

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: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet S Parts I-III Date/Time Prepared: 9/21/2022 9:45 am
--	-----------------------	---	--

<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date:	Time:
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for Full or "L" for Low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 09/01/2021 7. Contractor No. 08001	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)**  
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 submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by BAPTIST HEALTH FLOYD ( 15-0044 ) for the cost reporting period beginning 09/01/2018 and ending 08/31/2019 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.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
			1	2
1			I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name			2
3	Signatory Title			3
4	Date			4

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-9,264	-5,166	0	1,851,716	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
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	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	1		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	-9,264	-5,165	0	1,851,716	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet S-2 Part I Date/Time Prepared: 9/21/2022 9:45 am
---	--	-----------------------	---	---

1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00			
1.00	Street: 1850 STATE STREET	PO Box:		Zip Code: 47150-4990		County: FLOYD			
2.00	City: NEW ALBANY	State: IN							

	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	BAPTIST HEALTH FLOYD	150044	31140	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital -Based SNF									9.00
10.00	Hospital -Based NLTC									10.00
11.00	Hospital -Based OLTC									11.00
12.00	Hospital -Based HHA	BAPTIST HEALTH HOME CARE FLOYD	157152	31140		07/01/1985	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital -Based Hospice									14.00
15.00	Hospital -Based Health Clinic - RHC									15.00
16.00	Hospital -Based Health Clinic - FQHC									16.00
17.00	Hospital -Based (CMHC) I									17.00
17.10	Hospital -Based (CORF) I									17.10
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)					09/01/2018	08/31/2019		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)				Y	Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				N	N		N		22.03
22.04	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.									22.04
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? 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)									22.04
22.04	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.									22.04
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: 15-0044		Period: From 09/01/2018 To 08/31/2019		Worksheet S-2 Part I Date/Time Prepared: 9/21/2022 9:45 am			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,086	714	82	79	5,482	119	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00	
						Urban/Rural	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	N	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
<b>Prospective Payment System (PPS)-Capital</b>									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	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
<b>Teaching Hospitals</b>									
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. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.								58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044		Period: From 09/01/2018 To 08/31/2019		Worksheet S-2 Part I Date/Time Prepared: 9/21/2022 9:45 am	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	Y	Y			60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)		23.00	1		60.01	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 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
<b>Teaching Hospitals that Claim Residents in Nonprovider Settings</b>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet S-2 Part I Date/Time Prepared: 9/21/2022 9:45 am		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.					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	
		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)					65.00
			0.00	0.00	0.000000	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					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	
		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)					67.00
			0.00	0.00	0.000000	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet S-2 Part I Date/Time Prepared: 9/21/2022 9:45 am
		1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>				
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.	N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		0	76.00
		1.00		
<b>Long Term Care Hospital PPS</b>				
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
<b>TEFRA Providers</b>				
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N	87.00
		V	XIX	
		1.00	2.00	
<b>Title V and XIX Services</b>				
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, 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. 1, 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. 1 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
<b>Rural Providers</b>				
105.00	Does this hospital qualify as a CAH?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044		Period: From 09/01/2018 To 08/31/2019		Worksheet S-2 Part I Date/Time Prepared: 9/21/2022 9:45 am	
				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N					110.00
				1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N					111.00
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N					112.00
<u>Miscellaneous Cost Reporting Information</u>							
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:	0		98,797	800,124		118.01
				1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N			120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N					122.00
<u>Transplant Center Information</u>							
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044		Period: From 09/01/2018 To 08/31/2019		Worksheet S-2 Part I Date/Time Prepared: 9/21/2022 9:45 am	
		1.00	2.00				
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: BAPTIST HEALTHCARE SYSTEM, INC.	Contractor's Name: CIGNA		Contractor's Number: 15101		141.00	
142.00	Street: 2701 EASTPOINT PKWY	PO Box:				142.00	
143.00	City: LOUISVILLE	State: KY		Zip Code: 40223		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00	
				1.00 2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		Y		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
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			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	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
				1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet S-2 Part I Date/Time Prepared: 9/21/2022 9:45 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: 15-0044		Period: From 09/01/2018 To 08/31/2019		Worksheet S-2 Part II Date/Time Prepared: 9/21/2022 9:45 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)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					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	01/04/2017	Y	01/04/2017		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: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet S-2 Part II Date/Time Prepared: 9/21/2022 9:45 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	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
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
<b>Interest Expense</b>					
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
<b>Purchased Services</b>					
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
<b>Provider-Based Physicians</b>					
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	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
<b>Cost Report Preparer Contact Information</b>					
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.	SUSAN		FINK	41.00
42.00	Enter the employer/company name of the cost report preparer.	BAPTIST HEALTHCARE SYSTEM, INC.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-253-6162		SUSAN.FINK1@BHSHI.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet S-2  
Part II  
Date/Time Prepared:  
9/21/2022 9:45 am

		3.00	
<b>Cost Report Preparer Contact Information</b>			
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.	REIMBURSEMENT MANAGER ACCOUNTING	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

HFS Supplemental Information		Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet S-2 Part IX Date/Time Prepared: 9/21/2022 9:45 am
		Title V 1.00	Title XIX 2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)	Y	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?	N	N	3.01
3.02	Does Title XIX transfer managed care (HMO) days from Worksheet S-3, Part I, column 7, sum of lines 2, 3, and 4 to Worksheet E-4, column 2, line 26?		Y	3.02
		Inpatient 1.00	Outpatient 2.00	
<b>CRITICAL ACCESS HOSPITALS</b>				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)	N	N	5.00
		Title V 1.00	Title XIX 2.00	
<b>RCE DISALLOWANCE</b>				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)	Y	Y	6.00
<b>PASS THROUGH COST</b>				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)	Y	Y	7.00
<b>RHC</b>				
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	8.00
<b>FQHC</b>				
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	N	N	9.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet S-3  
Part I  
Date/Time Prepared:  
9/21/2022 9:45 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	209	77,745	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)		209	77,745	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		225	83,585	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					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	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		225				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: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet S-3  
Part I  
Date/Time Prepared:  
9/21/2022 9:45 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	21,765	683	45,689			1.00
2.00 HMO and other (see instructions)	7,421	6,357				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	21,765	683	45,689			7.00
8.00 INTENSIVE CARE UNIT	3,841	286	5,122			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		117	2,428			13.00
14.00 Total (see instructions)	25,606	1,086	53,239	0.00	1,559.69	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	21,930	0	32,625	0.00	41.51	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)			415			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,601.20	27.00
28.00 Observation Bed Days		0	13,523			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	119	303			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: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet S-3  
Part I  
Date/Time Prepared:  
9/21/2022 9:45 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	6,198	328	13,965	1.00
2.00	HMO and other (see instructions)			1,502	1,649		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	6,198	328	13,965	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0		0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					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: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet S-3  
Part II  
Date/Time Prepared:  
9/21/2022 9:45 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	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	95,663,452	0	95,663,452	3,244,155.75	29.49
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		3,828,657	9,047	3,837,704	104,563.63	36.70
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract Labor: Direct Patient Care		2,121,361	0	2,121,361	23,834.40	89.00
12.00	Contract Labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		155,038	0	155,038	1,155.50	134.17
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		22,606,436	0	22,606,436	636,033.00	35.54
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		32,006,957	0	32,006,957		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		190,466	0	190,466		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		4,879,940	0	4,879,940		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet S-3  
Part II  
Date/Time Prepared:  
9/21/2022 9:45 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
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00 2,111,891	0	2,111,891	60,694.80	34.80	26.00
27.00	Administrative & General	5.00 4,789,140	-26,929	4,762,211	115,551.69	41.21	27.00
28.00	Administrative & General under contract (see inst.)	719,187	0	719,187	7,406.97	97.10	28.00
29.00	Maintenance & Repairs	6.00 0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00 2,294,424	0	2,294,424	94,737.32	24.22	30.00
31.00	Laundry & Linen Service	8.00 100,693	0	100,693	7,072.20	14.24	31.00
32.00	Housekeeping	9.00 2,001,285	0	2,001,285	127,877.05	15.65	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00 2,429,457	-1,453,046	976,411	55,641.59	17.55	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00 0	1,453,046	1,453,046	88,859.55	16.35	36.00
37.00	Maintenance of Personnel	12.00 0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00 0	0	0	0.00	0.00	38.00
39.00	Central Services and Supply	14.00 514,344	0	514,344	30,286.77	16.98	39.00
40.00	Pharmacy	15.00 3,785,437	-9,047	3,776,390	86,028.22	43.90	40.00
41.00	Medical Records & Medical Records Library	16.00 3,593,321	0	3,593,321	103,043.08	34.87	41.00
42.00	Social Service	17.00 0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet S-3  
Part III  
Date/Time Prepared:  
9/21/2022 9:45 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	96,382,639	0	96,382,639	3,251,562.72	29.64	1.00
2.00	Excluded area salaries (see instructions)	3,828,657	9,047	3,837,704	104,563.63	36.70	2.00
3.00	Subtotal salaries (line 1 minus line 2)	92,553,982	-9,047	92,544,935	3,146,999.09	29.41	3.00
4.00	Subtotal other wages & related costs (see inst.)	24,882,835	0	24,882,835	661,022.90	37.64	4.00
5.00	Subtotal wage-related costs (see inst.)	36,886,897	0	36,886,897	0.00	39.86	5.00
6.00	Total (sum of lines 3 thru 5)	154,323,714	-9,047	154,314,667	3,808,021.99	40.52	6.00
7.00	Total overhead cost (see instructions)	22,339,179	-35,976	22,303,203	777,199.24	28.70	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet S-3 Part IV Date/Time Prepared: 9/21/2022 9:45 am
-----------------------------	-----------------------	---	--

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	2,802,416	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	-957	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	72,253	7.00
<b>HEALTH AND INSURANCE COST</b>			
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)	0	8.02
8.03	Health Insurance (Purchased)	17,741,186	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)	433,061	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)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	754,661	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
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	10,032,900	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	70,481	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	291,422	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	32,197,423	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet S-3 Part V Date/Time Prepared: 9/21/2022 9:45 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,121,361	32,197,423	1.00
2.00	Hospital	2,121,361	32,197,423	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	SKILLED NURSING FACILITY	0	0	8.00
9.00	NURSING FACILITY	0	0	9.00
10.00	OTHER LONG TERM CARE I			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	RENAL DIALYSIS I	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0044 Component CCN: 15-7152	Period: From 09/01/2018 To 08/31/2019	Worksheet S-4 Date/Time Prepared: 9/21/2022 9:45 am PPS
		Home Health Agency I		

					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	1,915	79	933	2,927	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,129.00	94.00	787.00	2,133.00	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)	0.00		9.07	0.00	9.07	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			4.70	0.00	4.70	5.00
6.00	Direct Nursing Service			13.28	0.00	13.28	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			8.46	0.00	8.46	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			2.50	0.00	2.50	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			1.17	0.00	1.17	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.92	0.00	0.92	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.42	0.00	1.42	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00

					CBSA Data	
					1.00	

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).					31140	20.00
20.01						99915	20.01

		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	

PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	9,328	452	307	120	10,207	21.00
22.00	Skilled Nursing Visit Charges	1,860,830	90,400	60,990	24,000	2,036,220	22.00
23.00	Physical Therapy Visits	6,247	254	98	139	6,738	23.00
24.00	Physical Therapy Visit Charges	1,436,810	58,420	22,540	31,740	1,549,510	24.00
25.00	Occupational Therapy Visits	1,736	141	25	65	1,967	25.00
26.00	Occupational Therapy Visit Charges	362,670	29,610	5,250	13,650	411,180	26.00
27.00	Speech Pathology Visits	669	70	8	40	787	27.00
28.00	Speech Pathology Visit Charges	147,180	15,400	1,760	8,800	173,140	28.00
29.00	Medical Social Service Visits	212	13	3	10	238	29.00
30.00	Medical Social Service Visit Charges	50,880	3,120	720	2,400	57,120	30.00
31.00	Home Health Aide Visits	1,811	140	6	36	1,993	31.00
32.00	Home Health Aide Visit Charges	181,100	14,000	600	3,600	199,300	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	20,003	1,070	447	410	21,930	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	4,039,470	210,950	91,860	84,190	4,426,470	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,357		165	25	1,547	36.00
37.00	Total Number of Outlier Episodes		24		4	28	37.00
38.00	Total Non-Routine Medical Supply Charges	145,418	13,242	1,308	184	160,152	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet S-10 Date/Time Prepared: 9/21/2022 9:45 am
---	--	-----------------------	---	--

				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.169588	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			25,180,514	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00	
6.00	Medicaid charges			199,741,335	6.00	
7.00	Medicaid cost (line 1 times line 6)			33,873,734	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)			8,693,220	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone CHIP			0	9.00	
10.00	Stand-alone CHIP charges			0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)			0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			8,693,220	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)	768,800	239,231	1,008,031	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	130,379	239,231	369,610	21.00	
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00	
23.00	Cost of charity care (line 21 minus line 22)	130,379	239,231	369,610	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)			21,997,729	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			763,483	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,174,589	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			20,823,140	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			3,942,461	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			4,312,071	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			13,005,291	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0044		Period: From 09/01/2018 To 08/31/2019		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	5,574,631	5,574,631	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	5,726,731	5,726,731	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,111,891	729,143	2,841,034	22,955,222	25,796,256	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,789,140	84,725,254	89,514,394	-12,753,164	76,761,230	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,294,424	5,921,066	8,215,490	-552,349	7,663,141	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	100,693	921,325	1,022,018	-24,124	997,894	8.00
9.00	00900	HOUSEKEEPING	2,001,285	1,205,568	3,206,853	-485,082	2,721,771	9.00
10.00	01000	DIETARY	2,429,457	1,784,848	4,214,305	-3,094,697	1,119,608	10.00
11.00	01100	CAFETERIA	0	0	0	2,584,970	2,584,970	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	514,344	732,112	1,246,456	-212,547	1,033,909	14.00
15.00	01500	PHARMACY	3,785,437	13,163,404	16,948,841	-12,614,707	4,334,134	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,593,321	965,247	4,558,568	-864,505	3,694,063	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	196,949	59,962	256,911	-22,541	234,370	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	26,174,906	11,293,574	37,468,480	-18,525,885	18,942,595	30.00
31.00	03100	INTENSIVE CARE UNIT	3,285,929	1,663,633	4,949,562	1,654,332	6,603,894	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	734,155	189,505	923,660	68,839	992,499	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	9,194,966	26,263,639	35,458,605	-18,357,107	17,101,498	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,326,515	633,229	1,959,744	-438,715	1,521,029	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,818,730	5,116,189	9,934,919	-2,609,844	7,325,075	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	688,983	757,794	1,446,777	-237,872	1,208,905	57.00
58.00	05800	MRI	417,065	415,332	832,397	-157,020	675,377	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,373,092	10,226,255	13,599,347	-9,765,245	3,834,102	59.00
60.00	06000	LABORATORY	4,628,346	7,895,204	12,523,550	-1,129,371	11,394,179	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	130,790	130,790	-65,214	65,576	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,192,826	1,192,826	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	5,578,562	5,578,562	64.00
65.00	06500	RESPIRATORY THERAPY	2,370,349	1,220,550	3,590,899	-669,700	2,921,199	65.00
66.00	06600	PHYSICAL THERAPY	3,288,911	1,698,815	4,987,726	-838,511	4,149,215	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	385,297	120,577	505,874	85,333	591,207	68.00
69.00	06900	ELECTROCARDIOLOGY	1,963,799	1,091,666	3,055,465	-815,759	2,239,706	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	259,416	1,338,496	1,597,912	-15,037	1,582,875	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,832,359	13,832,359	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,031,475	16,031,475	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	11,702,047	11,702,047	73.00
74.00	07400	RENAL DIALYSIS	0	411	411	240,437	240,437	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	599,851	244,951	844,802	-148,127	696,675	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,456,085	2,047,780	3,503,865	-364,182	3,139,683	90.00
91.00	09100	EMERGENCY	5,248,408	2,878,729	8,127,137	-1,636,619	6,490,518	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00



RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet A

Date/Time Prepared:  
9/21/2022 9:45 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	2,995,533	1,697,274	4,692,807	-751,672	3,941,135	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	95,027,277	187,132,322	282,159,599	78,168	282,237,767	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,771	110,335	117,106	-544	116,562	190.00
191.00	19100	RESEARCH	89,424	21,897	111,321	-21,549	89,772	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	375,144	56,001	431,145	-8,231	422,914	192.00
192.01	19201	OTHER NRCC	164,836	4,079,382	4,244,218	-47,844	4,196,374	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	95,663,452	191,399,937	287,063,389	0	287,063,389	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet A  
Date/Time Prepared:  
9/21/2022 9:45 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	5,574,631	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	5,726,731	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-356,325	25,439,931	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-19,783,577	56,977,653	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	7,663,141	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	997,894	8.00
9.00	00900	HOUSEKEEPING	0	2,721,771	9.00
10.00	01000	DIETARY	-1,576,637	-457,029	10.00
11.00	01100	CAFETERIA	0	2,584,970	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,033,909	14.00
15.00	01500	PHARMACY	-111,925	4,222,209	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,855,107	6,549,170	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	0	234,370	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	253,597	19,196,192	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,603,894	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	992,499	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-1,708,323	15,393,175	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-22,766	1,498,263	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-184,800	7,140,275	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	1,208,905	57.00
58.00	05800	MRI	0	675,377	58.00
59.00	05900	CARDIAC CATHETERIZATION	-60,853	3,773,249	59.00
60.00	06000	LABORATORY	-135,982	11,258,197	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	65,576	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,192,826	63.00
64.00	06400	INTRAVENOUS THERAPY	-159,284	5,419,278	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,921,199	65.00
66.00	06600	PHYSICAL THERAPY	-1,658	4,147,557	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	591,207	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,239,706	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,049,378	533,497	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-916,407	12,915,952	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,031,475	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,702,047	73.00
74.00	07400	RENAL DIALYSIS	0	240,848	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-25,581	671,094	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-153,461	2,986,222	90.00
91.00	09100	EMERGENCY	-112,385	6,378,133	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00

9/21/2022 9:45 am F:\Final Settlement\150044\_08312019\150044.08312019.A1.mcax

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet A  
Date/Time Prepared:  
9/21/2022 9:45 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I & R SERVICES--NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	-1,646	3,939,489	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-23,252,284	258,985,483	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	116,562	190.00
191.00	19100	RESEARCH	0	89,772	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	422,914	192.00
192.01	19201	OTHER NRCC	0	4,196,374	192.01
192.02	19202	LTC	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	MARKETING	0	0	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-23,252,284	263,811,105	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet Non-CMS W Date/Time Prepared: 9/21/2022 9:45 am
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
12.00	MAINTENANCE OF PERSONNEL	01200		12.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
23.00	PARAMED PRGM-PHARMACY RESIDENCY	02300		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
32.00	CORONARY CARE UNIT	03200		32.00
33.00	BURN INTENSIVE CARE UNIT	03300		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	03400		34.00
40.00	SUBPROVIDER - IPF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
42.00	SUBPROVIDER	04200		42.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
45.00	NURSING FACILITY	04500		45.00
46.00	OTHER LONG TERM CARE	04600		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	BLOOD LABORATORY	06001		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	06100		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	06200		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
75.00	ASC (NON-DISTINCT PART)	07500		75.00
76.00	NUTRITION/DIABETES	03950		76.00
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	08800		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	HOME PROGRAM DIALYSIS	09400		94.00
95.00	AMBULANCE SERVICES	09500		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	09600		96.00

9/21/2022 9:45 am F:\Final Settlement\150044\_08312019\150044\_08312019\_A1.mcax

COST CENTERS USED IN COST REPORT

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet Non-CMS W

Date/Time Prepared:  
9/21/2022 9:45 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
97.00	DURABLE MEDICAL EQUIP-SOLD	09700		97.00
99.00	CMHC	09900		99.00
99.10	CORF	09910		99.10
100.00	I & R SERVICES-NOT APPRVD PRGM	10000		100.00
101.00	HOME HEALTH AGENCY	10100		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	KIDNEY ACQUISITION	10500		105.00
106.00	HEART ACQUISITION	10600		106.00
107.00	LIVER ACQUISITION	10700		107.00
108.00	LUNG ACQUISITION	10800		108.00
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
113.00	INTEREST EXPENSE	11300		113.00
114.00	UTILIZATION REVIEW-SNF	11400		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	11500		115.00
116.00	HOSPICE	11600		116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	OTHER NRCC	19201		192.01
192.02	LTC	19202		192.02
193.00	NONPAID WORKERS	19300		193.00
194.00	MARKETING	07950		194.00
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,702,047	1.00
2.00	OTHER NRCC	192.01	0	97	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
TOTALS			0	11,702,144	
<b>B - IMPLANTS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	16,031,475	1.00
TOTALS			0	16,031,475	
<b>C - SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	29,863,834	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	84,800	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
TOTALS			0	29,948,634	
<b>D - MASSAGE</b>					
1.00	PHYSICAL THERAPY	66.00	26,929	5,498	1.00
TOTALS			26,929	5,498	
<b>E - PHARMACY RESIDENCY</b>					
1.00	PARAMED PRGM-PHARMACY RESIDENCY	23.00	9,047	16,519	1.00
TOTALS			9,047	16,519	
<b>F - BENEFITS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	22,955,222	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

RECLASSIFICATIONS

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet A-6

Date/Time Prepared:  
9/21/2022 9:45 am

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
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	
TOTALS				0	22,955,222	
<b>G - CAFETERIA RECLASS</b>						
1.00	CAFETERIA	11.00	1,453,046	1,131,924		1.00
TOTALS				1,453,046	1,131,924	
<b>H - BLDG &amp; FIXT DEPRECIATION</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,574,631		1.00
TOTALS				0	5,574,631	
<b>I - MOVABLE DEPRECIATION</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,726,731		1.00
TOTALS				0	5,726,731	
<b>J - IP ANCILLARY COST RECLASS</b>						
1.00	INTENSIVE CARE UNIT	31.00	2,256,739	549,976		1.00
2.00	NURSERY	43.00	194,149	47,447		2.00
3.00	OPERATING ROOM	50.00	205,905	50,603		3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	4,993	1,220		4.00
5.00	LABORATORY	60.00	11,545	2,822		5.00
6.00	BLOOD STORING, PROCESSING & TRANS.	63.00	894,155	219,400		6.00
7.00	INTRAVENOUS THERAPY	64.00	58,691	14,345		7.00
8.00	RESPIRATORY THERAPY	65.00	4,606	1,126		8.00
9.00	SPEECH PATHOLOGY	68.00	148,410	36,269		9.00
10.00	ELECTROCARDIOLOGY	69.00	13,182	3,232		10.00
11.00	CLINIC	90.00	677	166		11.00
12.00	RENAL DIALYSIS	74.00	193,281	47,239		12.00
13.00	CLINIC	90.00	265,576	64,964		13.00
14.00	EMERGENCY	91.00	2,576	630		14.00
TOTALS				4,254,485	1,039,439	
<b>L - OP ANCILLARY COST RECLASS</b>						
1.00	OPERATING ROOM	50.00	273,180	66,766		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	89	22		2.00
3.00	LABORATORY	60.00	177	43		3.00
4.00	BLOOD STORING, PROCESSING & TRANS.	63.00	63,703	15,568		4.00
5.00	INTRAVENOUS THERAPY	64.00	4,424,280	1,081,246		5.00
6.00	RESPIRATORY THERAPY	65.00	166	41		6.00
7.00	PHYSICAL THERAPY	66.00	105	26		7.00
8.00	CLINIC	90.00	1,334	326		8.00
9.00	EMERGENCY	91.00	26,442	6,462		9.00
TOTALS				4,789,476	1,170,500	
500.00	Grand Total: Increases		10,532,983	95,302,717		500.00

RECLASSIFICATIONS

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet A-6  
Date/Time Prepared:  
9/21/2022 9:45 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - DRUGS</b>							
1.00	PHARMACY	15.00	0	11,515,318	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	88,936	0		2.00
3.00	OPERATING ROOM	50.00	0	36,360	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,985	0		4.00
5.00	MRI	58.00	0	765	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	9,606	0		6.00
7.00	PHYSICAL THERAPY	66.00	0	18	0		7.00
8.00	ELECTROCARDIOLOGY	69.00	0	45,989	0		8.00
9.00	CARDIAC REHABILITATION	76.97	0	134	0		9.00
10.00	CLINIC	90.00	0	3,033	0		10.00
TOTALS			0	11,702,144			
<b>B - IMPLANTS</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	16,031,475	0		1.00
TOTALS			0	16,031,475			
<b>C - SUPPLIES</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,619	0		1.00
2.00	OPERATION OF PLANT	7.00	0	11,512	0		2.00
3.00	HOUSEKEEPING	9.00	0	409	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	87,085	0		4.00
5.00	PHARMACY	15.00	0	146,437	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	791,413	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	330,339	0		7.00
8.00	NURSERY	43.00	0	1,443	0		8.00
9.00	OPERATING ROOM	50.00	0	16,694,251	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	127,367	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,424,660	0		11.00
12.00	CT SCAN	57.00	0	70,389	0		12.00
13.00	MRI	58.00	0	50,098	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	8,931,922	0		14.00
15.00	LABORATORY	60.00	0	30,254	0		15.00
16.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	65,214	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	128,678	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	7,849	0		18.00
19.00	SPEECH PATHOLOGY	68.00	0	7,945	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	303,984	0		20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	5	0		21.00
22.00	CLINIC	90.00	0	628	0		22.00
23.00	RENAL DIALYSIS	74.00	0	83	0		23.00
24.00	CARDIAC REHABILITATION	76.97	0	383	0		24.00
25.00	CLINIC	90.00	0	336,563	0		25.00
26.00	EMERGENCY	91.00	0	397,073	0		26.00
27.00	OTHER NRCC	192.01	0	31	0		27.00
TOTALS			0	29,948,634			
<b>D - MASSAGE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	26,929	5,498	27		1.00
TOTALS			26,929	5,498			
<b>E - PHARMACY RESIDENCY</b>							
1.00	PHARMACY	15.00	9,047	16,519	0		1.00
TOTALS			9,047	16,519			
<b>F - BENEFITS</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,416,756	0		1.00
2.00	OPERATION OF PLANT	7.00	0	540,837	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	24,124	0		3.00
4.00	HOUSEKEEPING	9.00	0	484,673	0		4.00
5.00	DIETARY	10.00	0	509,727	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	125,462	0		6.00
7.00	PHARMACY	15.00	0	927,386	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	864,505	0		8.00
9.00	PARAMEDICAL PRGM-PHARMACY RESIDENCY	23.00	0	48,107	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	6,396,787	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	816,893	0		11.00
12.00	NURSERY	43.00	0	171,314	0		12.00
13.00	OPERATING ROOM	50.00	0	2,222,950	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	317,561	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,183,310	0		15.00
16.00	CT SCAN	57.00	0	167,483	0		16.00
17.00	MRI	58.00	0	106,157	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	823,717	0		18.00
19.00	LABORATORY	60.00	0	1,113,704	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	546,961	0		20.00



		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
21.00	PHYSICAL THERAPY	66.00	0	863,202	0		21.00	
22.00	SPEECH PATHOLOGY	68.00	0	91,401	0		22.00	
23.00	ELECTROCARDIOLOGY	69.00	0	482,200	0		23.00	
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	15,032	0		24.00	
25.00	HOME HEALTH AGENCY	101.00	0	751,672	0		25.00	
26.00	CARDIAC REHABILITATION	76.97	0	147,610	0		26.00	
27.00	CLINIC	90.00	0	357,001	0		27.00	
28.00	EMERGENCY	91.00	0	1,275,656	0		28.00	
29.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	544	0		29.00	
30.00	RESEARCH	191.00	0	21,549	0		30.00	
31.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	93,031	0		31.00	
32.00	OTHER NRCC	192.01	0	47,910	0		32.00	
	<b>TOTALS</b>		0	22,955,222				
<b>G - CAFETERIA RECLASS</b>								
1.00	DIETARY	10.00	1,453,046	1,131,924	0		1.00	
	<b>TOTALS</b>		1,453,046	1,131,924				
<b>H - BLDG &amp; FIXT DEPRECIATION</b>								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,574,631	9		1.00	
	<b>TOTALS</b>		0	5,574,631				
<b>I - MOVABLE DEPRECIATION</b>								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,726,731	9		1.00	
	<b>TOTALS</b>		0	5,726,731				
<b>J - IP ANCILLARY COST RECLASS</b>								
1.00	ADULTS & PEDIATRICS	30.00	4,254,485	1,039,439	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	
	<b>TOTALS</b>		4,254,485	1,039,439				
<b>L - OP ANCILLARY COST RECLASS</b>								
1.00	ADULTS & PEDIATRICS	30.00	4,785,351	1,169,474	0		1.00	
2.00	INTENSIVE CARE UNIT	31.00	4,125	1,026	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	
	<b>TOTALS</b>		4,789,476	1,170,500				
500.00	<b>Grand Total: Decreases</b>		10,532,983	95,302,717			500.00	

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
<b>A - DRUGS</b>									
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,702,047	PHARMACY	15.00	0	11,515,318	1.00
2.00	OTHER NRCC	192.01	0	97	ADULTS & PEDIATRICS	30.00	0	88,936	2.00
3.00		0.00	0	0	OPERATING ROOM	50.00	0	36,360	3.00
4.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	1,985	4.00
5.00		0.00	0	0	MRI	58.00	0	765	5.00
6.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	9,606	6.00
7.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	18	7.00
8.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	45,989	8.00
9.00		0.00	0	0	CARDIAC REHABILITATION	76.97	0	134	9.00
10.00		0.00	0	0	CLINIC	90.00	0	3,033	10.00
	TOTALS		0	11,702,144	TOTALS		0	11,702,144	
<b>B - IMPLANTS</b>									
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	16,031,475	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	16,031,475	1.00
	TOTALS		0	16,031,475	TOTALS		0	16,031,475	
<b>C - SUPPLIES</b>									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	29,863,834	ADMINISTRATIVE & GENERAL	5.00	0	2,619	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	84,800	OPERATION OF PLANT	7.00	0	11,512	2.00
3.00		0.00	0	0	HOUSEKEEPING	9.00	0	409	3.00
4.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	87,085	4.00
5.00		0.00	0	0	PHARMACY	15.00	0	146,437	5.00
6.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	791,413	6.00
7.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	330,339	7.00
8.00		0.00	0	0	NURSERY	43.00	0	1,443	8.00
9.00		0.00	0	0	OPERATING ROOM	50.00	0	16,694,251	9.00
10.00		0.00	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	127,367	10.00
11.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	1,424,660	11.00
12.00		0.00	0	0	CT SCAN	57.00	0	70,389	12.00
13.00		0.00	0	0	MRI	58.00	0	50,098	13.00
14.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	8,931,922	14.00
15.00		0.00	0	0	LABORATORY	60.00	0	30,254	15.00
16.00		0.00	0	0	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	65,214	16.00
17.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	128,678	17.00
18.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	7,849	18.00
19.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	7,945	19.00
20.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	303,984	20.00
21.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	5	21.00
22.00		0.00	0	0	CLINIC	90.00	0	628	22.00
23.00		0.00	0	0	RENAL DIALYSIS	74.00	0	83	23.00
24.00		0.00	0	0	CARDIAC REHABILITATION	76.97	0	383	24.00
25.00		0.00	0	0	CLINIC	90.00	0	336,563	25.00
26.00		0.00	0	0	EMERGENCY	91.00	0	397,073	26.00
27.00		0.00	0	0	OTHER NRCC	192.01	0	31	27.00
	TOTALS		0	29,948,634	TOTALS		0	29,948,634	
<b>D - MESSAGE</b>									
1.00	PHYSICAL THERAPY	66.00	26,929	5,498	ADMINISTRATIVE & GENERAL	5.00	26,929	5,498	1.00
	TOTALS		26,929	5,498	TOTALS		26,929	5,498	
<b>E - PHARMACY RESIDENCY</b>									
1.00	PARAMED PRGM-PHARMACY RESIDENCY	23.00	9,047	16,519	PHARMACY	15.00	9,047	16,519	1.00
	TOTALS		9,047	16,519	TOTALS		9,047	16,519	
<b>F - BENEFITS</b>									
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	22,955,222	ADMINISTRATIVE & GENERAL	5.00	0	1,416,756	1.00
2.00		0.00	0	0	OPERATION OF PLANT	7.00	0	540,837	2.00
3.00		0.00	0	0	LAUNDRY & LINEN SERVICE	8.00	0	24,124	3.00
4.00		0.00	0	0	HOUSEKEEPING	9.00	0	484,673	4.00
5.00		0.00	0	0	DIETARY	10.00	0	509,727	5.00

