6,000	504 50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.083888	0	0 50.01
51.00	05100	RECOVERY ROOM	0.145753	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.527405	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.075546	44,979	3,398 54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	0.391971	0	0 54.05
54.06	05406	RADIOLOGY - CMP	0.903333	0	0 54.06
54.07	05407	RADIOLOGY - WP	0.895667	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	1.664875	0	0 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.140749	3,101	436 55.00
56.00	05600	RADIOISOTOPE	0.143658	5,990	861 56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.135336	4,018	544 58.00
60.00	06000	LABORATORY	0.115916	114,324	13,252 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.178958	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.289246	0	0 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.189498	26,633	5,047 65.00
65.02	06502	DIALYSIS	0.477618	0	0 65.02
65.03	03330	ENDOSCOPY	0.104622	4,531	474 65.03
66.00	06600	PHYSICAL THERAPY	0.410699	165,741	68,070 66.00
66.01	06601	TRANSITIONAL THERAPY	0.840000	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.353989	160,888	56,953 67.00
68.00	06800	SPEECH PATHOLOGY	0.317006	36,624	11,610 68.00
68.01	06801	NEURO REHAB	0.313415	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.056798	1,161	66 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.158318	0	0 70.00
70.01	03950	NUTRITION SUPPORT	1.879051	35	66 70.01
70.03	03952	CARDIAC CATH LAB	0.072877	0	0 70.03
70.04	03953	CARDIAC REH SERVICES	0.277268	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.268418	78,900	21,178 71.00
71.01	07101	COST OF SOLUTIONS	0.066700	24,220	1,615 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.238910	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.214779	169,498	36,405 73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.240382	3,998	961 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.971590	393	382 90.00
90.01	09001	ANTI COAG CLINIC	0.877039	0	0 90.01
90.02	09002	INFECTIOUS DISEASES	1.300493	0	0 90.02
90.03	09003	RHEUMATOLOGY	0.742500	0	0 90.03
91.00	09100	EMERGENCY	0.119691	0	0 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.252306	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.189677	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		851,034	221,822 200.00
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)		851,034	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/24/2020 7:50 am	
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		10,374,905	30.00
31.00	03100	INTENSIVE CARE UNIT		3,883,222	31.00
31.01	03101	PEDIATRIC ICU		572,831	31.01
31.02	03102	NEONATAL ICU		7,926,513	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		373,006	40.00
41.00	04100	SUBPROVIDER - IRF		519,023	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.084035	6,532,494	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.083888	0	50.01
51.00	05100	RECOVERY ROOM	0.145753	812,923	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.527405	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.075546	4,920,033	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.391971	0	54.05
54.06	05406	RADIOLOGY - CMP	0.903333	0	54.06
54.07	05407	RADIOLOGY - WP	0.895667	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	1.664875	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.140749	146,758	55.00
56.00	05600	RADIOISOTOPE	0.143658	99,690	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.135336	419,290	58.00
60.00	06000	LABORATORY	0.115916	6,334,064	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.178958	322,238	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.289246	968,622	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.189498	3,447,814	65.00
65.02	06502	DIALYSIS	0.477618	346,801	65.02
65.03	03330	ENDOSCOPY	0.104622	725,833	65.03
66.00	06600	PHYSICAL THERAPY	0.410699	235,306	66.00
66.01	06601	TRANSITIONAL THERAPY	0.840000	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.353989	252,220	67.00
68.00	06800	SPEECH PATHOLOGY	0.317006	176,436	68.00
68.01	06801	NEURO REHAB	0.313415	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.056798	695,026	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.158318	0	70.00
70.01	03950	NUTRITION SUPPORT	1.879051	24,222	70.01
70.03	03952	CARDIAC CATH LAB	0.072877	1,170,783	70.03
70.04	03953	CARDIAC REHAB SERVICES	0.277268	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.268418	3,833,185	71.00
71.01	07101	COST OF SOLUTIONS	0.066700	2,374,416	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.238910	1,273,246	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.214779	8,470,485	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.240382	96,851	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.971590	16,591	90.00
90.01	09001	ANTI COAG CLINIC	0.877039	0	90.01
90.02	09002	INFECTIOUS DISEASES	1.300493	0	90.02
90.03	09003	RHEUMATOLOGY	0.742500	0	90.03
91.00	09100	EMERGENCY	0.119691	3,244,657	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.252306	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.189677	99,984	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		47,039,968	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)		47,039,968	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3	
		Component CCN: 15-S021		Date/Time Prepared: 8/24/2020 7:50 am	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		5,551,492	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.084035	37,821	50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.083888	0	50.01
51.00	05100	RECOVERY ROOM	0.145753	12,750	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.527405	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.075546	126,607	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.391971	0	54.05
54.06	05406	RADIOLOGY - CMP	0.903333	0	54.06
54.07	05407	RADIOLOGY - WP	0.895667	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	1.664875	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.140749	0	55.00
56.00	05600	RADIOISOTOPE	0.143658	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.135336	4,451	58.00
60.00	06000	LABORATORY	0.115916	590,146	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.178958	131	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.289246	2,978	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.189498	16,415	65.00
65.02	06502	DIALYSIS	0.477618	0	65.02
65.03	03330	ENDOSCOPY	0.104622	6,792	65.03
66.00	06600	PHYSICAL THERAPY	0.410699	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0.840000	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.353989	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.317006	0	68.00
68.01	06801	NEURO REHAB	0.313415	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.056798	6,951	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.158318	0	70.00
70.01	03950	NUTRITION SUPPORT	1.879051	5,478	70.01
70.03	03952	CARDIAC CATH LAB	0.072877	2,864	70.03
70.04	03953	CARDIAC REHAB SERVICES	0.277268	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.268418	5,583	71.00
71.01	07101	COST OF SOLUTIONS	0.066700	34,653	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.238910	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.214779	219,479	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.240382	1,280	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.971590	609	90.00
90.01	09001	ANTI COAG CLINIC	0.877039	0	90.01
90.02	09002	INFECTIOUS DISEASES	1.300493	0	90.02
90.03	09003	RHEUMATOLOGY	0.742500	0	90.03
91.00	09100	EMERGENCY	0.119691	1,425,849	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.252306	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.189677	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		2,500,837	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)		2,500,837	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3	
		Component CCN: 15-T021		Date/Time Prepared: 8/24/2020 7:50 am	
		Title XIX	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		3,430	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		497,382	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.084035	1,997	168 50.00
50.01	05001	PARKVIEW PREMIER SURGERY	0.083888	0	0 50.01
51.00	05100	RECOVERY ROOM	0.145753	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.527405	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.075546	11,164	843 54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	0.391971	0	0 54.05
54.06	05406	RADIOLOGY - CMP	0.903333	0	0 54.06
54.07	05407	RADIOLOGY - WP	0.895667	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	1.664875	0	0 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.140749	2,861	403 55.00
56.00	05600	RADIOISOTOPE	0.143658	3,343	480 56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.135336	1,890	256 58.00
60.00	06000	LABORATORY	0.115916	43,251	5,013 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.178958	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.289246	0	0 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.189498	29,764	5,640 65.00
65.02	06502	DIALYSIS	0.477618	9,578	4,575 65.02
65.03	03330	ENDOSCOPY	0.104622	0	0 65.03
66.00	06600	PHYSICAL THERAPY	0.410699	151,458	62,204 66.00
66.01	06601	TRANSITIONAL THERAPY	0.840000	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.353989	163,859	58,004 67.00
68.00	06800	SPEECH PATHOLOGY	0.317006	52,038	16,496 68.00
68.01	06801	NEURO REHAB	0.313415	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.056798	728	41 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.158318	0	0 70.00
70.01	03950	NUTRITION SUPPORT	1.879051	198	372 70.01
70.03	03952	CARDIAC CATH LAB	0.072877	0	0 70.03
70.04	03953	CARDIAC REHAB SERVICES	0.277268	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.268418	53,193	14,278 71.00
71.01	07101	COST OF SOLUTIONS	0.066700	17,829	1,189 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.238910	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.214779	74,221	15,941 73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.240382	4,421	1,063 76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.971590	396	385 90.00
90.01	09001	ANTI COAG CLINIC	0.877039	0	0 90.01
90.02	09002	INFECTIOUS DISEASES	1.300493	0	0 90.02
90.03	09003	RHEUMATOLOGY	0.742500	0	0 90.03
91.00	09100	EMERGENCY	0.119691	0	0 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.252306	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.189677	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		622,189	187,351 200.00
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)		622,189	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/24/2020 7:50 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		54,272,008	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		20,651,929	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)		4,022,616	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		868,267	2.04
3.00	Managed Care Simulated Payments		66,178,666	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		545.01	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)		8.32	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).		-1.72	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)		6.60	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		11.32	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)		6.60	12.00
13.00	Total allowable FTE count for the prior year.		9.33	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.		8.32	14.00
15.00	Sum of lines 12 through 14 divided by 3.		8.08	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		8.08	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.014825	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.018226	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.014825	21.00
22.00	IME payment adjustment (see instructions)		604,636	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		534,062	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).		1.80	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		4.72	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)		1.80	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.003303	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000882	27.00
28.00	IME add-on adjustment amount (see instructions)		66,083	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		58,370	28.01
29.00	Total IME payment (sum of lines 22 and 28)		670,719	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		592,432	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.26	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.92	31.00
32.00	Sum of lines 30 and 31		28.18	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.47	33.00
34.00	Disproportionate share adjustment (see instructions)		2,335,754	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/24/2020 7:50 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,272,872,447	8,350,599,096	35.00
35.01	Factor 3 (see instructions)	0.000972229	0.000895996	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	8,043,127	7,482,103	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	6,015,817	1,880,746	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	7,896,563		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)	90,717,856		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)		91,310,288	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		6,690,786	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).		399,243	52.00
53.00	Nursing and Allied Health Managed Care payment		88,854	53.00
54.00	Special add-on payments for new technologies		5,287	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)		79,964	58.00
59.00	Total (sum of amounts on lines 49 through 58)		98,574,422	59.00
60.00	Primary payer payments		41,480	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		98,532,942	61.00
62.00	Deductibles billed to program beneficiaries		7,552,887	62.00
63.00	Coinurance billed to program beneficiaries		346,805	63.00
64.00	Allowable bad debts (see instructions)		553,677	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		359,890	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		88,144	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		90,993,140	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)		-141,096	70.93
70.94	HRR adjustment amount (see instructions)		-50,386	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/24/2020 7:50 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
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	1.00	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			260,099	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			90,541,559	71.00
71.01	Sequestration adjustment (see instructions)			1,810,831	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs				71.03
72.00	Interim payments			89,554,741	72.00
72.01	Interim payments-PARHM				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			-824,013	74.00
74.01	Balance due provider/program-PARHM (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,213,607	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. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 8/24/2020 7:50 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		65,490,042	2.00
3.00	OPPS payments		52,088,232	3.00
4.00	Outlier payment (see instructions)		506,785	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		130,526	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a 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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		52,725,543	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		9,587,148	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		43,138,395	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		214,864	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)		43,353,259	30.00
31.00	Primary payer payments		3,240	31.00
32.00	Subtotal (line 30 minus line 31)		43,350,019	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)		855,103	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		555,817	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		418,721	36.00
37.00	Subtotal (see instructions)		43,905,836	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		43,905,836	40.00
40.01	Sequestration adjustment (see instructions)		878,117	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		42,858,061	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		169,658	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0021