RECLASSIFICATIONS

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
9/21/2022 9:45 am

Increases					Decreases					
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00		
6.00	0.00	0	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	125,462	6.00	
7.00	0.00	0	0	0	PHARMACY	15.00	0	927,386	7.00	
8.00	0.00	0	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	864,505	8.00	
9.00	0.00	0	0	0	PARAMED PRGM-PHARMACY RESIDENCY	23.00	0	48,107	9.00	
10.00	0.00	0	0	0	ADULTS & PEDIATRICS	30.00	0	6,396,787	10.00	
11.00	0.00	0	0	0	INTENSIVE CARE UNIT	31.00	0	816,893	11.00	
12.00	0.00	0	0	0	NURSERY	43.00	0	171,314	12.00	
13.00	0.00	0	0	0	OPERATING ROOM	50.00	0	2,222,950	13.00	
14.00	0.00	0	0	0	DELIVERY ROOM & LABOR ROOM	52.00	0	317,561	14.00	
15.00	0.00	0	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	1,183,310	15.00	
16.00	0.00	0	0	0	CT SCAN	57.00	0	167,483	16.00	
17.00	0.00	0	0	0	MRI	58.00	0	106,157	17.00	
18.00	0.00	0	0	0	CARDIAC CATHETERIZATION LABORATORY	59.00	0	823,717	18.00	
19.00	0.00	0	0	0	LABORATORY	60.00	0	1,113,704	19.00	
20.00	0.00	0	0	0	RESPIRATORY THERAPY	65.00	0	546,961	20.00	
21.00	0.00	0	0	0	PHYSICAL THERAPY	66.00	0	863,202	21.00	
22.00	0.00	0	0	0	SPEECH PATHOLOGY	68.00	0	91,401	22.00	
23.00	0.00	0	0	0	ELECTROCARDIOLOGY	69.00	0	482,200	23.00	
24.00	0.00	0	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	15,032	24.00	
25.00	0.00	0	0	0	HOME HEALTH AGENCY	101.00	0	751,672	25.00	
26.00	0.00	0	0	0	CARDIAC REHABILITATION CLINIC	76.97	0	147,610	26.00	
27.00	0.00	0	0	0	EMERGENCY	90.00	0	357,001	27.00	
28.00	0.00	0	0	0	GI FT, FLOWER, COFFEE SHOP & CANTEEN	91.00	0	1,275,656	28.00	
29.00	0.00	0	0	0	RESEARCH	190.00	0	544	29.00	
30.00	0.00	0	0	0	PHYSICIANS' PRIVATE OFFICES	191.00	0	21,549	30.00	
31.00	0.00	0	0	0	OTHER NRCC	192.00	0	93,031	31.00	
32.00	0.00	0	0	0	TOTALS	192.01	0	47,910	32.00	
<b>TOTALS</b>								<b>22,955,222</b>	<b>TOTALS</b>	
<b>G - CAFETERIA RECLASS</b>										
1.00	CAFETERIA	11.00	1,453,046	1,131,924	DIETARY	10.00	1,453,046	1,131,924	1.00	
<b>TOTALS</b>							<b>1,453,046</b>	<b>1,131,924</b>	<b>TOTALS</b>	
<b>H - BLDG &amp; FIXT DEPRECIATION</b>										
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,574,631	ADMINISTRATIVE & GENERAL	5.00	0	5,574,631	1.00	
<b>TOTALS</b>							<b>0</b>	<b>5,574,631</b>	<b>TOTALS</b>	
<b>I - MOVABLE DEPRECIATION</b>										
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,726,731	ADMINISTRATIVE & GENERAL	5.00	0	5,726,731	1.00	
<b>TOTALS</b>							<b>0</b>	<b>5,726,731</b>	<b>TOTALS</b>	
<b>J - IP ANCILLARY COST RECLASS</b>										
1.00	INTENSIVE CARE UNIT	31.00	2,256,739	549,976	ADULTS & PEDIATRICS	30.00	4,254,485	1,039,439	1.00	
2.00	NURSERY	43.00	194,149	47,447		0.00	0	0	2.00	
3.00	OPERATING ROOM	50.00	205,905	50,603		0.00	0	0	3.00	
4.00	DELIVERY ROOM & LABOR ROOM	52.00	4,993	1,220		0.00	0	0	4.00	
5.00	LABORATORY	60.00	11,545	2,822		0.00	0	0	5.00	
6.00	BLOOD STORING, PROCESSING & TRANS.	63.00	894,155	219,400		0.00	0	0	6.00	
7.00	INTRAVENOUS THERAPY	64.00	58,691	14,345		0.00	0	0	7.00	
8.00	RESPIRATORY THERAPY	65.00	4,606	1,126		0.00	0	0	8.00	
9.00	SPEECH PATHOLOGY	68.00	148,410	36,269		0.00	0	0	9.00	
10.00	ELECTROCARDIOLOGY	69.00	13,182	3,232		0.00	0	0	10.00	
11.00	CLINIC	90.00	677	166		0.00	0	0	11.00	
12.00	RENAL DIALYSIS	74.00	193,281	47,239		0.00	0	0	12.00	
13.00	CLINIC	90.00	265,576	64,964		0.00	0	0	13.00	
14.00	EMERGENCY	91.00	2,576	630		0.00	0	0	14.00	
<b>TOTALS</b>							<b>4,254,485</b>	<b>1,039,439</b>	<b>TOTALS</b>	
<b>L - OP ANCILLARY COST RECLASS</b>										
1.00	OPERATING ROOM	50.00	273,180	66,766	ADULTS & PEDIATRICS	30.00	4,785,351	1,169,474	1.00	
2.00	RADIOLOGY-DIAGNOSTIC LABORATORY	54.00	89	22	INTENSIVE CARE UNIT	31.00	4,125	1,026	2.00	
3.00	BLOOD STORING, PROCESSING & TRANS.	60.00	177	43		0.00	0	0	3.00	
4.00	INTRAVENOUS THERAPY	63.00	63,703	15,568		0.00	0	0	4.00	
5.00		64.00	4,424,280	1,081,246		0.00	0	0	5.00	

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet A-6  
Non-CMS Worksheet  
Date/Time Prepared:  
9/21/2022 9:45 am

Increases					Decreases				
Cost Center	Line #	Salary	Other		Cost Center	Line #	Salary	Other	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
6.00	RESPIRATORY THERAPY	65.00	166	41		0.00	0	0	6.00
7.00	PHYSICAL THERAPY	66.00	105	26		0.00	0	0	7.00
8.00	CLINIC	90.00	1,334	326		0.00	0	0	8.00
9.00	EMERGENCY	91.00	26,442	6,462		0.00	0	0	9.00
	TOTALS		4,789,476	1,170,500	TOTALS		4,789,476	1,170,500	
500.00	Grand Total : Increases		10,532,983	95,302,717	Grand Total : Decreases		10,532,983	95,302,717	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet A-7  
Part I  
Date/Time Prepared:  
9/21/2022 9:45 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,197,277	6,375	0	6,375	0 1.00
2.00	Land Improvements	1,133,925	-699	0	-699	0 2.00
3.00	Buildings and Fixtures	133,336,194	3,504,979	0	3,504,979	0 3.00
4.00	Building Improvements	2,030,951	935,698	0	935,698	0 4.00
5.00	Fixed Equipment	545,884	446,337	0	446,337	0 5.00
6.00	Movable Equipment	33,649,172	8,370,361	0	8,370,361	0 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	172,893,403	13,263,051	0	13,263,051	0 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	172,893,403	13,263,051	0	13,263,051	0 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	2,203,652	0			0 1.00
2.00	Land Improvements	1,133,226	0			0 2.00
3.00	Buildings and Fixtures	136,841,173	0			0 3.00
4.00	Building Improvements	2,966,649	0			0 4.00
5.00	Fixed Equipment	992,221	0			0 5.00
6.00	Movable Equipment	42,019,533	0			0 6.00
7.00	HIT designated Assets	0	0			0 7.00
8.00	Subtotal (sum of lines 1-7)	186,156,454	0			0 8.00
9.00	Reconciling Items	0	0			0 9.00
10.00	Total (line 8 minus line 9)	186,156,454	0			0 10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet A-7  
Part II  
Date/Time Prepared:  
9/21/2022 9:45 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	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet A-7  
Part III  
Date/Time Prepared:  
9/21/2022 9:45 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	144,136,921	0	144,136,921	0.774278	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	42,019,533	0	42,019,533	0.225722	0	2.00
3.00	Total (sum of lines 1-2)	186,156,454	0	186,156,454	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,574,631	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,726,731	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,301,362	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	5,574,631	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,726,731	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	11,301,362	3.00

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.	
			3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-557,232	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-130,039	ADMINISTRATIVE & GENERAL	5.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,073,768			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	7,742,859			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,576,637	DIETARY	10.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	0	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)	A	948,063	ADULTS & PEDIATRICS	30.00		30.99



ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet A-8

Date/Time Prepared:  
9/21/2022 9:45 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	
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 PERSONAL USE OF CAR DEPR	A		0	CAP REL COSTS-MVBLE EQUIP	2.00	33.00
33.01 PERSONAL USE OF CARE GAS	A		0	ADMINISTRATIVE & GENERAL	5.00	33.01
33.02 EMPLOYEE BENEFITS - MISC REVENUE	B	-30,632	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	33.02
33.03 A & G - MISC REVENUE	B	-298,833	0	ADMINISTRATIVE & GENERAL	5.00	33.03
33.04 PLANT OPERATIONS - MISC REVENUE	B		0	OPERATION OF PLANT	7.00	33.04
33.05 DIETARY - MISC REVENUE	B		0	DIETARY	10.00	33.05
33.06 CENTRAL SUPPLY - MISC REVENUE	B		0	CENTRAL SERVICES & SUPPLY	14.00	33.06
33.07 PHARMACY - MISC REVENUE	B	-111,925	0	PHARMACY	15.00	33.07
33.08 ADULTS AND PEDIATRICS - MISC REVENUE	B	-3,670	0	ADULTS & PEDIATRICS	30.00	33.08
33.09 SURGERY - MISC REVENUE	B		0	OPERATING ROOM	50.00	33.09
33.10 LABOR AND DELIVERY - MISC REVENUE	B	-2,766	0	DELIVERY ROOM & LABOR ROOM	52.00	33.10
33.11 RADIOLOGY - MISC REVENUE	B	-3,700	0	RADIOLOGY-DIAGNOSTIC	54.00	33.11
33.12 CARDIAC CATH - MISC REVENUE	B		0	CARDIAC CATHETERIZATION	59.00	33.12
33.13 LABORATORY - MISC REVENUE	B	-38,101	0	LABORATORY	60.00	33.13
33.14 IV THERAPY - MISC REVENUE	B	-159,284	0	INTRAVENOUS THERAPY	64.00	33.14
33.15 PHYSICAL THERAPY - MISC REVENUE	B		0	PHYSICAL THERAPY	66.00	33.15
33.16 SPEECH THERAPY - MISC REVENUE	B		0	SPEECH PATHOLOGY	68.00	33.16
33.17 RADIOLOGY - MISC REVENUE	B		0	ELECTROCARDIOLOGY	69.00	33.17
33.18 CARDIAC REHAB - MISC REVENUE	B	-25,581	0	CARDIAC REHABILITATION	76.97	33.18
33.19 EMERGENCY DEPT - MISC REVENUE	B		0	EMERGENCY	91.00	33.19
33.20 INTEREST INCOME	B		11	CAP REL COSTS-BLDG & FIXT	1.00	33.20
33.21 LOBBYING DUES	A		0	ADMINISTRATIVE & GENERAL	5.00	33.21
33.22 EMPLOYEE BENEFITS - ADVERTISING	A	-195	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	33.22
33.23 ADMIN - ADVERTISING	A	-352,156	0	ADMINISTRATIVE & GENERAL	5.00	33.23
33.24 PHYSICAL THERAPY - ADVERTISING	A	-1,658	0	PHYSICAL THERAPY	66.00	33.24
33.25 CLINIC-ADVERTISING	A	-168	0	CLINIC	90.00	33.25
33.26 ER- ADVERTISING	A	-241	0	EMERGENCY	91.00	33.26
33.27 EMPLOYEE BENEFITS - NON ALLOWABLE EX	A	-325,498	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	33.27
33.28 ADMIN - NONALLOWABLE EXPENSES	A	-41,190	0	ADMINISTRATIVE & GENERAL	5.00	33.28
33.29 HAF FEE - HOSPITAL	A	-22,066,469	0	ADMINISTRATIVE & GENERAL	5.00	33.29
33.30 BAD DEBT EXPENSE	A	-2,007,292	0	ADMINISTRATIVE & GENERAL	5.00	33.30
33.31 AMORTIZATION OF GOODWILL	A	-134,525	0	ADMINISTRATIVE & GENERAL	5.00	33.31
33.32 ADVERTISING-HHA	A	-1,646	0	HOME HEALTH AGENCY	101.00	33.32
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-23,252,284				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: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet A-8-1

Date/Time Prepared:  
9/21/2022 9:45 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	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	16.00	MEDICAL RECORDS & LIBRARY	2,855,107	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	44,281,907	38,477,748	2.00
3.00	71.00	MEDICAL SUPPLIES CHARGED TO	-916,407	0	3.00
4.00	0.00		0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		46,220,607	38,477,748	5.00

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

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

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	B	BHSI	100.00	BHSI	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					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: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet A-8-1

Date/Time Prepared:  
9/21/2022 9:45 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	2,855,107	0		1.00
2.00	5,804,159	0		2.00
3.00	-916,407	0		3.00
4.00	0	0		4.00
5.00	7,742,859			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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>		

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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet A-8-2