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

Worksheet E-1
Part I
Date/Time Prepared:
8/24/2020 7:50 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		89,554,741		42,807,961	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0	07/26/2019	50,100	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		50,100	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)		89,554,741		42,858,061	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		169,658	6.01	
6.02	SETTLEMENT TO PROGRAM		824,013		0	6.02	
7.00	Total Medicare program liability (see instructions)		88,730,728		43,027,719	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0021
Component CCN: 15-S021

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

Worksheet E-1
Part I
Date/Time Prepared:
8/24/2020 7:50 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,735,073			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)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	07/10/2019	32,100			0 3.01
3.02			0			0 3.02
3.03			0			0 3.03
3.04			0			0 3.04
3.05			0			0 3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0			0 3.50
3.51			0			0 3.51
3.52			0			0 3.52
3.53			0			0 3.53
3.54			0			0 3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		32,100			0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,767,173			0 4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 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)					0 6.00
6.01	SETTLEMENT TO PROVIDER		6,069			0 6.01
6.02	SETTLEMENT TO PROGRAM		0			0 6.02
7.00	Total Medicare program liability (see instructions)		2,773,242			0 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0021
Component CCN: 15-T021

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

Worksheet E-1
Part I
Date/Time Prepared:
8/24/2020 7:50 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		6,647,438		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		6,647,438		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		5,008		0	6.02
7.00	Total Medicare program liability (see instructions)		6,642,430		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0021
Component CCN: 15-5516

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

Worksheet E-1
Part I
Date/Time Prepared:
8/24/2020 7:50 am

Title XVIII

Skilled Nursing
Facility

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		193,180		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		193,180		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		31,863		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		225,043		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet E-1 Part II Date/Time Prepared: 8/24/2020 7:50 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021 Component CCN: 15-S021	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part II Date/Time Prepared: 8/24/2020 7:50 am
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			3,194,178 1.00
2.00	Net IPF PPS Outlier Payments			85,336 2.00
3.00	Net IPF PPS ECT Payments			14,078 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			50.769863 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			3,293,592 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			3,293,592 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			3,293,592 18.00
19.00	Deductibles			455,868 19.00
20.00	Subtotal (line 18 minus line 19)			2,837,724 20.00
21.00	Coinsurance			46,748 21.00
22.00	Subtotal (line 20 minus line 21)			2,790,976 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			58,252 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			37,864 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			4,408 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,828,840 26.00
27.00	Direct graduate medical education payments (see instructions)			0 27.00
28.00	Other pass through costs (see instructions)			999 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			2,829,839 31.00
31.01	Sequestration adjustment (see instructions)			56,597 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			2,767,173 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			6,069 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			85,336 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021 Component CCN: 15-T021	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part III Date/Time Prepared: 8/24/2020 7:50 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			6,360,823 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0575 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			332,035 3.00
4.00	Outlier Payments			187,015 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			27.438356 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			6,879,873 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			6,879,873 17.00
18.00	Primary payer payments			12,613 18.00
19.00	Subtotal (line 17 less line 18).			6,867,260 19.00
20.00	Deductibles			42,260 20.00
21.00	Subtotal (line 19 minus line 20)			6,825,000 21.00
22.00	Coinsurance			52,705 22.00
23.00	Subtotal (line 21 minus line 22)			6,772,295 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			6,090 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			3,959 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			4,750 26.00
27.00	Subtotal (sum of lines 23 and 25)			6,776,254 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			1,736 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			6,777,990 32.00
32.01	Sequestration adjustment (see instructions)			135,560 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			6,647,438 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-5,008 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			187,015 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021 Component CCN: 15-5516	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part VI Date/Time Prepared: 8/24/2020 7:50 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		227,980	1.00
2.00	Routine service other pass through costs		472	2.00
3.00	Ancillary service other pass through costs		255	3.00
4.00	Subtotal (sum of lines 1 through 3)		228,707	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		30,858	7.00
8.00	Allowable bad debts (see instructions)		48,903	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		1,388	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		31,787	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		229,636	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		229,636	15.00
15.01	Sequestration adjustment (see instructions)		4,593	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
16.00	Interim payments		193,180	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)		31,863	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 8/24/2020 7:50 am
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Title XVIII		Hospital	PPS
			1.00

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.		8.53
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)		0.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA		0.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)		0.00
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))		-1.63
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)		0.00
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)		0.00
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)		6.90
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)		11.33
7.00	Enter the lesser of line 5 or line 6		6.90

		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	11.33	0.00	11.33	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	6.90	0.00	6.90	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	6.90	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	9.33	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	9.90	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	8.71	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	8.71	0.00		17.00
18.00	Per resident amount	112,108.45	0.00		18.00
19.00	Approved amount for resident costs	976,465	0	976,465	19.00

				Total	
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			3.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			4.43	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			3.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			102,333.61	23.00
24.00	Multiply line 22 time line 23			307,001	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,283,466	25.00

		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	50,221	44,890		26.00
27.00	Total Inpatient Days (see instructions)	192,212	192,212		27.00
28.00	Ratio of inpatient days to total inpatient days	0.261279	0.233544		28.00
29.00	Program direct GME amount	335,343	299,746	635,089	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		20,982	20,982	30.00
31.00	Net Program direct GME amount			614,107	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 8/24/2020 7:50 am
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		121,979,242	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		54,093	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		121,925,149	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		65,620,568	42.00
43.00	Primary payer payments (see instructions)		3,240	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		65,617,328	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		187,542,477	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.650120	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.349880	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		614,107	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		399,243	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		214,864	50.00

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

Provider CCN: 15-0021

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

Worksheet G

Date/Time Prepared:
8/24/2020 7:50 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-219,107	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	189,406,291	0	0	0	4.00
5.00	Other receivable	10,969,286	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	17,938,846	0	0	0	7.00
8.00	Prepaid expenses	3,438,579	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	221,533,895	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,584,819	0	0	0	12.00
13.00	Land improvements	71,180,022	0	0	0	13.00
14.00	Accumulated depreciation	-30,343,050	0	0	0	14.00
15.00	Buildings	678,094,500	0	0	0	15.00
16.00	Accumulated depreciation	-270,555,751	0	0	0	16.00
17.00	Leasehold improvements	12,562,665	0	0	0	17.00
18.00	Accumulated depreciation	-9,078,026	0	0	0	18.00
19.00	Fixed equipment	20,097,308	0	0	0	19.00
20.00	Accumulated depreciation	-10,807,466	0	0	0	20.00
21.00	Automobiles and trucks	8,458,860	0	0	0	21.00
22.00	Accumulated depreciation	-7,714,742	0	0	0	22.00
23.00	Major movable equipment	477,749,147	0	0	0	23.00
24.00	Accumulated depreciation	-239,212,483	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	707,015,803	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	26,470,418	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	25,172,280	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	51,642,698	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	980,192,396	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	61,517,638	0	0	0	37.00
38.00	Salaries, wages, and fees payable	16,990,645	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	441,076,395	0	0	0	43.00
44.00	Other current liabilities	16,236,275	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	535,820,953	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	4,254,737	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	4,254,737	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	540,075,690	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	440,116,706				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)	440,116,706	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	980,192,396	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0021

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

Worksheet G-1

Date/Time Prepared:
8/24/2020 7:50 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		297,167,200		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		133,427,641			2.00
3.00	Total (sum of line 1 and line 2)		430,594,841		0	3.00
4.00	ADDITIONS TO FUND BALANCE	14,594		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)		14,594		0	10.00
11.00	Subtotal (line 3 plus line 10)		430,609,435		0	11.00
12.00	DEDUCTIONS TRANSFERS	3,625,392		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)		3,625,392		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		426,984,043		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 TO FUND BALANCE		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 TRANSFERS		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0021

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	214,447,835		214,447,835	1.00
2.00	SUBPROVIDER - IPF	29,188,425		29,188,425	2.00
3.00	SUBPROVIDER - IRF	15,773,625		15,773,625	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	815,480		815,480	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)	260,225,365		260,225,365	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	103,429,724		103,429,724	11.00
11.01	PEDIATRIC ICU	4,956,452		4,956,452	11.01
11.02	NEONATAL ICU	44,354,581		44,354,581	11.02
12.00	CORONARY CARE UNIT	0		0	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)	152,740,757		152,740,757	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	412,966,122		412,966,122	17.00
18.00	Ancillary services	1,608,091,413	2,182,277,437	3,790,368,850	18.00
19.00	Outpatient services	0	0	0	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		24,326,671	24,326,671	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	15,366,393	15,366,393	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,021,057,535	2,221,970,501	4,243,028,036	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,191,090,107		29.00
30.00	HOME OFFICE INTEREST EXPENSE	13,132,663			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)		13,132,663		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)		1,204,222,770		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0021

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

Worksheet G-3

Date/Time Prepared:
8/24/2020 7:50 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,243,028,036	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,975,587,051	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,267,440,985	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,204,222,770	4.00
5.00	Net income from service to patients (line 3 minus line 4)	63,218,215	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	2,572,853	6.00
7.00	Income from investments	274,149	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	-4,256	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	3,770	12.00
13.00	Revenue from laundry and linen service	226,387	13.00
14.00	Revenue from meals sold to employees and guests	5,870,892	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	21,885,956	17.00
18.00	Revenue from sale of medical records and abstracts	7,061	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	8,636,121	22.00
23.00	Governmental appropriations	0	23.00
24.00	LAB SERVICES BILLED	15,609,809	24.00
24.01	HEALTH FITNESS INCOME	161,157	24.01
24.02	OTHER OPERATING INCOME	12,899,658	24.02
24.03	OTHER GAIN ON SALE OF ASSET	2,197,429	24.03
25.00	Total other income (sum of lines 6-24)	70,340,986	25.00
26.00	Total (line 5 plus line 25)	133,559,201	26.00
27.00	UNREALIZED LOSS	78,227	27.00
27.01	ROUNDING ADJUSTMENT	2	27.01
27.02	INTEREST EXPENSE	53,331	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	131,560	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	133,427,641	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0021