Date/Time Prepared:  
9/21/2022 9:45 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	730,038	495,438	234,600	179,000	456	1.00
2.00	50.00	OPERATING ROOM	1,708,323	1,708,323	0	246,400	0	2.00
3.00	52.00	DELIVERY ROOM & LABOR ROOM	20,000	20,000	0	237,100	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	181,100	181,100	0	271,900	0	4.00
5.00	59.00	CARDIAC CATHETERIZATION	60,853	60,853	0	246,400	0	5.00
6.00	60.00	LABORATORY	97,881	97,881	0	260,300	0	6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	1,049,378	1,049,378	0	179,000	0	7.00
8.00	90.00	CLINIC	203,895	116,895	87,000	179,000	588	8.00
9.00	91.00	EMERGENCY	148,288	95,850	52,438	179,000	420	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,199,756	3,825,718	374,038		1,464	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	39,242	1,962	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	0	0	0	0	0	6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	7.00
8.00	90.00	CLINIC	50,602	2,530	0	0	0	8.00
9.00	91.00	EMERGENCY	36,144	1,807	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			125,988	6,299	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	ADULTS & PEDIATRICS	0	39,242	195,358	690,796	1.00
2.00	50.00	OPERATING ROOM	0	0	0	1,708,323	2.00
3.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	20,000	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	181,100	4.00
5.00	59.00	CARDIAC CATHETERIZATION	0	0	0	60,853	5.00
6.00	60.00	LABORATORY	0	0	0	97,881	6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	1,049,378	7.00
8.00	90.00	CLINIC	0	50,602	36,398	153,293	8.00
9.00	91.00	EMERGENCY	0	36,144	16,294	112,144	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	125,988	248,050	4,073,768	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet B  
Part I  
Date/Time Prepared:  
9/21/2022 9:45 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT	5,574,631	5,574,631				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	5,726,731		5,726,731			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	25,439,931	122,948	673	25,563,552		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	56,977,653	295,930	49,812	1,301,303	58,624,698	5.00
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	7,663,141	83,613	2,409,971	626,965	10,783,690	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	997,894	79,311	1,279	27,515	1,105,999	8.00
9.00 00900 HOUSEKEEPING	2,721,771	20,043	5,749	546,863	3,294,426	9.00
10.00 01000 DIETARY	-457,029	30,658	56,454	266,810	-103,107	10.00
11.00 01100 CAFETERIA	2,584,970	173,916	0	397,054	3,155,940	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,033,909	197,545	23,183	140,548	1,395,185	14.00
15.00 01500 PHARMACY	4,222,209	40,668	171,217	1,031,921	5,466,015	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	6,549,170	88,909	140	981,897	7,620,116	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
23.00 02300 PARAMEDICAL PRGM-PHARMACY RESIDENCY	234,370	5,623	4,842	56,290	301,125	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	19,196,192	1,775,656	452,221	4,682,286	26,106,355	30.00
31.00 03100 INTENSIVE CARE UNIT	6,603,894	160,077	34,935	1,513,440	8,312,346	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	992,499	46,654	10,916	253,665	1,303,734	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	15,393,175	526,570	997,107	2,643,492	19,560,344	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,498,263	314,531	14,358	363,843	2,190,995	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	7,140,275	345,214	719,717	1,316,771	9,521,977	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	1,208,905	43,539	1,686	188,269	1,442,399	57.00
58.00 05800 MRI	675,377	19,922	1,002	113,966	810,267	58.00
59.00 05900 CARDIAC CATHETERIZATION	3,773,249	136,362	166,105	921,718	4,997,434	59.00
60.00 06000 LABORATORY	11,258,197	212,887	23,357	1,267,926	12,762,367	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	65,576	0	0	0	65,576	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,192,826	0	0	261,740	1,454,566	63.00
64.00 06400 INTRAVENOUS THERAPY	5,419,278	0	0	1,224,999	6,644,277	64.00
65.00 06500 RESPIRATORY THERAPY	2,921,199	28,731	18,196	649,016	3,617,142	65.00
66.00 06600 PHYSICAL THERAPY	4,147,557	3,938	93,852	906,102	5,151,449	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	591,207	6,968	9,095	145,839	753,109	68.00
69.00 06900 ELECTROCARDIOLOGY	2,239,706	109,655	88,643	540,222	2,978,226	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	533,497	86,522	0	70,887	690,906	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	12,915,952	0	0	0	12,915,952	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	16,031,475	0	0	0	16,031,475	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	11,702,047	0	0	0	11,702,047	73.00
74.00 07400 RENAL DIALYSIS	240,848	0	0	52,815	293,663	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950 NUTRITION/DIABETES	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	671,094	43,539	17,006	163,913	895,552	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	2,986,222	110,600	162,020	471,004	3,729,846	90.00
91.00 09100 EMERGENCY	6,378,133	350,328	28,899	1,442,088	8,199,448	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet B  
Part I  
Date/Time Prepared:  
9/21/2022 9:45 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	3,939,489	0	0	818,547	4,758,036	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	258,985,483	5,460,857	5,562,435	25,389,714	258,533,575
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	116,562	0	0	1,850	118,412	190.00
191.00 19100 RESEARCH	89,772	0	0	24,436	114,208	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	422,914	39,516	0	102,510	564,940	192.00
192.01 19201 OTHER NRCC	4,196,374	55,742	164,296	45,042	4,461,454	192.01
192.02 19202 LTC	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 MARKETING	0	18,516	0	0	18,516	194.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118 through 201)	263,811,105	5,574,631	5,726,731	25,563,552	263,811,105

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet B Part I Date/Time Prepared: 9/21/2022 9:45 am		
Cost Center Description				ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
				5.00	6.00	7.00	8.00	9.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	58,624,698					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	3,079,509	0	13,863,199			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	315,841	0	216,774	1,638,614		8.00
9.00	00900	HOUSEKEEPING	940,793	0	54,782	68,998	4,358,999	9.00
10.00	01000	DIETARY	0	0	83,795	70,964	26,874	10.00
11.00	01100	CAFETERIA	901,245	0	475,347	0	152,449	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	398,424	0	539,932	0	173,163	14.00
15.00	01500	PHARMACY	1,560,935	0	111,153	1,168	35,648	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,176,084	0	243,006	0	77,935	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	85,993	0	15,368	106	4,929	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	7,455,184	0	4,853,236	802,895	1,556,489	30.00
31.00	03100	INTENSIVE CARE UNIT	2,373,765	0	437,523	53,625	140,319	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	372,309	0	127,514	23,320	40,895	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	5,585,867	0	1,439,223	179,673	461,576	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	625,685	0	859,679	0	275,709	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,719,200	0	943,540	89,289	302,604	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	411,907	0	119,002	13,239	38,165	57.00
58.00	05800	MRI	231,389	0	54,450	16,661	17,463	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,427,122	0	372,706	79,006	119,531	59.00
60.00	06000	LABORATORY	3,644,562	0	581,863	42	186,610	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	18,727	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	415,382	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,897,413	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,032,951	0	78,529	0	25,185	65.00
66.00	06600	PHYSICAL THERAPY	1,471,104	0	10,764	8,003	3,452	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	215,066	0	19,044	14,495	6,108	68.00
69.00	06900	ELECTROCARDIOLOGY	850,495	0	299,708	0	96,120	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	197,303	0	236,481	0	75,842	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,688,421	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,578,124	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,341,765	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	83,862	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	255,744	0	119,002	0	38,165	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,065,136	0	302,292	0	96,949	90.00
91.00	09100	EMERGENCY	2,341,525	0	957,517	217,130	307,087	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10

9/21/2022 9:45 am F:\Fina Settlement\150044\_08312019\150044.08312019.A1.mcax

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet B  
Part I  
Date/Time Prepared:  
9/21/2022 9:45 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,358,757	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	57,117,589	0	13,552,230	1,638,614	4,259,267	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	33,815	0	0	0	0	190.00
191.00	19100	RESEARCH	32,614	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	161,330	0	108,006	0	34,639	192.00
192.01	19201	OTHER NRCC	1,274,062	0	152,355	0	48,862	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	5,288	0	50,608	0	16,231	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	58,624,698	0	13,863,199	1,638,614	4,358,999	202.00



COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet B Part I Date/Time Prepared: 9/21/2022 9:45 am		
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
			10.00	11.00	12.00	13.00	14.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY	78,526				10.00
11.00	01100	CAFETERIA	0	4,684,981			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	53,650	0	0	2,560,354
15.00	01500	PHARMACY	0	152,390	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	182,529	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	0	8,807	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	71,029	1,680,719	0	0	0
31.00	03100	INTENSIVE CARE UNIT	2,932	195,220	0	0	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	594	62,941	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	53	525,064	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,120	75,939	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	224	261,380	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	37,332	0	0	0
58.00	05800	MRI	0	22,484	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	1,177	189,460	0	0	0
60.00	06000	LABORATORY	0	316,397	0	0	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	148,341	0	0	0
66.00	06600	PHYSICAL THERAPY	0	60,838	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	17,910	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	87,752	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,164	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,185,903
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,374,451
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	23,676	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	14	85,878	0	0	0
91.00	09100	EMERGENCY	383	337,296	0	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
99.00	09900	CMHC	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet B  
Part I  
Date/Time Prepared:  
9/21/2022 9:45 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	152,959	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	78,526	4,684,126	0	0	2,560,354	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	283	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NRCC	0	572	0	0	0	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	78,526	4,684,981	0	0	2,560,354	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet B Part I Date/Time Prepared: 9/21/2022 9:45 am	
Cost Center	Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED PRGM-PHARMACY RESIDENCY	Subtotal
		15.00	16.00	17.00	23.00	24.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
6.00	00600					6.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
12.00	01200					12.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500	7,327,309				15.00
16.00	01600	0	10,299,670			16.00
17.00	01700	0	0	0		17.00
23.00	02300	0	0	0	416,328	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	0	9,178,514	0	416,328	52,120,749
31.00	03100	0	0	0	0	11,515,730
32.00	03200	0	0	0	0	0
33.00	03300	0	0	0	0	0
34.00	03400	0	0	0	0	0
40.00	04000	0	0	0	0	0
41.00	04100	0	0	0	0	0
42.00	04200	0	0	0	0	0
43.00	04300	0	0	0	0	1,931,307
44.00	04400	0	0	0	0	0
45.00	04500	0	0	0	0	0
46.00	04600	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	0	672,693	0	0	28,424,493
51.00	05100	0	0	0	0	0
52.00	05200	0	0	0	0	4,030,127
53.00	05300	0	0	0	0	0
54.00	05400	0	37,372	0	0	13,875,586
55.00	05500	0	0	0	0	0
56.00	05600	0	0	0	0	0
57.00	05700	0	0	0	0	2,062,044
58.00	05800	0	0	0	0	1,152,714
59.00	05900	0	0	0	0	7,186,436
60.00	06000	0	0	0	0	17,491,841
60.01	06001	0	0	0	0	0
61.00	06100	0	0	0	0	0
62.00	06200	0	0	0	0	84,303
63.00	06300	0	0	0	0	1,869,948
64.00	06400	0	0	0	0	8,541,690
65.00	06500	0	52,321	0	0	4,954,469
66.00	06600	0	37,372	0	0	6,742,982
67.00	06700	0	0	0	0	0
68.00	06800	0	0	0	0	1,025,732
69.00	06900	0	37,372	0	0	4,349,673
70.00	07000	0	0	0	0	1,205,696
71.00	07100	0	0	0	0	17,790,276
72.00	07200	0	0	0	0	21,984,050
73.00	07300	7,327,309	0	0	0	22,371,121
74.00	07400	0	0	0	0	377,525
75.00	07500	0	0	0	0	0
76.00	03950	0	0	0	0	0
76.97	07697	0	0	0	0	1,332,139
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	0	0	0	0	0
89.00	08900	0	0	0	0	0
90.00	09000	0	0	0	0	5,280,115
91.00	09100	0	284,026	0	0	12,644,412
92.00	09200	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400	0	0	0	0	0
95.00	09500	0	0	0	0	0
96.00	09600	0	0	0	0	0
97.00	09700	0	0	0	0	0
99.00	09900	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet B  
Part I  
Date/Time Prepared:  
9/21/2022 9:45 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED PRGM-PHARMACY RESIDENCY	Subtotal	
			15.00	16.00	17.00	23.00	24.00	
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	6,269,752	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,327,309	10,299,670	0	416,328	256,614,910	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	152,510	190.00
191.00	19100	RESEARCH	0	0	0	0	146,822	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	868,915	192.00
192.01	19201	OTHER NRCC	0	0	0	0	5,937,305	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	0	0	0	0	90,643	194.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,327,309	10,299,670	0	416,328	263,811,105	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet B  
Part I  
Date/Time Prepared:  
9/21/2022 9:45 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,931,307	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03950	NUTRITION/DIABETES	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	96.00

9/21/2022 9:45 am F:\Final Settlement\150044\_08312019\150044\_08312019.A1.mcax

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet B  
Part I  
Date/Time Prepared:  
9/21/2022 9:45 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	6,269,752	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	0	256,614,910	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	152,510	190.00
191.00	19100 RESEARCH	0	146,822	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	868,915	192.00
192.01	19201 OTHER NRCC	0	5,937,305	192.01
192.02	19202 LTC	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 MARKETING	0	90,643	194.00
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	20200 TOTAL (sum lines 118 through 201)	0	263,811,105	202.00