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

Worksheet H

HHA CCN: 15-7423

Date/Time Prepared: 8/24/2020 7:50 am

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	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	1,535,520	547,005	0	0	2,398,024	4,480,549	5.00
HHA REIMBURSABLE SERVICES							
6.00	4,282,728	1,525,665	356,620	0	0	6,165,013	6.00
7.00	1,279,076	455,651	108,512	0	0	1,843,239	7.00
8.00	650,312	231,664	50,584	0	0	932,560	8.00
9.00	136,424	48,599	13,596	0	0	198,619	9.00
10.00	190,703	67,935	25,035	0	0	283,673	10.00
11.00	387,380	137,988	135,763	0	0	661,131	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	4,257,673	1,516,728	18,999	2,253,906	5,767,016	13,814,322	23.00
23.50	0	0	0	0	0	0	23.50
24.00	12,719,816	4,531,235	709,109	2,253,906	8,165,040	28,379,106	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	-2,823,877	1,656,672	0	1,656,672			5.00
HHA REIMBURSABLE SERVICES							
6.00	-4,972,927	1,192,086	0	1,192,086			6.00
7.00	-1,935	1,841,304	0	1,841,304			7.00
8.00	-849	931,711	0	931,711			8.00
9.00	0	198,619	0	198,619			9.00
10.00	-93,524	190,149	0	190,149			10.00
11.00	-453,457	207,674	0	207,674			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	-5,709,447	8,104,875	-444,328	7,660,547			23.00
23.50	0	0	0	0			23.50
24.00	-14,056,016	14,323,090	-444,328	13,878,762			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: 15-0021 HHA CCN: 15-7423		Period: From 01/01/2019 To 12/31/2019		Worksheet H-1 Part I Date/Time Prepared: 8/24/2020 7:50 am	
				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				
	0	1.00	2.00	3.00	4.00	4A.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0		0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,656,672	0	0	0	1,656,672	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,192,086	0	0	0	1,192,086	6.00
7.00	Physical Therapy	1,841,304	0	0	0	1,841,304	7.00
8.00	Occupational Therapy	931,711	0	0	0	931,711	8.00
9.00	Speech Pathology	198,619	0	0	0	198,619	9.00
10.00	Medical Social Services	190,149	0	0	0	190,149	10.00
11.00	Home Health Aide	207,674	0	0	0	207,674	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)	7,660,547	0	0	0	7,660,547	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	13,878,762	0	0	0	13,878,762	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	1,656,672					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	161,584	1,353,670				6.00
7.00	Physical Therapy	249,583	2,090,887				7.00
8.00	Occupational Therapy	126,291	1,058,002				8.00
9.00	Speech Pathology	26,922	225,541				9.00
10.00	Medical Social Services	25,774	215,923				10.00
11.00	Home Health Aide	28,150	235,824				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)	1,038,368	8,698,915				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		13,878,762				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 15-0021 HHA CCN: 15-7423	Period: From 01/01/2019 To 12/31/2019	Worksheet H-1 Part II Date/Time Prepared: 8/24/2020 7:50 am
			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	-1,656,672	12,222,090	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0	0	1,192,086	6.00
7.00	Physical Therapy	0	0	0	0	0	1,841,304	7.00
8.00	Occupational Therapy	0	0	0	0	0	931,711	8.00
9.00	Speech Pathology	0	0	0	0	0	198,619	9.00
10.00	Medical Social Services	0	0	0	0	0	190,149	10.00
11.00	Home Health Aide	0	0	0	0	0	207,674	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	7,660,547	23.00
23.50	Telemedicine	0	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,656,672	12,222,090	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	1,656,672	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.135547	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0021

Period: From 01/01/2019

Worksheet H-2

HHA CCN: 15-7423

To 12/31/2019

Part I
Date/Time Prepared: 8/24/2020 7:50 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
0	249,044	61,977	800,764	51,030	19,914	1.00		
1.00 Administrative and General	0	249,044	61,977	800,764	51,030	19,914	1.00	
2.00 Skilled Nursing Care	1,353,670	0	0	0	0	0	2.00	
3.00 Physical Therapy	2,090,887	0	0	0	0	0	3.00	
4.00 Occupational Therapy	1,058,002	0	0	0	0	0	4.00	
5.00 Speech Pathology	225,541	0	0	0	0	0	5.00	
6.00 Medical Social Services	215,923	0	0	0	0	0	6.00	
7.00 Home Health Aide	235,824	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)	8,698,915	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)	13,878,762	249,044	61,977	800,764	51,030	19,914	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	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	Subtotal	OTHER A&G		
	5.03	5.04	5.05	5.06	5A.06	5.07		
1.00 Administrative and General	595	0	473	0	1,183,797	422,915	1.00	
2.00 Skilled Nursing Care	0	0	0	0	1,353,670	483,603	2.00	
3.00 Physical Therapy	0	0	0	0	2,090,887	746,976	3.00	
4.00 Occupational Therapy	0	0	0	0	1,058,002	377,974	4.00	
5.00 Speech Pathology	0	0	0	0	225,541	80,575	5.00	
6.00 Medical Social Services	0	0	0	0	215,923	77,139	6.00	
7.00 Home Health Aide	0	0	0	0	235,824	84,249	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	8,698,915	3,107,713	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	595	0	473	0	15,062,559	5,381,144	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: 15-0021

Period: From 01/01/2019

Worksheet H-2

HHA CCN: 15-7423

To 12/31/2019

Part I
Date/Time Prepared: 8/24/2020 7:50 am

Home Health Agency I

PPS

Cost Center Description		CAREW MEDICAL	MAINTENANCE &	OPERATION OF	FACILITY	LAUNDRY &	HOUSEKEEPING	
		PARK ADMIN	REPAIRS	PLANT	ENGINEERING	LINEN SERVICE		
		5.08	6.00	7.00	7.01	8.00	9.00	
1.00	Administrative and General	0	0	190,940	175,890	608	232,778	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	190,940	175,890	608	232,778	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		DIETARY	KITCHEN-NO CONNECT W/CAFE	CAFETERIA	PREADMITTS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	
		10.00	10.01	10.02	10.03	11.00	12.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0021

Period: From 01/01/2019

Worksheet H-2

HHA CCN: 15-7423

To 12/31/2019

Part I
Date/Time Prepared:
8/24/2020 7:50 am

Home Health Agency I

PPS

Cost Center Description		NURSING	CENTRAL	PHARMACY	OUTPATIENT	IV SOLUTIONS	MED SURG		
		ADMINISTRATION	SERVICES & SUPPLY		PHARMACY		SUPPLY		
		13.00	14.00	15.00	15.01	15.02	15.03		
1.00	Administrative and General	0	0	1,307,041	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	1,307,041	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		MEDICAL	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN	NURSING SCHOOL	INTERNS & RESIDENTS		
		RECORDS & LIBRARY			ANESTHETISTS		SERVICES-SALARY & FRINGES APPRV		
		16.00	17.00	17.01	19.00	20.00	21.00		
1.00	Administrative and General	28,051	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	28,051	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0021