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	5	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	7	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	8	MEALS SERVED	10.00
11.00	CAFETERIA	9	PRODUCTIVE HOURS	11.00
12.00	MAINTENANCE OF PERSONNEL	10	NUMBER HOUSED	12.00
13.00	NURSING ADMINISTRATION	11	DIRECT NRSNG HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	12	COSTED REQUIS.	14.00
15.00	PHARMACY	13	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	14	TIME SPENT	16.00
17.00	SOCIAL SERVICE	15	ASSIGNED TIME	17.00
23.00	PARAMED ED PRGM-PHARMACY RESIDENCY	23	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet B  
Part II  
Date/Time Prepared:  
9/21/2022 9:45 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
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	788	122,948	673	124,409	124,409 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	6,125,152	295,930	49,812	6,470,894	6,334 5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	13,934	83,613	2,409,971	2,507,518	3,052 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	79,311	1,279	80,590	134 8.00
9.00 00900	HOUSEKEEPING	0	20,043	5,749	25,792	2,662 9.00
10.00 01000	DIETARY	737	30,658	56,454	87,849	1,299 10.00
11.00 01100	CAFETERIA	0	173,916	0	173,916	1,933 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	0	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	197,545	23,183	220,728	684 14.00
15.00 01500	PHARMACY	0	40,668	171,217	211,885	5,023 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	88,909	140	89,049	4,779 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
23.00 02300	PARAMED ED PRGM-PHARMACY RESIDENCY	0	5,623	4,842	10,465	274 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	7,739	1,775,656	452,221	2,235,616	22,775 30.00
31.00 03100	INTENSIVE CARE UNIT	0	160,077	34,935	195,012	7,366 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	46,654	10,916	57,570	1,235 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	51,838	526,570	997,107	1,575,515	12,866 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	153	314,531	14,358	329,042	1,771 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	980,557	345,214	719,717	2,045,488	6,409 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00 05700	CT SCAN	679	43,539	1,686	45,904	916 57.00
58.00 05800	MRI	0	19,922	1,002	20,924	555 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	136,362	166,105	302,467	4,486 59.00
60.00 06000	LABORATORY	44,546	212,887	23,357	280,790	6,171 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,274 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	5,962 64.00
65.00 06500	RESPIRATORY THERAPY	87,910	28,731	18,196	134,837	3,159 65.00
66.00 06600	PHYSICAL THERAPY	558,360	3,938	93,852	656,150	4,410 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	6,968	9,095	16,063	710 68.00
69.00 06900	ELECTROCARDIOLOGY	84,294	109,655	88,643	282,592	2,629 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	86,522	0	86,522	345 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	257 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00 03950	NUTRITION/DIABETES	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	36,261	43,539	17,006	96,806	798 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	452,647	110,600	162,020	725,267	2,292 90.00
91.00 09100	EMERGENCY	0	350,328	28,899	379,227	7,019 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0 95.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet B  
Part II  
Date/Time Prepared:  
9/21/2022 9:45 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			2A	4.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	5,405	0	0	5,405	3,984	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	8,451,000	5,460,857	5,562,435	19,474,292	123,563	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	119	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	39,516	0	39,516	499	192.00
192.01 19201 OTHER NRCC	0	55,742	164,296	220,038	219	192.01
192.02 19202 LTC	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 MARKETING	0	18,516	0	18,516	0	194.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	8,451,000	5,574,631	5,726,731	19,752,362	124,409	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet B Part II Date/Time Prepared: 9/21/2022 9:45 am			
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,477,228					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	340,247	0	2,850,817			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	34,896	0	44,577	160,197		8.00
9.00	00900	HOUSEKEEPING	103,946	0	11,265	6,746	150,411	9.00
10.00	01000	DIETARY	0	0	17,232	6,938	927	10.00
11.00	01100	CAFETERIA	99,576	0	97,750	0	5,260	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	44,021	0	111,031	0	5,975	14.00
15.00	01500	PHARMACY	172,464	0	22,857	114	1,230	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	240,430	0	49,972	0	2,689	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	9,501	0	3,160	10	170	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	823,643	0	998,013	78,493	53,708	30.00
31.00	03100	INTENSIVE CARE UNIT	262,271	0	89,972	5,243	4,842	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	41,135	0	26,222	2,280	1,411	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	617,168	0	295,961	17,566	15,927	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	69,130	0	176,784	0	9,514	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	300,437	0	194,029	8,729	10,442	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	45,511	0	24,472	1,294	1,317	57.00
58.00	05800	MRI	25,566	0	11,197	1,629	603	58.00
59.00	05900	CARDIAC CATHETERIZATION	157,679	0	76,643	7,724	4,125	59.00
60.00	06000	LABORATORY	402,678	0	119,654	4	6,439	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,069	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	45,894	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	209,640	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	114,128	0	16,149	0	869	65.00
66.00	06600	PHYSICAL THERAPY	162,539	0	2,214	782	119	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	23,762	0	3,916	1,417	211	68.00
69.00	06900	ELECTROCARDIOLOGY	93,969	0	61,632	0	3,317	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	21,799	0	48,630	0	2,617	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	407,524	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	505,825	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	369,223	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	9,266	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	28,256	0	24,472	0	1,317	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	117,684	0	62,163	0	3,345	90.00
91.00	09100	EMERGENCY	258,709	0	196,903	21,228	10,596	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet B  
Part II  
Date/Time Prepared:  
9/21/2022 9:45 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	150,126	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,310,712	0	2,786,870	160,197	146,970	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,736	0	0	0	0	190.00
191.00	19100	RESEARCH	3,603	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	17,825	0	22,210	0	1,195	192.00
192.01	19201	OTHER NRCC	140,768	0	31,330	0	1,686	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	584	0	10,407	0	560	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,477,228	0	2,850,817	160,197	150,411	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0044		Period: From 09/01/2018 To 08/31/2019		Worksheet B Part II Date/Time Prepared: 9/21/2022 9:45 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	16,751					10.00
11.00	01100	CAFETERIA	0	378,435				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,334	0	0	386,773	14.00
15.00	01500	PHARMACY	0	12,310	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	14,744	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	0	711	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	15,151	135,763	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	626	15,769	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	127	5,084	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	11	42,413	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	452	6,134	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	48	21,113	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	3,016	0	0	0	57.00
58.00	05800	MRI	0	1,816	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	251	15,304	0	0	0	59.00
60.00	06000	LABORATORY	0	25,557	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,982	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,914	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,447	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,088	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	417	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	179,143	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	207,630	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,912	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	3	6,937	0	0	0	90.00
91.00	09100	EMERGENCY	82	27,246	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet B  
Part II  
Date/Time Prepared:  
9/21/2022 9:45 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	12,355	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,751	378,366	0	0	386,773	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NRCC	0	46	0	0	0	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	97,494	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	114,245	378,435	0	0	386,773	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet B Part II Date/Time Prepared: 9/21/2022 9:45 am
-------------------------------------	--	-----------------------	---	--

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED PRGM-PHARMACY RESIDENCY	Subtotal
		15.00	16.00	17.00	23.00	24.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
6.00	00600					6.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
12.00	01200					12.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500	425,883				15.00
16.00	01600	0	401,663			16.00
17.00	01700	0	0	0		17.00
23.00	02300	0	0	0	24,291	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	0	357,943	0		30.00
31.00	03100	0	0	0	4,721,105	31.00
32.00	03200	0	0	0	581,101	32.00
33.00	03300	0	0	0	0	33.00
34.00	03400	0	0	0	0	34.00
40.00	04000	0	0	0	0	40.00
41.00	04100	0	0	0	0	41.00
42.00	04200	0	0	0	0	42.00
43.00	04300	0	0	0	135,064	43.00
44.00	04400	0	0	0	0	44.00
45.00	04500	0	0	0	0	45.00
46.00	04600	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	0	26,233	0		50.00
51.00	05100	0	0	0	2,603,660	51.00
52.00	05200	0	0	0	592,827	52.00
53.00	05300	0	0	0	0	53.00
54.00	05400	0	1,457	0	2,588,152	54.00
55.00	05500	0	0	0	0	55.00
56.00	05600	0	0	0	0	56.00
57.00	05700	0	0	0	122,430	57.00
58.00	05800	0	0	0	62,290	58.00
59.00	05900	0	0	0	568,679	59.00
60.00	06000	0	0	0	841,293	60.00
60.01	06001	0	0	0	0	60.01
61.00	06100	0	0	0	0	61.00
62.00	06200	0	0	0	2,069	62.00
63.00	06300	0	0	0	47,168	63.00
64.00	06400	0	0	0	215,602	64.00
65.00	06500	0	2,040	0	283,164	65.00
66.00	06600	0	1,457	0	832,585	66.00
67.00	06700	0	0	0	0	67.00
68.00	06800	0	0	0	47,526	68.00
69.00	06900	0	1,457	0	452,684	69.00
70.00	07000	0	0	0	160,330	70.00
71.00	07100	0	0	0	586,667	71.00
72.00	07200	0	0	0	713,455	72.00
73.00	07300	425,883	0	0	795,106	73.00
74.00	07400	0	0	0	9,523	74.00
75.00	07500	0	0	0	0	75.00
76.00	03950	0	0	0	0	76.00
76.97	07697	0	0	0	153,561	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	0	0	0	0	88.00
89.00	08900	0	0	0	0	89.00
90.00	09000	0	0	0	917,691	90.00
91.00	09100	0	11,076	0	912,086	91.00
92.00	09200	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400	0	0	0	0	94.00
95.00	09500	0	0	0	0	95.00
96.00	09600	0	0	0	0	96.00
97.00	09700	0	0	0	0	97.00
99.00	09900	0	0	0	0	99.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet B  
Part II  
Date/Time Prepared:  
9/21/2022 9:45 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED PRGM-PHARMACY RESIDENCY	Subtotal	
			15.00	16.00	17.00	23.00	24.00	
99.10	09910	CORF	0	0	0		0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		171,870	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0		0	105.00
106.00	10600	HEART ACQUISITION	0	0	0		0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0		0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0		0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		0	115.00
116.00	11600	HOSPICE	0	0	0		0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	425,883	401,663	0	0	19,117,688	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		3,768	190.00
191.00	19100	RESEARCH	0	0	0		3,722	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		81,245	192.00
192.01	19201	OTHER NRCC	0	0	0		394,087	192.01
192.02	19202	LTC	0	0	0		0	192.02
193.00	19300	NONPAID WORKERS	0	0	0		0	193.00
194.00	07950	MARKETING	0	0	0		30,067	194.00
200.00		Cross Foot Adjustments				24,291	24,291	200.00
201.00		Negative Cost Centers	0	0	0	0	97,494	201.00
202.00		TOTAL (sum lines 118 through 201)	425,883	401,663	0	24,291	19,752,362	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet B  
Part II  
Date/Time Prepared:  
9/21/2022 9:45 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	4,721,105	30.00
31.00	03100	INTENSIVE CARE UNIT	581,101	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	135,064	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	2,603,660	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	592,827	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,588,152	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	122,430	57.00
58.00	05800	MRI	62,290	58.00
59.00	05900	CARDIAC CATHETERIZATION	568,679	59.00
60.00	06000	LABORATORY	841,293	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,069	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	47,168	63.00
64.00	06400	INTRAVENOUS THERAPY	215,602	64.00
65.00	06500	RESPIRATORY THERAPY	283,164	65.00
66.00	06600	PHYSICAL THERAPY	832,585	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	47,526	68.00
69.00	06900	ELECTROCARDIOLOGY	452,684	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	160,330	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	586,667	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	713,455	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	795,106	73.00
74.00	07400	RENAL DIALYSIS	9,523	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03950	NUTRITION/DIABETES	0	76.00
76.97	07697	CARDIAC REHABILITATION	153,561	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	917,691	90.00
91.00	09100	EMERGENCY	912,086	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	96.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet B  
Part II  
Date/Time Prepared:  
9/21/2022 9:45 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	171,870	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	0	19,117,688	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,768	190.00
191.00	19100 RESEARCH	0	3,722	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	81,245	192.00
192.01	19201 OTHER NRCC	0	394,087	192.01
192.02	19202 LTC	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 MARKETING	0	30,067	194.00
200.00	Cross Foot Adjustments	0	24,291	200.00
201.00	Negative Cost Centers	0	97,494	201.00
202.00	TOTAL (sum lines 118 through 201)	0	19,752,362	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet B-1

Date/Time Prepared:  
9/21/2022 9:45 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	460,034				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		11,271,250			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	10,146	1,324	93,551,561		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	24,421	98,040	4,762,211	-58,624,698	205,289,514
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	6,900	4,743,266	2,294,424	0	10,783,690
8.00 00800	LAUNDRY & LINEN SERVICE	6,545	2,518	100,693	0	1,105,999
9.00 00900	HOUSEKEEPING	1,654	11,315	2,001,285	0	3,294,426
10.00 01000	DIETARY	2,530	111,112	976,411	103,107	0
11.00 01100	CAFETERIA	14,352	0	1,453,046	0	3,155,940
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	0	0	0	0	0
14.00 01400	CENTRAL SERVICES & SUPPLY	16,302	45,628	514,344	0	1,395,185
15.00 01500	PHARMACY	3,356	336,986	3,776,390	0	5,466,015
16.00 01600	MEDICAL RECORDS & LIBRARY	7,337	276	3,593,321	0	7,620,116
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
23.00 02300	PARAMEDICAL PRGM-PHARMACY RESIDENCY	464	9,529	205,996	0	301,125
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	146,532	890,053	17,135,070	0	26,106,355
31.00 03100	INTENSIVE CARE UNIT	13,210	68,758	5,538,543	0	8,312,346
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	3,850	21,484	928,304	0	1,303,734
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	43,454	1,962,489	9,674,051	0	19,560,344
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	25,956	28,260	1,331,508	0	2,190,995
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	28,488	1,416,534	4,818,819	0	9,521,977
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	3,593	3,318	688,983	0	1,442,399
58.00 05800	MRI	1,644	1,972	417,065	0	810,267
59.00 05900	CARDIAC CATHETERIZATION	11,253	326,924	3,373,092	0	4,997,434
60.00 06000	LABORATORY	17,568	45,970	4,640,068	0	12,762,367
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	65,576
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	957,858	0	1,454,566
64.00 06400	INTRAVENOUS THERAPY	0	0	4,482,971	0	6,644,277
65.00 06500	RESPIRATORY THERAPY	2,371	35,813	2,375,121	0	3,617,142
66.00 06600	PHYSICAL THERAPY	325	184,717	3,315,945	0	5,151,449
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	575	17,901	533,707	0	753,109
69.00 06900	ELECTROCARDIOLOGY	9,049	174,466	1,976,981	0	2,978,226
70.00 07000	ELECTROENCEPHALOGRAPHY	7,140	0	259,416	0	690,906
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	12,915,952
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	16,031,475
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	11,702,047
74.00 07400	RENAL DIALYSIS	0	0	193,281	0	293,663
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00 03950	NUTRITION/DIABETES	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	3,593	33,470	599,851	0	895,552
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	9,127	318,884	1,723,672	0	3,729,846
91.00 09100	EMERGENCY	28,910	56,879	5,277,426	0	8,199,448
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet B-1

Date/Time Prepared:  
9/21/2022 9:45 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	2,995,533	0	4,758,036	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	450,645	10,947,886	92,915,386	-58,521,591	200,011,984	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	6,771	0	118,412	190.00
191.00 19100 RESEARCH	0	0	89,424	0	114,208	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	3,261	0	375,144	0	564,940	192.00
192.01 19201 OTHER NRCC	4,600	323,364	164,836	0	4,461,454	192.01
192.02 19202 LTC	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 MARKETING	1,528	0	0	0	18,516	194.00
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)	5,574,631	5,726,731	25,563,552		58,624,698	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	12.117867	0.508083	0.273256		0.285571	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			124,409		6,477,228	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001330		0.031552	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: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet B-1

Date/Time Prepared:  
9/21/2022 9:45 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	425,467					6.00
7.00	00700	6,900	418,567				7.00
8.00	00800	6,545	6,545	1,620,975			8.00
9.00	00900	1,654	1,654	68,255	410,368		9.00
10.00	01000	2,530	2,530	70,200	2,530	172,834	10.00
11.00	01100	14,352	14,352	0	14,352	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	0	0	0	0	13.00
14.00	01400	16,302	16,302	0	16,302	0	14.00
15.00	01500	3,673	3,356	1,155	3,356	0	15.00
16.00	01600	7,337	7,337	0	7,337	0	16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02300	147	464	105	464	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	146,715	146,532	794,251	146,532	156,334	30.00
31.00	03100	13,210	13,210	53,048	13,210	6,454	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	3,667	3,850	23,069	3,850	1,308	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	43,454	43,454	177,739	43,454	116	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	25,956	25,956	0	25,956	4,665	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	28,488	28,488	88,328	28,488	494	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	3,593	3,593	13,096	3,593	0	57.00
58.00	05800	1,644	1,644	16,482	1,644	0	58.00
59.00	05900	11,253	11,253	78,156	11,253	2,591	59.00
60.00	06000	17,568	17,568	42	17,568	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	2,371	2,371	0	2,371	0	65.00
66.00	06600	325	325	7,917	325	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	575	575	14,339	575	0	68.00
69.00	06900	9,049	9,049	0	9,049	0	69.00
70.00	07000	7,140	7,140	0	7,140	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	0	0	0	0	0	76.00
76.97	07697	3,593	3,593	0	3,593	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	9,127	9,127	0	9,127	30	90.00
91.00	09100	28,910	28,910	214,793	28,910	842	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
96.00	09600	0	0	0	0	0	96.00
97.00	09700	0	0	0	0	0	97.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet B-1

Date/Time Prepared:  
9/21/2022 9:45 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	416,078	409,178	1,620,975	400,979	172,834	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,261	3,261	0	3,261	0	192.00
192.01	19201	OTHER NRCC	4,600	4,600	0	4,600	0	192.01
192.02	19202	LTC	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MARKETING	1,528	1,528	0	1,528	0	194.00
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)	0	13,863,199	1,638,614	4,358,999	78,526	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	33.120621	1.010882	10.622171	0.454343	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	2,850,817	160,197	150,411	114,245	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	6.810898	0.098828	0.366527	0.096920	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: 15-0044		Period: From 09/01/2018 To 08/31/2019		Worksheet B-1	
Date/Time Prepared: 9/21/2022 9:45 am								
Cost Center	Description	CAFETERIA (PRODUCTIVE HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)		
		11.00	12.00	13.00	14.00	15.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,644,817					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	30,287	0	0	29,863,834		14.00
15.00	01500	PHARMACY	86,029	0	0	0	100	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	103,043	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	4,972	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	948,817	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	110,208	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	35,532	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	296,415	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	42,870	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	147,557	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	21,075	0	0	0	0	57.00
58.00	05800	MRI	12,693	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	106,956	0	0	0	0	59.00
60.00	06000	LABORATORY	178,616	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	83,743	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	34,345	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	10,111	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	49,539	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,915	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,832,359	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,031,475	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	100	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	13,366	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	48,481	0	0	0	0	90.00
91.00	09100	EMERGENCY	190,414	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet B-1

Date/Time Prepared:  
9/21/2022 9:45 am

Cost Center Description		CAFETERIA (PRODUCTIVE HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	86,350	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	2,644,334	0	0	29,863,834	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	160	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 OTHER NRCC	323	0	0	0	0	192.01
192.02	19202 LTC	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 MARKETING	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,684,981	0	0	2,560,354	7,327,309	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.771382	0.000000	0.000000	0.085734	73,273.090000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	378,435	0	0	386,773	425,883	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.143086	0.000000	0.000000	0.012951	4,258.830000	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: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet B-1  
Date/Time Prepared:  
9/21/2022 9:45 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (ASSIGNED TIME)	PARAMED PRGM-PHARMACY RESIDENCY (ASSIGNED TIME)	
		16.00	17.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600	1,378			16.00
17.00	01700	0	0		17.00
23.00	02300	0	0	100	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	1,228	0	100	30.00
31.00	03100	0	0	0	31.00
32.00	03200	0	0	0	32.00
33.00	03300	0	0	0	33.00
34.00	03400	0	0	0	34.00
40.00	04000	0	0	0	40.00
41.00	04100	0	0	0	41.00
42.00	04200	0	0	0	42.00
43.00	04300	0	0	0	43.00
44.00	04400	0	0	0	44.00
45.00	04500	0	0	0	45.00
46.00	04600	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	90	0	0	50.00
51.00	05100	0	0	0	51.00
52.00	05200	0	0	0	52.00
53.00	05300	0	0	0	53.00
54.00	05400	5	0	0	54.00
55.00	05500	0	0	0	55.00
56.00	05600	0	0	0	56.00
57.00	05700	0	0	0	57.00
58.00	05800	0	0	0	58.00
59.00	05900	0	0	0	59.00
60.00	06000	0	0	0	60.00
60.01	06001	0	0	0	60.01
61.00	06100	0	0	0	61.00
62.00	06200	0	0	0	62.00
63.00	06300	0	0	0	63.00
64.00	06400	0	0	0	64.00
65.00	06500	7	0	0	65.00
66.00	06600	5	0	0	66.00
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	5	0	0	69.00
70.00	07000	0	0	0	70.00
71.00	07100	0	0	0	71.00
72.00	07200	0	0	0	72.00
73.00	07300	0	0	0	73.00
74.00	07400	0	0	0	74.00
75.00	07500	0	0	0	75.00
76.00	03950	0	0	0	76.00
76.97	07697	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	0	0	0	90.00
91.00	09100	38	0	0	91.00
92.00	09200	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	0	0	0	94.00
95.00	09500	0	0	0	95.00
96.00	09600	0	0	0	96.00

9/21/2022 9:45 am F:\Final Settlement\150044\_08312019\150044.08312019.A1.mcax



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet B-1

Date/Time Prepared:  
9/21/2022 9:45 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (ASSIGNED TIME)	PARAMED PRGM-PHARMACY RESIDENCY (ASSIGNED TIME)		
		16.00	17.00	23.00		
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
99.00	09900 CMHC	0	0	0		99.00
99.10	09910 CORF	0	0	0		99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500 KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600 HEART ACQUISITION	0	0	0		106.00
107.00	10700 LIVER ACQUISITION	0	0	0		107.00
108.00	10800 LUNG ACQUISITION	0	0	0		108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100 ISLET ACQUISITION	0	0	0		111.00
113.00	11300 INTEREST EXPENSE					113.00
114.00	11400 UTILIZATION REVIEW-SNF					114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600 HOSPICE	0	0	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,378	0	100		118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
191.00	19100 RESEARCH	0	0	0		191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
192.01	19201 OTHER NRCC	0	0	0		192.01
192.02	19202 LTC	0	0	0		192.02
193.00	19300 NONPAID WORKERS	0	0	0		193.00
194.00	07950 MARKETING	0	0	0		194.00
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)	10,299,670	0	416,328		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7,474.361393	0.000000	4,163.280000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	401,663	0	24,291		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	291.482583	0.000000	242.910000		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)			0		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet C Part I Date/Time Prepared: 9/21/2022 9:45 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	52,120,749		52,120,749	195,358	52,316,107	30.00
31.00 03100 INTENSIVE CARE UNIT	11,515,730		11,515,730	0	11,515,730	31.00
32.00 03200 CORONARY CARE UNIT	0		0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0		0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00 04200 SUBPROVIDER	0		0	0	0	42.00
43.00 04300 NURSERY	1,931,307		1,931,307	0	1,931,307	43.00
44.00 04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00 04500 NURSING FACILITY	0		0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0		0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	28,424,493		28,424,493	0	28,424,493	50.00
51.00 05100 RECOVERY ROOM	0		0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,030,127		4,030,127	0	4,030,127	52.00
53.00 05300 ANESTHESIOLOGY	0		0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	13,875,586		13,875,586	0	13,875,586	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00 05600 RADIO SOTOP	0		0	0	0	56.00
57.00 05700 CT SCAN	2,062,044		2,062,044	0	2,062,044	57.00
58.00 05800 MRI	1,152,714		1,152,714	0	1,152,714	58.00
59.00 05900 CARDIAC CATHETERIZATION	7,186,436		7,186,436	0	7,186,436	59.00
60.00 06000 LABORATORY	17,491,841		17,491,841	0	17,491,841	60.00
60.01 06001 BLOOD LABORATORY	0		0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	84,303		84,303	0	84,303	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,869,948		1,869,948	0	1,869,948	63.00
64.00 06400 INTRAVENOUS THERAPY	8,541,690		8,541,690	0	8,541,690	64.00
65.00 06500 RESPIRATORY THERAPY	4,954,469	0	4,954,469	0	4,954,469	65.00
66.00 06600 PHYSICAL THERAPY	6,742,982	0	6,742,982	0	6,742,982	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	1,025,732	0	1,025,732	0	1,025,732	68.00
69.00 06900 ELECTROCARDIOLOGY	4,349,673		4,349,673	0	4,349,673	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,205,696		1,205,696	0	1,205,696	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	17,790,276		17,790,276	0	17,790,276	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	21,984,050		21,984,050	0	21,984,050	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	22,371,121		22,371,121	0	22,371,121	73.00
74.00 07400 RENAL DIALYSIS	377,525		377,525	0	377,525	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00 03950 NUTRITION/DIABETES	0		0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	1,332,139		1,332,139	0	1,332,139	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00 09000 CLINIC	5,280,115		5,280,115	36,398	5,316,513	90.00
91.00 09100 EMERGENCY	12,644,412		12,644,412	16,294	12,660,706	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	11,948,111		11,948,111	0	11,948,111	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0		0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00 09900 CMHC	0		0	0	0	99.00
99.10 09910 CORF	0		0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	6,269,752		6,269,752	0	6,269,752	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0		0	0	0	105.00
106.00 10600 HEART ACQUISITION	0		0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0		0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0		0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0		0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0		0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00
116.00 11600 HOSPICE	0		0	0	0	116.00

9/21/2022 9:45 am F:\FInal Settlement\150044\_08312019\150044.08312019.A1.mcax

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet C  
Part I  
Date/Time Prepared:  
9/21/2022 9:45 am

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)	268,563,021	0	268,563,021	248,050	268,811,071	200.00
201.00	Less Observation Beds	11,948,111		11,948,111		11,948,111	201.00
202.00	Total (see instructions)	256,614,910	0	256,614,910	248,050	256,862,960	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet C  
Part I  
Date/Time Prepared:  
9/21/2022 9:45 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			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	65,251,677		65,251,677		30.00
31.00	03100	INTENSIVE CARE UNIT	31,847,770		31,847,770		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - I PF	0		0		40.00
41.00	04100	SUBPROVIDER - I RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	5,379,081		5,379,081		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	92,780,681	105,069,736	197,850,417	0.143667	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,685,037	1,063,265	7,748,302	0.520130	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,986,657	126,999,350	152,986,007	0.090698	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	32,127,589	68,291,242	100,418,831	0.020534	57.00
58.00	05800	MRI	7,951,942	22,254,577	30,206,519	0.038161	58.00
59.00	05900	CARDIAC CATHETERIZATION	82,145,499	95,218,499	177,363,998	0.040518	59.00
60.00	06000	LABORATORY	68,961,747	93,747,844	162,709,591	0.107503	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,097,329	230,402	1,327,731	0.063494	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,879,898	330,950	5,210,848	0.358857	63.00
64.00	06400	INTRAVENOUS THERAPY	305,325	22,988,458	23,293,783	0.366694	64.00
65.00	06500	RESPIRATORY THERAPY	22,468,043	4,023,686	26,491,729	0.187019	65.00
66.00	06600	PHYSICAL THERAPY	8,975,687	24,364,940	33,340,627	0.202245	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,983,768	955,340	3,939,108	0.260397	68.00
69.00	06900	ELECTROCARDIOLOGY	31,004,202	64,178,057	95,182,259	0.045698	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	448,661	1,686,312	2,134,973	0.564736	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,035,362	20,233,559	46,268,921	0.384497	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	53,044,394	25,063,823	78,108,217	0.281456	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	54,669,496	41,417,695	96,087,191	0.232821	73.00
74.00	07400	RENAL DIALYSIS	1,632,669	0	1,632,669	0.231232	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,373	2,172,922	2,174,295	0.612676	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	1,957,759	16,602,182	18,559,941	0.284490	90.00
91.00	09100	EMERGENCY	25,418,879	84,861,620	110,280,499	0.114657	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,410,470	22,643,056	31,053,526	0.384759	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	6,321,002	6,321,002		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE	0	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	662,450,995	850,718,517	1,513,169,512		200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0044			Period: From 09/01/2018 To 08/31/2019		Worksheet C Part I Date/Time Prepared: 9/21/2022 9:45 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)	662,450,995	850,718,517	1,513,169,512			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet C Part I Date/Time Prepared: 9/21/2022 9:45 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.143667		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.520130		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.090698		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.020534		57.00
58.00	05800	MRI	0.038161		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.040518		59.00
60.00	06000	LABORATORY	0.107503		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.063494		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.358857		63.00
64.00	06400	INTRAVENOUS THERAPY	0.366694		64.00
65.00	06500	RESPIRATORY THERAPY	0.187019		65.00
66.00	06600	PHYSICAL THERAPY	0.202245		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.260397		68.00
69.00	06900	ELECTROCARDIOLOGY	0.045698		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.564736		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.384497		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.281456		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232821		73.00
74.00	07400	RENAL DIALYSIS	0.231232		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950	NUTRITION/DIABETES	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.612676		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.286451		90.00
91.00	09100	EMERGENCY	0.114805		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.384759		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet D Part I Date/Time Prepared: 9/21/2022 9:45 am
--	--	-----------------------	---	---

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	4,721,105	0	4,721,105	59,212	79.73	30.00
31.00	INTENSIVE CARE UNIT	581,101		581,101	5,122	113.45	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	135,064		135,064	2,428	55.63	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	5,437,270		5,437,270	66,762		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	21,765	1,735,323	30.00
31.00	INTENSIVE CARE UNIT	3,841	435,761	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30 through 199)	25,606	2,171,084	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0044		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part II Date/Time Prepared: 9/21/2022 9:45 am	
Cost Center Description			Capital Related Cost (from Wkst. C, Part I, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	PPS Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,603,660	197,850,417	0.013160	40,544,085	533,560	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	592,827	7,748,302	0.076511	27,873	2,133	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,588,152	152,986,007	0.016918	18,244,057	308,653	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	122,430	100,418,831	0.001219	13,668,387	16,662	57.00
58.00	05800	MRI	62,290	30,206,519	0.002062	3,946,883	8,138	58.00
59.00	05900	CARDIAC CATHETERIZATION	568,679	177,363,998	0.003206	39,048,559	125,190	59.00
60.00	06000	LABORATORY	841,293	162,709,591	0.005171	35,494,200	183,541	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	2,069	1,327,731	0.001558	478,803	746	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	47,168	5,210,848	0.009052	2,641,372	23,910	63.00
64.00	06400	INTRAVENOUS THERAPY	215,602	23,293,783	0.009256	77,081	713	64.00
65.00	06500	RESPIRATORY THERAPY	283,164	26,491,729	0.010689	12,421,218	132,770	65.00
66.00	06600	PHYSICAL THERAPY	832,585	33,340,627	0.024972	4,816,670	120,282	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	47,526	3,939,108	0.012065	1,364,929	16,468	68.00
69.00	06900	ELECTROCARDIOLOGY	452,684	95,182,259	0.004756	17,056,771	81,122	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	160,330	2,134,973	0.075097	229,637	17,245	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	586,667	46,268,921	0.012680	11,300,038	143,284	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	713,455	78,108,217	0.009134	25,445,678	232,421	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	795,106	96,087,191	0.008275	26,798,723	221,759	73.00
74.00	07400	RENAL DIALYSIS	9,523	1,632,669	0.005833	880,814	5,138	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	153,561	2,174,295	0.070626	845	60	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	917,691	18,559,941	0.049445	827,567	40,919	90.00
91.00	09100	EMERGENCY	912,086	110,280,499	0.008271	14,084,775	116,495	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,078,221	31,053,526	0.034721	4,724,232	164,030	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50 through 199)	14,586,769	1,404,369,982		274,123,197	2,495,239	200.00



APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0044		Period: From 09/01/2018 To 08/31/2019		Worksheet D Part III Date/Time Prepared: 9/21/2022 9:45 am	
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00	
30.00	03000	ADULTS & PEDIATRICS	0	0	0	416,328	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30 through 199)	0	0	0	416,328	0	200.00
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of col. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00	
30.00	03000	ADULTS & PEDIATRICS	0	416,328	59,212	7.03	21,765	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	5,122	0.00	3,841	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY	0	0	2,428	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	45.00
200.00		Total (lines 30 through 199)	0	416,328	66,762		25,606	200.00
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost				
INPATIENT ROUTINE SERVICE COST CENTERS			9.00	13.00				
30.00	03000	ADULTS & PEDIATRICS	153,008	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
32.00	03200	CORONARY CARE UNIT	0	0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	04000	SUBPROVIDER - IPF	0	0				40.00
41.00	04100	SUBPROVIDER - IRF	0	0				41.00
42.00	04200	SUBPROVIDER	0	0				42.00
43.00	04300	NURSERY	0	0				43.00
44.00	04400	SKILLED NURSING FACILITY	0	0				44.00
45.00	04500	NURSING FACILITY	0	0				45.00
200.00		Total (lines 30 through 199)	153,008	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet D Part IV Date/Time Prepared: 9/21/2022 9:45 am
--	-----------------------	---	--

Cost Center Description	Title XVIII			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	95,083	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
200.00		Total (lines 50 through 199)	0	0	0	95,083	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet D Part IV Date/Time Prepared: 9/21/2022 9:45 am
--	-----------------------	---------------------------------------	---