Period: From 01/01/2019

Worksheet H-2

HHA CCN: 15-7423

To 12/31/2019

Part I Date/Time Prepared: 8/24/2020 7:50 am

Home Health Agency I

PPS

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS APPRV						
	22.00					23.00	23.01
1.00 Administrative and General	0	0	0	49,969	3,591,989	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	1,837,273	0	2.00
3.00 Physical Therapy	0	0	0	0	2,837,863	0	3.00
4.00 Occupational Therapy	0	0	0	0	1,435,976	0	4.00
5.00 Speech Pathology	0	0	0	0	306,116	0	5.00
6.00 Medical Social Services	0	0	0	0	293,062	0	6.00
7.00 Home Health Aide	0	0	0	0	320,073	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	11,806,628	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	0	0	49,969	22,428,980	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	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs				
	26.00	27.00	28.00				
1.00 Administrative and General	3,591,989						1.00
2.00 Skilled Nursing Care	1,837,273	350,346	2,187,619				2.00
3.00 Physical Therapy	2,837,863	541,146	3,379,009				3.00
4.00 Occupational Therapy	1,435,976	273,823	1,709,799				4.00
5.00 Speech Pathology	306,116	58,373	364,489				5.00
6.00 Medical Social Services	293,062	55,883	348,945				6.00
7.00 Home Health Aide	320,073	61,034	381,107				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)	11,806,628	2,251,384	14,058,012				19.00
19.50 Telemedicine	0	0	0				19.50
20.00 Total (sum of lines 1-19) (2)	22,428,980	3,591,989	22,428,980				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.		0.190688					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: 15-0021
HHA CCN: 15-7423

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

Worksheet H-2
Part II
Date/Time Prepared: 8/24/2020 7:50 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	MATERIALS MANAGEMENT (COSTED REQUISTION)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00					
1.00	Administrative and General	19,890	38,734	9,044,198	276	477	1,121,918	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	Tel emedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	19,890	38,734	9,044,198	276	477	1,121,918	20.00
21.00	Total cost to be allocated	249,044	61,977	800,764	51,030	19,914	595	21.00
22.00	Unit cost multiplier	12.521066	1.600067	0.088539	184.891304	41.748428	0.000530	22.00
Cost Center Description		PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation	OTHER A&G (ACCUM COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	
		5.04	5.05	5.06	5A.07	5.07	5.08	
1.00	Administrative and General	0	26,300,588	0	0	1,183,797	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	1,353,670	0	2.00
3.00	Physical Therapy	0	0	0	0	2,090,887	0	3.00
4.00	Occupational Therapy	0	0	0	0	1,058,002	0	4.00
5.00	Speech Pathology	0	0	0	0	225,541	0	5.00
6.00	Medical Social Services	0	0	0	0	215,923	0	6.00
7.00	Home Health Aide	0	0	0	0	235,824	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	8,698,915	0	19.00
19.50	Tel emedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	26,300,588	0		15,062,559	0	20.00
21.00	Total cost to be allocated	0	473	0		5,381,144	0	21.00
22.00	Unit cost multiplier	0.000000	0.000018	0.000000		0.357253	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0021
HHA CCN: 15-7423

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

Worksheet H-2
Part II
Date/Time Prepared:
8/24/2020 7:50 am
PPS

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	7.01	8.00	9.00	10.00	
1.00	Administrative and General	0	19,890	19,890	1	19,890	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	19,890	19,890	1	19,890	0	20.00
21.00	Total cost to be allocated	0	190,940	175,890	608	232,778	0	21.00
22.00	Unit cost multiplier	0.000000	9.599799	8.843137	608.000000	11.703268	0.000000	22.00
Cost Center Description		KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	PREADMITTS AND ER (MEALS PREADMITTS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING FTE)	
		10.01	10.02	10.03	11.00	12.00	13.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0021 HHA CCN: 15-7423	Period: From 01/01/2019 To 12/31/2019	Worksheet H-2 Part II Date/Time Prepared: 8/24/2020 7:50 am
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Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		14.00	15.00	15.01	15.02	15.03	16.00	
1.00	Administrative and General	0	5,051,970	0	0	0	290	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	5,051,970	0	0	0	290	20.00
21.00	Total cost to be allocated	0	1,307,041	0	0	0	28,051	21.00
22.00	Unit cost multiplier	0.000000	0.258719	0.000000	0.000000	0.000000	96.727586	22.00

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	REHAB ADMIN (PERCENTAGE 4)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS (ASSIGNED TIME)	SERVICES-SALAR PRGM COSTS APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
		17.00	17.01	19.00	20.00	21.00	22.00		
1.00	Administrative and General	0	0	0	0	0	0	1.00	
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00	
3.00	Physical Therapy	0	0	0	0	0	0	3.00	
4.00	Occupational Therapy	0	0	0	0	0	0	4.00	
5.00	Speech Pathology	0	0	0	0	0	0	5.00	
6.00	Medical Social Services	0	0	0	0	0	0	6.00	
7.00	Home Health Aide	0	0	0	0	0	0	7.00	
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	0	19.00	
19.50	Telemedicine	0	0	0	0	0	0	19.50	
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00	
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00	
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0021 HHA CCN: 15-7423	Period: From 01/01/2019 To 12/31/2019	Worksheet H-2 Part II Date/Time Prepared: 8/24/2020 7:50 am PPS
		Home Health Agency I	

Cost Center Description	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED RADIOLOGY (PERCENTAGE %)	PARAMED ED PHARMACY (COSTED REQUIS.)		
	23.00	23.01	23.02		
1.00 Administrative and General	0	0	5,051,970		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)	0	0	5,051,970		20.00
21.00 Total cost to be allocated	0	0	49,969		21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.009891		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet H-3 Part I Date/Time Prepared: 8/24/2020 7:50 am
		HHA CCN: 15-7423		

			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	2,187,619		2,187,619	31,281	69.93	1.00
2.00	Physical Therapy	3.00	3,379,009	0	3,379,009	11,468	294.65	2.00
3.00	Occupational Therapy	4.00	1,709,799	0	1,709,799	4,937	346.32	3.00
4.00	Speech Pathology	5.00	364,489	0	364,489	1,238	294.42	4.00
5.00	Medical Social Services	6.00	348,945		348,945	909	383.88	5.00
6.00	Home Health Aide	7.00	381,107		381,107	5,153	73.96	6.00
7.00	Total (sum of lines 1-6)		8,370,968	0	8,370,968	54,986		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		23060	0	5,507		8.00
8.01	Skilled Nursing Care		99915	0	3,762		8.01
9.00	Physical Therapy		23060	0	2,020		9.00
9.01	Physical Therapy		99915	0	1,652		9.01
10.00	Occupational Therapy		23060	0	845		10.00
10.01	Occupational Therapy		99915	0	756		10.01
11.00	Speech Pathology		23060	0	214		11.00
11.01	Speech Pathology		99915	0	186		11.01
12.00	Medical Social Services		23060	0	161		12.00
12.01	Medical Social Services		99915	0	97		12.01
13.00	Home Health Aide		23060	0	1,250		13.00
13.01	Home Health Aide		99915	0	649		13.01
14.00	Total (sum of lines 8-13)			0	17,099		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		Part A	Part B	Ratio (col. 3 ÷ col. 4)	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance				
	6.00	7.00	8.00	9.00	10.00	11.00	

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	9,269		0	648,181	1.00
2.00	Physical Therapy	0	3,672		0	1,081,955	2.00
3.00	Occupational Therapy	0	1,601		0	554,458	3.00
4.00	Speech Pathology	0	400		0	117,768	4.00
5.00	Medical Social Services	0	258		0	99,041	5.00
6.00	Home Health Aide	0	1,899		0	140,450	6.00
7.00	Total (sum of lines 1-6)	0	17,099		0	2,641,853	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0021
HHA CCN: 15-7423