Cost Center Description	Title XVIII			Hospital	PPS			
	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)			
	4.00	5.00	6.00	7.00	8.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	197,850,417	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	7,748,302	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	152,986,007	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	100,418,831	0.000000	57.00
58.00	05800	MRI	0	0	0	30,206,519	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	177,363,998	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	162,709,591	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	1,327,731	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	5,210,848	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	23,293,783	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	26,491,729	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	33,340,627	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,939,108	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	95,182,259	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,134,973	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	46,268,921	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	78,108,217	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	96,087,191	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,632,669	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
76.00	03950	NUTRITION/DIABETES	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,174,295	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	18,559,941	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	110,280,499	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	95,083	95,083	31,053,526	0.003062	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
200.00		Total (lines 50 through 199)	0	95,083	95,083	1,404,369,982		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet D Part IV Date/Time Prepared: 9/21/2022 9:45 am
--	-----------------------	---	--

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	
Title XVIII							
Hospital							
PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	40,544,085	0	31,664,174	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	27,873	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	18,244,057	0	43,826,955	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	13,668,387	0	18,153,174	0	57.00
58.00	05800 MRI	0.000000	3,946,883	0	6,937,205	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	39,048,559	0	38,285,569	0	59.00
60.00	06000 LABORATORY	0.000000	35,494,200	0	12,386,029	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	478,803	0	95,838	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	2,641,372	0	116,605	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	77,081	0	5,374,069	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	12,421,218	0	1,312,396	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	4,816,670	0	201,862	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	1,364,929	0	75,242	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	17,056,771	0	24,007,965	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	229,637	0	368,039	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	11,300,038	0	6,434,817	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	25,445,678	0	9,366,065	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	26,798,723	0	19,867,445	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	880,814	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950 NUTRITION/DIABETES	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	845	0	1,182,275	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	827,567	0	5,548,975	0	90.00
91.00	09100 EMERGENCY	0.000000	14,084,775	0	17,115,180	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.003062	4,724,232	14,466	5,982,248	18,318	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00	Total (lines 50 through 199)		274,123,197	14,466	248,302,127	18,318	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet D Part IV Date/Time Prepared: 9/21/2022 9:45 am
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost		
	21.00	24.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 NUTRITION/DIABETES	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Total (lines 50 through 199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet D Part V Date/Time Prepared: 9/21/2022 9:45 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.143667	31,664,174	0	0	4,549,097	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.520130	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.090698	43,826,955	0	0	3,975,017	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.020534	18,153,174	0	0	372,757	57.00
58.00	05800	MRI	0.038161	6,937,205	0	0	264,731	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.040518	38,285,569	0	0	1,551,255	59.00
60.00	06000	LABORATORY	0.107503	12,386,029	27,770	0	1,331,535	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.063494	95,838	0	0	6,085	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.358857	116,605	0	0	41,845	63.00
64.00	06400	INTRAVENOUS THERAPY	0.366694	5,374,069	0	0	1,970,639	64.00
65.00	06500	RESPIRATORY THERAPY	0.187019	1,312,396	0	0	245,443	65.00
66.00	06600	PHYSICAL THERAPY	0.202245	201,862	0	0	40,826	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.260397	75,242	0	0	19,593	68.00
69.00	06900	ELECTROCARDIOLOGY	0.045698	24,007,965	0	0	1,097,116	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.564736	368,039	0	0	207,845	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.384497	6,434,817	0	0	2,474,168	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.281456	9,366,065	0	0	2,636,135	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232821	19,867,445	0	199,918	4,625,558	73.00
74.00	07400	RENAL DIALYSIS	0.231232	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950	NUTRITION/DIABETES	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.612676	1,182,275	0	0	724,352	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC						88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000	CLINIC	0.284490	5,548,975	0	35	1,578,628	90.00
91.00	09100	EMERGENCY	0.114657	17,115,180	0	0	1,962,375	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.384759	5,982,248	0	0	2,301,724	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0	0		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		248,302,127	27,770	199,953	31,976,724	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		248,302,127	27,770	199,953	31,976,724	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet D Part V Date/Time Prepared: 9/21/2022 9:45 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	2,985	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	46,545	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950 NUTRITION/DIABETES	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0	10	90.00
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
200.00	Subtotal (see instructions)	2,985	46,555	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	2,985	46,555	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet D-1 Date/Time Prepared: 9/21/2022 9:45 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		59,212	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		59,212	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)		45,689	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)		21,765	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
<b>SWING BED ADJUSTMENT</b>				
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)		52,316,107	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)		52,316,107	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
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)		52,316,107	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		883.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,230,248	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)		19,230,248	41.00



COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet D-1

Date/Time Prepared:  
9/21/2022 9:45 am

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	11,515,730	5,122	2,248.29	3,841	8,635,682	43.00	
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)						40,513,406	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						68,379,336	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)						2,324,092	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						2,509,705	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						4,833,797	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						63,545,539	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)						13,523	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						883.54	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						11,948,111	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0044		Period: From 09/01/2018 To 08/31/2019		Worksheet D-1 Date/Time Prepared: 9/21/2022 9:45 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	4,721,105	52,316,107	0.090242	11,948,111	1,078,221	90.00
91.00	Nursing Program cost	0	52,316,107	0.000000	11,948,111	0	91.00
92.00	Allied health cost	416,328	52,316,107	0.007958	11,948,111	95,083	92.00
93.00	All other Medical Education	0	52,316,107	0.000000	11,948,111	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet D-3 Date/Time Prepared: 9/21/2022 9:45 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		34,570,741	30.00
31.00	03100	INTENSIVE CARE UNIT		15,221,565	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.143667	40,544,085	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.520130	27,873	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.090698	18,244,057	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.020534	13,668,387	57.00
58.00	05800	MRI	0.038161	3,946,883	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.040518	39,048,559	59.00
60.00	06000	LABORATORY	0.107503	35,494,200	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.063494	478,803	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.358857	2,641,372	63.00
64.00	06400	INTRAVENOUS THERAPY	0.366694	77,081	64.00
65.00	06500	RESPIRATORY THERAPY	0.187019	12,421,218	65.00
66.00	06600	PHYSICAL THERAPY	0.202245	4,816,670	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.260397	1,364,929	68.00
69.00	06900	ELECTROCARDIOLOGY	0.045698	17,056,771	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.564736	229,637	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.384497	11,300,038	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.281456	25,445,678	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.232821	26,798,723	73.00
74.00	07400	RENAL DIALYSIS	0.231232	880,814	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	NUTRITION/DIABETES	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.612676	845	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.286451	827,567	90.00
91.00	09100	EMERGENCY	0.114805	14,084,775	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.384759	4,724,232	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		274,123,197	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)		274,123,197	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet E Part A Date/Time Prepared: 9/21/2022 9:45 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
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)		4,616,090	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		53,081,922	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)		3,694,999	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
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		190.81	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.78	30.00
31.00	Percentage of Medicaid patient days (see instructions)		14.12	31.00
32.00	Sum of lines 30 and 31		18.90	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.04	33.00
34.00	Disproportionate share adjustment (see instructions)		726,995	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet E Part A Date/Time Prepared: 9/21/2022 9:45 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
<b>Uncompensated Care Adjustment</b>				
35.00	Total uncompensated care amount (see instructions)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,966,458	2,210,426	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	161,627	2,028,747	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,190,374		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>				
40.00	Total Medicare discharges (see instructions)	0		40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges (see instructions)	0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	64,310,380		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				<b>Amount</b>
				<b>1.00</b>
49.00	Total payment for inpatient operating costs (see instructions)		64,310,380	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,094,054	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		16,490	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		153,008	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		14,466	58.00
59.00	Total (sum of amounts on lines 49 through 58)		69,588,398	59.00
60.00	Primary payer payments		37,580	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		69,550,818	61.00
62.00	Deductibles billed to program beneficiaries		5,703,374	62.00
63.00	Coinurance billed to program beneficiaries		116,064	63.00
64.00	Allowable bad debts (see instructions)		391,738	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		254,630	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		56,313	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		63,986,010	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)		-10,765	70.93
70.94	HRR adjustment amount (see instructions)		-529,667	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet E Part A Date/Time Prepared: 9/21/2022 9:45 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		63,445,578	71.00
71.01	Sequestration adjustment (see instructions)		1,268,912	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		62,382,546	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		-196,616	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-9,264	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	75.00
<b>TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)</b>				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		267,513	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	
<b>HSP Bonus Payment Amount</b>				
100.00	HSP bonus amount (see instructions)		0	100.00
<b>HVBP Adjustment for HSP Bonus Payment</b>				
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
<b>HRR Adjustment for HSP Bonus Payment</b>				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
<b>Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment</b>				
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
<b>Cost Reimbursement</b>				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
<b>Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)</b>				
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
<b>Adjustment to Medicare Part A Inpatient Reimbursement</b>				
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
<b>Comparison of PPS versus Cost Reimbursement</b>				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet DSH Date/Time Prepared: 9/21/2022 9:45 am
---------------------------------------	--	-----------------------	---	---

		Title XVIII			Hospital		PPS	
		Original mcrx Values	Adjusted mcax Values	HFS Look Up	Override Value	Revised Value		
		1.00	2.00	3.00	4.00	5.00		
CALCULATION OF THE DSH PAYMENT PERCENTAGE								
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	4.78	4.78	4.78	0.00	4.78	1.00	
2.00	Percentage of Medicaid patient days to total days (From line 27)	14.12	14.12			14.12	2.00	
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	18.90	18.90			18.90	3.00	
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban	Urban			Urban	4.00	
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	190.81	190.81			190.81	5.00	
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	5.04	0.00			0.00	6.00	
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes	Yes			Yes	7.00	
8.00	S-2, Line 22	Yes	Yes			Yes	8.00	
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes	Yes			No	9.00	
10.00	S-2, Line 45	Yes	Yes			Yes	10.00	
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes	Yes			Yes	11.00	
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	4.78	4.78	4.78	0.00	4.78	12.00	
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No	No			No	13.00	
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00	
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS								
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	1,086	1,086			1,086	15.00	
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	714	714			714	16.00	
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	82	82			82	17.00	
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	79	79			79	18.00	
18.01	N/A	0	0			0	18.01	
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	5,482	5,482			5,482	19.00	
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	119	119			119	20.00	
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	7,562	7,562			7,562	21.00	
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	53,239	53,239			53,239	22.00	
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	303	303			303	23.00	
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00	
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00	
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	53,542	53,542			53,542	26.00	
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	14.12	14.12			14.12	27.00	

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 15-0044		Period: From 09/01/2018 To 08/31/2019		Worksheet DSH Date/Time Prepared: 9/21/2022 9:45 am	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE</b>							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00	False	0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	5.03	True	5.03	True	29.00
30.00	Line 28 or 29 as applicable		5.03		5.03		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>DETERMINATION OF PROVIDER TYPE</b>							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False	False			False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False	False			False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False	False			False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False	False			False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban	Urban			Urban	36.00



CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet DSH Date/Time Prepared: 9/21/2022 9:45 am
		Title XVIII	Hospital	PPS

		Revised Percentage 6.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	5.03	29.00
30.00	Line 28 or 29 as applicable	5.03	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH with less than 100 beds the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00	31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
9/21/2022 9:45 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	4,616,090	0	4,616,090		4,616,090	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	53,081,922	0		53,081,922	53,081,922	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	3,694,999	0	237,929	3,457,070	3,694,999	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0504	0.0504	0.0504	0.0504		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	726,995	0	58,163	668,832	726,995	11.00
11.01	Uncompensated care payments	36.00	2,190,374	0	161,627	2,028,747	2,190,374	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	64,310,380	0	5,073,809	59,236,571	64,310,380	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	64,310,380	0	5,073,809	59,236,571	64,310,380	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,094,054	0	5,517,609	-423,555	5,094,054	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet E  
Part A Exhibit 4  
Date/Time Prepared:  
9/21/2022 9:45 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	10,591,418	58,813,016	69,404,434	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	4,645,385	0	5,018,297	-372,912	4,645,385	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	267,499	0	303,598	-36,099	267,499	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0390	0.0390	0.0390	0.0390		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	181,170	0	195,714	-14,544	181,170	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,094,054	0	5,517,609	-423,555	5,094,054	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet E Part A Exhibit 5 Date/Time Prepared: 9/21/2022 9:45 am
---	-----------------------	---	---

		Title XVIII			Hospital	PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	4,616,090	4,630,268		4,630,268	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	53,081,922		52,893,330	52,893,330	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	3,694,999	237,929	3,361,179	3,599,108	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
<b>Indirect Medical Education Adjustment</b>							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
<b>Disproportionate Share Adjustment</b>							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0504	0.0504	0.0504		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	726,995	58,342	668,653	726,995	11.00
11.01	Uncompensated care payments	36.00	2,190,374	161,627	2,028,747	2,190,374	11.01
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	64,310,380	5,088,166	59,222,214	64,310,380	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	64,310,380	5,088,166	59,222,214	64,310,380	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,094,054	5,517,609	-423,555	5,094,054	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	<b>SUBTOTAL</b>			10,605,775	58,798,659	69,404,434	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet E Part A Exhibit 5 Date/Time Prepared: 9/21/2022 9:45 am
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	4,645,385	5,018,297	-372,912	4,645,385	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	267,499	303,598	-36,099	267,499	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0390	0.0390	0.0390		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	181,170	195,714	-14,544	181,170	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,094,054	5,517,609	-423,555	5,094,054	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-10,765	-2,244	-8,521	-10,765	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-529,667	-37,759	-491,908	-529,667	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet E Part B Date/Time Prepared: 9/21/2022 9:45 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		49,540	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		31,958,406	2.00
3.00	OPPS payments		28,883,468	3.00
4.00	Outlier payment (see instructions)		448,014	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		18,318	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		49,540	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		227,723	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)		227,723	14.00
<b>Customary charges</b>				
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)		227,723	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		178,183	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)		49,540	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)		29,349,800	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		5,772	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		5,591,577	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)		23,801,991	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		23,801,991	30.00
31.00	Primary payer payments		35,166	31.00
32.00	Subtotal (line 30 minus line 31)		23,766,825	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		782,851	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		508,853	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		548,213	36.00
37.00	Subtotal (see instructions)		24,275,678	37.00
38.00	MSP-LCC reconciliation amount from PS&R		767	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		10,250	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		24,274,911	40.00
40.01	Sequestration adjustment (see instructions)		485,498	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		24,151,542	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		-356,963	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		-5,166	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		451,586	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet E Part B Date/Time Prepared: 9/21/2022 9:45 am
		Title XVIII	Hospital	PPS
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0 112.00
				1.00
MEDICARE PART B ANCILLARY COSTS				
200.00	Part B Combined Billed Days			0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0044		Period: From 09/01/2018 To 08/31/2019		Worksheet E-1 Part I Date/Time Prepared: 9/21/2022 9:45 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		62,382,546		24,151,542	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)		62,382,546		24,151,542	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	12/14/2021	46,131		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM	01/31/2020	242,747	01/31/2020	356,940	5.50	
5.51			0	12/14/2021	23	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)		-196,616		-356,963	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		9,264		5,166	6.02	
7.00	Total Medicare program liability (see instructions)		62,176,666		23,789,413	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor	Wisconsin Physician Services		08001		8.00	



CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet E-1 Part II Date/Time Prepared: 9/21/2022 9:45 am
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
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 (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			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
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00
				Overrides
				1.00
<b>CONTRACTOR OVERRIDES</b>				
108.00	Override of HIT payment			108.00