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

Worksheet H-3
Part I
Date/Time Prepared:
8/24/2020 7:50 am
PPS

Title XVIII

Home Health Agency I

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	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of 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	648,181						1.00
2.00	Physical Therapy	1,081,955						2.00
3.00	Occupational Therapy	554,458						3.00
4.00	Speech Pathology	117,768						4.00
5.00	Medical Social Services	99,041						5.00
6.00	Home Health Aide	140,450						6.00
7.00	Total (sum of lines 1-6)	2,641,853						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: 15-0021
HHA CCN: 15-7423

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

Worksheet H-3
Part II
Date/Time Prepared:
8/24/2020 7:50 am

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.410699	0	0	col. 2, line 2.00	1.00
1.01	Physical Therapy 1	66.01	0.840000	0	0	col. 2, line 2.01	1.01
1.02	Physical Therapy 2	66.02	0.000000	0	0	col. 2, line 2.02	1.02
2.00	Occupational Therapy	67.00	0.353989	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.317006	0	0	col. 2, line 4.00	3.00
3.01	Speech Pathology 1	68.01	0.313415	0	0	col. 2, line 4.01	3.01
4.00	Cost of Medical Supplies	71.00	0.268418	0	0	col. 2, line 15.00	4.00
4.01	Cost of Medical Supplies 1	71.01	0.066700	0	0	col. 2, line 15.01	4.01
5.00	Cost of Drugs	73.00	0.214779	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0021 HHA CCN: 15-7423	Period: From 01/01/2019 To 12/31/2019	Worksheet H-4 Part I-II Date/Time Prepared: 8/24/2020 7:50 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	3,715,240	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	3,715,240	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	3,715,240	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	2,527,138
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	111,554
13.00	Total PPS Reimbursement - LUPA Episodes		0	50,853
14.00	Total PPS Reimbursement - PEP Episodes		0	40,353
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	5,779
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	2,735,677
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	2,735,677
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	2,735,677
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	2,735,677
30.00	MSP AND OTHER ADJUSTMENT FROM PSR		0	-3,406
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	2,732,271
31.01	Sequestration adjustment (see instructions)		0	54,646
31.02	Demonstration payment adjustment amount after sequestration		0	0
32.00	Interim payments (see instructions)		0	2,677,625
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	0
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: 15-0021
HHA CCN: 15-7423

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

Worksheet H-5
Date/Time Prepared:
8/24/2020 7:50 am
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		2,677,625	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		2,677,625	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		2,677,625	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: 15-0021

Period: From 01/01/2019

Worksheet 0

Hospice CCN: 15-1552

To 12/31/2019

Date/Time Prepared: 8/24/2020 7:50 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		0	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	1,693,391	1,693,391	0	3.00
4.00	ADMINISTRATIVE & GENERAL*	114,313	0	114,313	1,590,597	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*	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	57,831	0	57,831	0	13.00
14.00	PHARMACY*	0	13,633	13,633	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES					17.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**		1,718,100	1,718,100	0	25.00
26.00	PHYSICIAN SERVICES**	539,995	17,776	557,771	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	27.00
28.00	REGISTERED NURSE**	3,022,961	118,467	3,141,428	0	28.00
29.00	LPN/LVN**	335,884	0	335,884	0	29.00
30.00	PHYSICAL THERAPY**	948	0	948	0	30.00
31.00	OCCUPATIONAL THERAPY**	415	0	415	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	539,063	13,525	552,588	0	33.00
34.00	SPIRITUAL COUNSELING**	0	13,922	13,922	0	34.00
35.00	DIETARY COUNSELING**	50,292	690	50,982	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	204,294	36,547	240,841	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	348,242	348,242	0	38.00
39.00	PATIENT TRANSPORTATION**	0	113,790	113,790	0	39.00
40.00	IMAGING SERVICES**	0	10,539	10,539	0	40.00
41.00	LABS & DIAGNOSTICS**	0	495	495	0	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)**	46,081	33,837	79,918	0	46.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	1,687	1,687	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	0	0	0	71.00
100.00	TOTAL	4,912,077	4,134,641	9,046,718	1,590,597	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: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet 0
		Hospice CCN: 15-1552		Date/Time Prepared: 8/24/2020 7:50 am
		Hospice I		

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	1,693,391	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	1,704,910	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	0	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	0	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	57,831	13.00
14.00	PHARMACY*	0	13,633	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	1,718,100	25.00
26.00	PHYSICIAN SERVICES**	0	557,771	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	3,141,428	28.00
29.00	LPN/LVN**	0	335,884	29.00
30.00	PHYSICAL THERAPY**	0	948	30.00
31.00	OCCUPATIONAL THERAPY**	0	415	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	552,588	33.00
34.00	SPIRITUAL COUNSELING**	0	13,922	34.00
35.00	DIETARY COUNSELING**	0	50,982	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	240,841	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	348,242	38.00
39.00	PATIENT TRANSPORTATION**	0	113,790	39.00
40.00	IMAGING SERVICES**	0	10,539	40.00
41.00	LABS & DIAGNOSTICS**	0	495	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	79,918	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	1,687	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
100.00	TOTAL	0	10,637,315	100.00

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

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 15-0021 Hospice CCN: 15-1552	Period: From 01/01/2019 To 12/31/2019	Worksheet 0-2 Date/Time Prepared: 8/24/2020 7:50 am
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	493,872	16,258	510,130	0	510,130	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	2,764,758	108,348	2,873,106	0	2,873,106	28.00
29.00	LPN/LVN	307,195	0	307,195	0	307,195	29.00
30.00	PHYSICAL THERAPY	867	0	867	0	867	30.00
31.00	OCCUPATIONAL THERAPY	380	0	380	0	380	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	493,019	12,369	505,388	0	505,388	33.00
34.00	SPIRITUAL COUNSELING	0	12,733	12,733	0	12,733	34.00
35.00	DIETARY COUNSELING	45,996	631	46,627	0	46,627	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	186,845	33,426	220,271	0	220,271	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	318,497	318,497	0	318,497	38.00
39.00	PATIENT TRANSPORTATION	0	104,071	104,071	0	104,071	39.00
40.00	IMAGING SERVICES	0	9,638	9,638	0	9,638	40.00
41.00	LABS & DIAGNOSTICS	0	452	452	0	452	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)	42,144	30,948	73,092	0	73,092	46.00
100.00	TOTAL *	4,335,076	647,371	4,982,447	0	4,982,447	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	510,130	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	2,873,106	28.00
29.00	LPN/LVN	0	307,195	29.00
30.00	PHYSICAL THERAPY	0	867	30.00
31.00	OCCUPATIONAL THERAPY	0	380	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	505,388	33.00
34.00	SPIRITUAL COUNSELING	0	12,733	34.00
35.00	DIETARY COUNSELING	0	46,627	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	220,271	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	318,497	38.00
39.00	PATIENT TRANSPORTATION	0	104,071	39.00
40.00	IMAGING SERVICES	0	9,638	40.00
41.00	LABS & DIAGNOSTICS	0	452	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	73,092	46.00
100.00	TOTAL *	0	4,982,447	100.00