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

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet G

Date/Time Prepared:  
9/21/2022 9:45 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	16,512,104	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	239,109,922	0	0	0	4.00
5.00	Other receivable	411,328	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-187,737,290	0	0	0	6.00
7.00	Inventory	6,601,481	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	1,155,485	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)	76,053,030	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	2,203,652	0	0	0	12.00
13.00	Land improvements	1,133,226	0	0	0	13.00
14.00	Accumulated depreciation	-326,867	0	0	0	14.00
15.00	Buildings	136,841,173	0	0	0	15.00
16.00	Accumulated depreciation	-12,956,511	0	0	0	16.00
17.00	Leasehold improvements	2,966,649	0	0	0	17.00
18.00	Accumulated depreciation	-634,283	0	0	0	18.00
19.00	Fixed equipment	992,221	0	0	0	19.00
20.00	Accumulated depreciation	-327,153	0	0	0	20.00
21.00	Automobiles and trucks	24,095	0	0	0	21.00
22.00	Accumulated depreciation	-4,016	0	0	0	22.00
23.00	Major movable equipment	41,995,438	0	0	0	23.00
24.00	Accumulated depreciation	-18,878,111	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)	153,029,513	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	10,650,872	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	10,650,872	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	239,733,415	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	5,710,723	0	0	0	37.00
38.00	Salaries, wages, and fees payable	13,012,251	0	0	0	38.00
39.00	Payroll taxes payable	2,176,567	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	4,342,528	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	25,242,069	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	-3,766,354	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-3,766,354	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	21,475,715	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	218,257,700				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)	218,257,700	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	239,733,415	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet G-1

Date/Time Prepared:  
9/21/2022 9:45 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		214,692,174		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-14,895,714				2.00
3.00	Total (sum of line 1 and line 2)		199,796,460		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		199,796,460		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		199,796,460		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
9/21/2022 9:45 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Services</b>					
1.00	Hospital	65,251,675		65,251,675	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	65,251,675		65,251,675	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
11.00	INTENSIVE CARE UNIT	31,847,770		31,847,770	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	31,847,770		31,847,770	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	97,099,445		97,099,445	17.00
18.00	Ancillary services	524,185,360	720,260,657	1,244,446,017	18.00
19.00	Outpatient services	35,787,108	124,106,859	159,893,967	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		6,321,002	6,321,002	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	NURSERY	5,379,081	0	5,379,081	27.00
27.01	OTHER NRCC	306	4,389	4,695	27.01
27.02	PHYSICIAN & PROFESSIONAL	0	770,915	770,915	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	662,451,300	851,463,822	1,513,915,122	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		287,063,389		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	BHMG	18,492,451			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)		18,492,451		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)		305,555,840		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0044

Period:  
From 09/01/2018  
To 08/31/2019

Worksheet G-3

Date/Time Prepared:  
9/21/2022 9:45 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,513,915,122	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,226,319,318	2.00
3.00	Net patient revenues (line 1 minus line 2)	287,595,804	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	305,555,840	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-17,960,036	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	3,064,322	24.00
24.01	GRANT REVENUE	0	24.01
24.02	LOSS GAIN ON DISPOSAL OF ASSETS	0	24.02
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	3,064,322	25.00
26.00	Total (line 5 plus line 25)	-14,895,714	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-14,895,714	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0044

Period: From 09/01/2018

Worksheet H

HHA CCN: 15-7152

To 08/31/2019

Date/Time Prepared: 9/21/2022 9:45 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	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		5,405	5,405	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	236,630	0	0	236,630	4.00
5.00	Administrative and General	2,995,533	71,962	384,149	885,256	4,336,900	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	113,872	113,872	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,995,533	308,592	384,149	1,004,533	4,692,807	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	5,405	0	5,405		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	236,630	0	236,630		4.00
5.00	Administrative and General	-2,195,918	2,140,982	-753,317	1,387,665		5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	985,610	985,610	0	985,610		6.00
7.00	Physical Therapy	820,269	820,269	0	820,269		7.00
8.00	Occupational Therapy	197,575	197,575	0	197,575		8.00
9.00	Speech Pathology	101,848	101,848	0	101,848		9.00
10.00	Medical Social Services	50,095	50,095	0	50,095		10.00
11.00	Home Health Aide	40,520	40,520	0	40,520		11.00
12.00	Supplies (see instructions)	0	113,872	0	113,872		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	-1	4,692,806	-753,317	3,939,489		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable. 9/21/2022 9:45 am F:\Final Settlement\150044\_08312019\150044.08312019.A1.mcx

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet H-1 Part I Date/Time Prepared: 9/21/2022 9:45 am
		HHA CCN: 15-7152	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (col s. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
	0	1.00	2.00	3.00	4.00	4A.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	5,405		5,405		0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	236,630	0	0	236,630	0	4.00
5.00	Administrative and General	1,387,665	0	5,405	0	1,393,070	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	985,610	0	0	109,898	1,095,508	6.00
7.00	Physical Therapy	820,269	0	0	78,659	898,928	7.00
8.00	Occupational Therapy	197,575	0	0	20,794	218,369	8.00
9.00	Speech Pathology	101,848	0	0	8,820	110,668	9.00
10.00	Medical Social Services	50,095	0	0	2,423	52,518	10.00
11.00	Home Health Aide	40,520	0	0	16,036	56,556	11.00
12.00	Supplies (see instructions)	113,872	0	0	0	113,872	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,939,489	0	5,405	236,630	3,939,489	24.00
		Administrative & General	Total (col s. 4A + 5)				
		5.00	6.00				

<b>GENERAL SERVICE COST CENTERS</b>							
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	1,393,070					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	599,320	1,694,828				6.00
7.00	Physical Therapy	491,777	1,390,705				7.00
8.00	Occupational Therapy	119,463	337,832				8.00
9.00	Speech Pathology	60,543	171,211				9.00
10.00	Medical Social Services	28,731	81,249				10.00
11.00	Home Health Aide	30,940	87,496				11.00
12.00	Supplies (see instructions)	62,296	176,168				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Tel emedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		3,939,489				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 15-0044

Period: From 09/01/2018

Worksheet H-1

HHA CCN: 15-7152

To 08/31/2019

Part II  
Date/Time Prepared:  
9/21/2022 9:45 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					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		5,405		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	32,625		4.00
5.00	Administrative and General	0	5,405	0	0	-1,393,070	2,546,419
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	15,152	0	1,095,508
7.00	Physical Therapy	0	0	0	10,845	0	898,928
8.00	Occupational Therapy	0	0	0	2,867	0	218,369
9.00	Speech Pathology	0	0	0	1,216	0	110,668
10.00	Medical Social Services	0	0	0	334	0	52,518
11.00	Home Health Aide	0	0	0	2,211	0	56,556
12.00	Supplies (see instructions)	0	0	0	0	0	113,872
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	5,405	0	32,625	-1,393,070	2,546,419
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	5,405	0	236,630		1,393,070
26.00	Unit Cost Multiplier	0.000000	1.000000	0.000000	7.253027		0.547070



ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0044

Period: From 09/01/2018

Worksheet H-2

HHA CCN: 15-7152

To 08/31/2019

Part I  
Date/Time Prepared:  
9/21/2022 9:45 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	0	0	242,102	242,102	69,137	1.00
2.00 Skilled Nursing Care	1,694,828	0	0	269,170	1,963,998	560,862	2.00
3.00 Physical Therapy	1,390,705	0	0	210,128	1,600,833	457,151	3.00
4.00 Occupational Therapy	337,832	0	0	50,422	388,254	110,874	4.00
5.00 Speech Pathology	171,211	0	0	25,210	196,421	56,092	5.00
6.00 Medical Social Services	81,249	0	0	8,818	90,067	25,721	6.00
7.00 Home Health Aide	87,496	0	0	12,697	100,193	28,612	7.00
8.00 Supplies (see instructions)	176,168	0	0	0	176,168	50,308	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)	3,939,489	0	0	818,547	4,758,036	1,358,757	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	6.00	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	0	0	0	0	0	50,724	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	48,938	2.00
3.00 Physical Therapy	0	0	0	0	0	31,153	3.00
4.00 Occupational Therapy	0	0	0	0	0	9,220	4.00
5.00 Speech Pathology	0	0	0	0	0	4,326	5.00
6.00 Medical Social Services	0	0	0	0	0	3,385	6.00
7.00 Home Health Aide	0	0	0	0	0	5,213	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	152,959	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: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet H-2 Part I Date/Time Prepared: 9/21/2022 9:45 am
		HHA CCN: 15-7152	Home Health Agency I	PPS

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		PARAMED PRGM-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		23.00	24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	361,963	0	361,963			1.00
2.00	Skilled Nursing Care	0	2,573,798	0	2,573,798	157,693	2,731,491	2.00
3.00	Physical Therapy	0	2,089,137	0	2,089,137	127,999	2,217,136	3.00
4.00	Occupational Therapy	0	508,348	0	508,348	31,146	539,494	4.00
5.00	Speech Pathology	0	256,839	0	256,839	15,736	272,575	5.00
6.00	Medical Social Services	0	119,173	0	119,173	7,302	126,475	6.00
7.00	Home Health Aide	0	134,018	0	134,018	8,211	142,229	7.00
8.00	Supplies (see instructions)	0	226,476	0	226,476	13,876	240,352	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	6,269,752	0	6,269,752	361,963	6,269,752	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.					0.061269		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: 15-0044 HHA CCN: 15-7152	Period: From 09/01/2018 To 08/31/2019	Worksheet H-2 Part II Date/Time Prepared: 9/21/2022 9:45 am PPS
		Home Health Agency I	

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation 5A	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	0	0	885,991	0	242,102	0	1.00
2.00 Skilled Nursing Care	0	0	985,048	0	1,963,998	0	2.00
3.00 Physical Therapy	0	0	768,979	0	1,600,833	0	3.00
4.00 Occupational Therapy	0	0	184,524	0	388,254	0	4.00
5.00 Speech Pathology	0	0	92,257	0	196,421	0	5.00
6.00 Medical Social Services	0	0	32,270	0	90,067	0	6.00
7.00 Home Health Aide	0	0	46,464	0	100,193	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	176,168	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	2,995,533		4,758,036	0	20.00
21.00 Total cost to be allocated	0	0	818,547		1,358,757	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.273256		0.285571	0.000000	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
	7.00	8.00	9.00	10.00	11.00	12.00	
1.00 Administrative and General	0	0	0	0	28,635	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	27,627	0	2.00
3.00 Physical Therapy	0	0	0	0	17,587	0	3.00
4.00 Occupational Therapy	0	0	0	0	5,205	0	4.00
5.00 Speech Pathology	0	0	0	0	2,442	0	5.00
6.00 Medical Social Services	0	0	0	0	1,911	0	6.00
7.00 Home Health Aide	0	0	0	0	2,943	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	86,350	0	20.00
21.00 Total cost to be allocated	0	0	0	0	152,959	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	1.771384	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet H-2 Part II Date/Time Prepared: 9/21/2022 9:45 am
	HHA CCN: 15-7152	Home Health Agency I	PPS

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

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0044 HHA CCN: 15-7152	Period: From 09/01/2018 To 08/31/2019	Worksheet H-3 Part I Date/Time Prepared: 9/21/2022 9:45 am
				Title XVIII	Home Health Agency I	PPS

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 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	2,731,491		2,731,491	15,152	180.27	1.00
2.00	Physical Therapy	3.00	2,217,136	0	2,217,136	10,845	204.44	2.00
3.00	Occupational Therapy	4.00	539,494	0	539,494	2,867	188.17	3.00
4.00	Speech Pathology	5.00	272,575	0	272,575	1,216	224.16	4.00
5.00	Medical Social Services	6.00	126,475		126,475	334	378.67	5.00
6.00	Home Health Aide	7.00	142,229		142,229	2,211	64.33	6.00
7.00	Total (sum of lines 1-6)		6,029,400	0	6,029,400	32,625		7.00

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

Limitation Cost Computation							
8.00	Skilled Nursing Care		31140	0	9,802		8.00
8.01	Skilled Nursing Care		99915	0	405		8.01
9.00	Physical Therapy		31140	0	6,450		9.00
9.01	Physical Therapy		99915	0	288		9.01
10.00	Occupational Therapy		31140	0	1,891		10.00
10.01	Occupational Therapy		99915	0	76		10.01
11.00	Speech Pathology		31140	0	762		11.00
11.01	Speech Pathology		99915	0	25		11.01
12.00	Medical Social Services		31140	0	225		12.00
12.01	Medical Social Services		99915	0	13		12.01
13.00	Home Health Aide		31140	0	1,974		13.00
13.01	Home Health Aide		99915	0	19		13.01
14.00	Total (sum of lines 8-13)			0	21,930		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 (col. 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	240,352	0	240,352	148,151	1.622345	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

Cost Center Description	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

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	10,207		0	1,840,016	1.00
2.00	Physical Therapy	0	6,738		0	1,377,517	2.00
3.00	Occupational Therapy	0	1,967		0	370,130	3.00
4.00	Speech Pathology	0	787		0	176,414	4.00
5.00	Medical Social Services	0	238		0	90,123	5.00
6.00	Home Health Aide	0	1,993		0	128,210	6.00
7.00	Total (sum of lines 1-6)	0	21,930		0	3,982,410	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0044	Period: From 09/01/2018	Worksheet H-3
				HHA CCN: 15-7152	To 08/31/2019	Part I
				Title XVIII	Home Health Agency I	Date/Time Prepared: 9/21/2022 9:45 am
						PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00

Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00	

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	160,151	0	0	259,820	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	1,840,016	1.00
2.00	Physical Therapy	1,377,517	2.00
3.00	Occupational Therapy	370,130	3.00
4.00	Speech Pathology	176,414	4.00
5.00	Medical Social Services	90,123	5.00
6.00	Home Health Aide	128,210	6.00
7.00	Total (sum of lines 1-6)	3,982,410	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: 15-0044 HHA CCN: 15-7152	Period: From 09/01/2018 To 08/31/2019	Worksheet H-3 Part II Date/Time Prepared: 9/21/2022 9:45 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	
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>						
1.00	Physical Therapy	66.00	0.202245	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.000000	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.260397	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.384497	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.232821	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0044 HHA CCN: 15-7152	Period: From 09/01/2018 To 08/31/2019	Worksheet H-4 Part I-II Date/Time Prepared: 9/21/2022 9:45 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	
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
<b>Customary Charges</b>					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	8,229	0	9.00
			Part A Services	Part B Services	
			1.00	2.00	
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>					
10.00	Total reasonable cost (see instructions)		0	-8,229	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	3,721,190	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	96,019	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	70,610	13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	38,477	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	12,600	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	947	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	3,931,614	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		0	3,931,614	24.00
25.00	Coinurance billed to program patients (from your records)		0	0	25.00
26.00	Net cost (line 24 minus line 25)		0	3,931,614	26.00
27.00	Reimbursable bad debts (from your records)		0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	3,931,614	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0	30.50
30.99	Demonstration payment adjustment amount before sequestration		0	0	30.99
31.00	Subtotal (see instructions)		0	3,931,614	31.00
31.01	Sequestration adjustment (see instructions)		0	78,632	31.01
31.02	Demonstration payment adjustment amount after sequestration		0	0	31.02
31.75	Sequestration adjustment for non-claims based amounts (see instructions)		0	0	31.75
32.00	Interim payments (see instructions)		0	3,852,981	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	1	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0	35.00



ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet H-5
	HHA CCN: 15-7152	Home Health Agency I	Date/Time Prepared: 9/21/2022 9:45 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		3,852,981	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		3,852,981	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		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		3,852,982	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor	Wisconsin Physician Services		08001		8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0044	Period: From 09/01/2018 To 08/31/2019	Worksheet L Parts I-III Date/Time Prepared: 9/21/2022 9:45 am
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		4,645,385	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		267,499	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)		140.04	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.78	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		14.12	8.00
9.00	Sum of lines 7 and 8		18.90	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.90	10.00
11.00	Disproportionate share adjustment (see instructions)		181,170	11.00
12.00	Total prospective capital payments (see instructions)		5,094,054	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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