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

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

Provider CCN: 15-0021

Period: From 01/01/2019

Worksheet 0-3

Hospice CCN: 15-1552

To 12/31/2019

Date/Time Prepared: 8/24/2020 7:50 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED		0	0	0	25.00
26.00	PHYSICIAN SERVICES	1,822	60	1,882	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	10,198	400	10,598	0	28.00
29.00	LPN/LVN	1,133	0	1,133	0	29.00
30.00	PHYSICAL THERAPY	3	0	3	0	30.00
31.00	OCCUPATIONAL THERAPY	1	0	1	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	1,819	46	1,865	0	33.00
34.00	SPIRITUAL COUNSELING	0	47	47	0	34.00
35.00	DIETARY COUNSELING	170	2	172	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	689	123	812	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	1,175	1,175	0	38.00
39.00	PATIENT TRANSPORTATION	0	384	384	0	39.00
40.00	IMAGING SERVICES	0	36	36	0	40.00
41.00	LABS & DIAGNOSTICS	0	2	2	0	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)	156	113	269	0	46.00
100.00	TOTAL *	15,991	2,388	18,379	0	100.00

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

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)
		6.00	7.00
DIRECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED	0	0
26.00	PHYSICIAN SERVICES	0	1,882
27.00	NURSE PRACTITIONER	0	0
28.00	REGISTERED NURSE	0	10,598
29.00	LPN/LVN	0	1,133
30.00	PHYSICAL THERAPY	0	3
31.00	OCCUPATIONAL THERAPY	0	1
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0
33.00	MEDICAL SOCIAL SERVICES	0	1,865
34.00	SPIRITUAL COUNSELING	0	47
35.00	DIETARY COUNSELING	0	172
36.00	COUNSELING - OTHER	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	812
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	1,175
39.00	PATIENT TRANSPORTATION	0	384
40.00	IMAGING SERVICES	0	36
41.00	LABS & DIAGNOSTICS	0	2
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0
42.50	DRUGS CHARGED TO PATIENTS	0	0
43.00	OUTPATIENT SERVICES	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	269
100.00	TOTAL *	0	18,379

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

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 15-0021 Hospice CCN: 15-1552	Period: From 01/01/2019 To 12/31/2019	Worksheet 0-4 Date/Time Prepared: 8/24/2020 7:50 am
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		SALARIES	OTHER	SUBTOTAL (col . 1 + col . 2)	Hospice I RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED		1,718,100	1,718,100	0	1,718,100	25.00
26.00	PHYSICIAN SERVICES	44,301	1,458	45,759	0	45,759	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	248,005	9,719	257,724	0	257,724	28.00
29.00	LPN/LVN	27,556	0	27,556	0	27,556	29.00
30.00	PHYSICAL THERAPY	78	0	78	0	78	30.00
31.00	OCCUPATIONAL THERAPY	34	0	34	0	34	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	44,225	1,110	45,335	0	45,335	33.00
34.00	SPIRITUAL COUNSELING	0	1,142	1,142	0	1,142	34.00
35.00	DIETARY COUNSELING	4,126	57	4,183	0	4,183	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	16,760	2,998	19,758	0	19,758	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	28,570	28,570	0	28,570	38.00
39.00	PATIENT TRANSPORTATION	0	9,335	9,335	0	9,335	39.00
40.00	IMAGING SERVICES	0	865	865	0	865	40.00
41.00	LABS & DIAGNOSTICS	0	41	41	0	41	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)	3,781	2,776	6,557	0	6,557	46.00
100.00	TOTAL *	388,866	1,776,171	2,165,037	0	2,165,037	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	1,718,100	25.00
26.00	PHYSICIAN SERVICES	0	45,759	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	257,724	28.00
29.00	LPN/LVN	0	27,556	29.00
30.00	PHYSICAL THERAPY	0	78	30.00
31.00	OCCUPATIONAL THERAPY	0	34	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	45,335	33.00
34.00	SPIRITUAL COUNSELING	0	1,142	34.00
35.00	DIETARY COUNSELING	0	4,183	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	19,758	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	28,570	38.00
39.00	PATIENT TRANSPORTATION	0	9,335	39.00
40.00	IMAGING SERVICES	0	865	40.00
41.00	LABS & DIAGNOSTICS	0	41	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	6,557	46.00
100.00	TOTAL *	0	2,165,037	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: 15-0021

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

Worksheet 0-5

Hospice CCN: 15-1552

Date/Time Prepared: 8/24/2020 7:50 am

Descriptions	Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
	1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS				
1.00 CAP REL COSTS-BLDG & FIXT	0	0	0	1.00
2.00 CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT	1,693,391	487,316	2,180,707	3.00
4.00 ADMINISTRATIVE & GENERAL	1,704,910	3,974,653	5,679,563	4.00
5.00 PLANT OPERATION & MAINTENANCE	0	0	0	5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00 HOUSEKEEPING	0	0	0	7.00
8.00 DIETARY	0	0	0	8.00
9.00 NURSING ADMINISTRATION	0	0	0	9.00
10.00 ROUTINE MEDICAL SUPPLIES	0	0	0	10.00
11.00 MEDICAL RECORDS	0	0	0	11.00
12.00 STAFF TRANSPORTATION	0	0	0	12.00
13.00 VOLUNTEER SERVICE COORDINATION	57,831	0	57,831	13.00
14.00 PHARMACY	13,633	0	13,633	14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	15.00
16.00 OTHER GENERAL SERVICE	0	0	0	16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE				
50.00 HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00 HOSPICE ROUTINE HOME CARE	4,982,447	0	4,982,447	51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	18,379	0	18,379	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	2,165,037	0	2,165,037	53.00
NONREIMBURSABLE COST CENTERS				
60.00 BEREAVEMENT PROGRAM	0	0	0	60.00
61.00 VOLUNTEER PROGRAM	1,687	0	1,687	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 THIRFT STORE	0	0	0	69.00
70.00 NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	99.00
100.00 TOTAL	10,637,315	4,461,969	15,099,284	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0021

Period: From 01/01/2019

Worksheet 0-6

Hospice CCN: 15-1552

To 12/31/2019

Part I
Date/Time Prepared:
8/24/2020 7:50 am

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	0	0			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	2,180,707	0	0	2,180,707	3.00
4.00	ADMINISTRATIVE & GENERAL	5,679,563	0	0	50,749	5,730,312
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0
7.00	HOUSEKEEPING	0	0	0	0	0
8.00	DIETARY	0	0	0	0	0
9.00	NURSING ADMINISTRATION	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0
11.00	MEDICAL RECORDS	0	0	0	0	0
12.00	STAFF TRANSPORTATION	0	0	0	0	0
13.00	VOLUNTEER SERVICE COORDINATION	57,831	0	0	25,674	83,505
14.00	PHARMACY	13,633	0	0	0	13,633
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0
16.00	OTHER GENERAL SERVICE	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0
51.00	HOSPICE ROUTINE HOME CARE	4,982,447			1,924,549	6,906,996
52.00	HOSPICE INPATIENT RESPIRE CARE	18,379	0	0	7,099	25,478
53.00	HOSPICE GENERAL INPATIENT CARE	2,165,037	0	0	172,636	2,337,673
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0
61.00	VOLUNTEER PROGRAM	1,687	0	0	0	1,687
62.00	FUNDRAISING	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0
66.00	RESIDENTIAL CARE	0	0	0	0	0
67.00	ADVERTISING	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0
69.00	THRIFT STORE	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD	0				0
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	15,099,284	0	0	2,180,707	15,099,284

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0021

Period: From 01/01/2019

Worksheet 0-6

Hospice CCN: 15-1552

To 12/31/2019

Part I
Date/Time Prepared:
8/24/2020 7:50 am

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	5,730,312					4.00
5.00 PLANT OPERATION & MAINTENANCE	0	0				5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00 HOUSEKEEPING	0	0		0		7.00
8.00 DIETARY	0	0		0	0	8.00
9.00 NURSING ADMINISTRATION	0	0		0		9.00
10.00 ROUTINE MEDICAL SUPPLIES	0	0		0		10.00
11.00 MEDICAL RECORDS	0	0		0		11.00
12.00 STAFF TRANSPORTATION	0	0		0		12.00
13.00 VOLUNTEER SERVICE COORDINATION	51,074	0		0		13.00
14.00 PHARMACY	8,338	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	4,224,501					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	15,583	0	0	0	0	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	1,429,784	0	0	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00 BEREAVEMENT PROGRAM	0	0		0		60.00
61.00 VOLUNTEER PROGRAM	1,032	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 THIRFT 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	5,730,312	0	0	0	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0021

Period: From 01/01/2019

Worksheet 0-6

Hospice CCN: 15-1552

To 12/31/2019

Part I
Date/Time Prepared:
8/24/2020 7:50 am

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00						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	0					9.00
10.00	0	0				10.00
11.00	0		0			11.00
12.00	0			0		12.00
13.00	0			0	134,579	13.00
14.00	0			0	0	14.00
15.00	0			0	0	15.00
16.00	0			0	0	16.00
17.00	0			0	0	17.00
LEVEL OF CARE						
50.00	0	0	0	0	0	50.00
51.00	0	0	0	0	123,095	51.00
52.00	0	0	0	0	434	52.00
53.00	0	0	0	0	11,050	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	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	71.00
99.00	0	0	0	0	0	99.00
100.00	0	0	0	0	134,579	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0021

Period: From 01/01/2019

Worksheet 0-6

Hospice CCN: 15-1552

To 12/31/2019

Part I
Date/Time Prepared:
8/24/2020 7:50 am

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						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	21,971					14.00
15.00	0	0				15.00
16.00	0		0			16.00
17.00				0		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	16,479	0	0		11,271,071	51.00
52.00	73	0	0	0	41,568	52.00
53.00	5,419	0	0	0	3,783,926	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		0	60.00
61.00	0		0		2,719	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	21,971	0	0	0	15,099,284	100.00

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

Provider CCN: 15-0021

Period:

Worksheet 0-6

Hospice CCN: 15-1552

From 01/01/2019

Part II

To 12/31/2019

Date/Time Prepared:

8/24/2020 7:50 am

Cost Center Descriptions		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	HOSPICE I RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIX	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	4,912,077			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	114,313	-5,730,312	9,368,972	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	0	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	0	7.00
8.00	DIETARY	0	0	0	0	0	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	0	10.00
11.00	MEDICAL RECORDS	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	57,831	0	83,505	13.00
14.00	PHARMACY	0	0	0	0	13,633	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE			4,335,076	0	6,906,996	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	15,991	0	25,478	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	388,866	0	2,337,673	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	1,687	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)			2,180,707		5,730,312	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.443948		0.611627	101.00

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

Provider CCN: 15-0021

Period:

Worksheet 0-6

Hospice CCN: 15-1552

From 01/01/2019
To 12/31/2019

Part II
Date/Time Prepared:
8/24/2020 7:50 am

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

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

Provider CCN: 15-0021

Period: From 01/01/2019

Worksheet 0-6

Hospice CCN: 15-1552

To 12/31/2019

Part II
Date/Time Prepared:
8/24/2020 7:50 am

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	0					10.00
11.00	MEDICAL RECORDS		0				11.00
12.00	STAFF TRANSPORTATION			0			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0	2,789	13.00
14.00	PHARMACY				0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES				0	0	15.00
16.00	OTHER GENERAL SERVICE				0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0	0	0	2,551	51.00
52.00	HOSPICE INPATIENT RESPITE CARE	0	0	0	0	9	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	229	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	0	0	0	0	134,579	100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.000000	0.000000	0.000000	48.253496	101.00

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

Provider CCN: 15-0021

Period:

Worksheet 0-6

Hospice CCN: 15-1552

From 01/01/2019
To 12/31/2019

Part II
Date/Time Prepared:
8/24/2020 7:50 am

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

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

Provider CCN: 15-0021

Period: From 01/01/2019

Worksheet 0-7

Hospice CCN: 15-1552

To 12/31/2019

Date/Time Prepared: 8/24/2020 7:50 am

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS		0	1.00	2.00	3.00	4.00	
1.00	PHYSICAL THERAPY	66.00	0.410699	0	0	0	1.00
1.01	TRANSITIONAL THERAPY	66.01	0.840000	0	0	0	1.01
1.02	PV REHAB OUTREACH	66.02	0.000000	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	67.00	0.353989	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.317006	0	0	0	3.00
3.01	NEURO REHAB	68.01	0.313415	0	0	0	3.01
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.214779	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.115916	0	0	0	6.00
6.01	ANATOMICAL PATHOLOGY	60.01	0.178958	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.268418	0	0	0	7.00
7.01	COST OF SOLUTIONS	71.01	0.066700	0	0	0	7.01
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.140186	0	0	0	9.00
10.97	CARDIAC REHABILITATION	76.97	0.000000	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.240382	0	0	0	10.98
10.99	LITHOTRIPSY	76.99	0.000000	0	0	0	10.99
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
1.01	TRANSITIONAL THERAPY	0	0	0	0	0	1.01
1.02	PV REHAB OUTREACH	0	0	0	0	0	1.02
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
3.01	NEURO REHAB	0	0	0	0	0	3.01
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	ANATOMICAL PATHOLOGY	0	0	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
7.01	COST OF SOLUTIONS	0	0	0	0	0	7.01
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	10.98
10.99	LITHOTRIPSY	0	0	0	0	0	10.99
11.00	Totals (sum of lines 1-11)						11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0021

Period: From 01/01/2019

Worksheet 0-8

Hospice CCN: 15-1552

To 12/31/2019

Date/Time Prepared: 8/24/2020 7:50 am

		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)			11,271,071
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			42,563
8.00	Total average cost per diem (line 6 divided by line 7)			264.81
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	36,685	1,833	38,518
10.00	Program cost (line 8 times line 9)	9,714,555	485,397	10,200,000
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)			41,568
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			157
13.00	Total average cost per diem (line 11 divided by line 12)			264.76
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	135	7	142
15.00	Program cost (line 13 times line 14)	35,743	1,853	37,596
HOSPICE GENERAL INPATIENT CARE				
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			3,783,926
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			3,818
18.00	Total average cost per diem (line 16 divided by line 17)			991.08
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	3,291	164	3,455
20.00	Program cost (line 18 times line 19)	3,261,644	162,537	3,424,181
TOTAL HOSPICE CARE				
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			15,096,565
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			46,538
23.00	Average cost per diem (line 21 divided by line 22)			324.39

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0021	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 8/24/2020 7:50 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,977,732	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		676,590	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)		458.38	3.00
4.00	Number of interns & residents (see instructions)		9.88	4.00
5.00	Indirect medical education percentage (see instructions)		0.61	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)		36,464	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)		6,690,786	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