

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0162	Period: From 10/01/2018 To 09/30/2019	Worksheet S Parts I-III Date/Time Prepared: 2/19/2020 4:14 pm
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PART I - COST REPORT STATUS

Provider use only

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

Contractor use only

5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended

6. Date Received:
 7. Contractor No.

8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 2/19/2020 Time: 4:14 pm

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. JOSEPH MEDICAL CENTER (14-0162) for the cost reporting period beginning 10/01/2018 and ending 09/30/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) _____
 Officer or Administrator of Provider(s)

 Title

 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-234,006	-75,308	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
200.00 Total	0	-234,006	-75,308	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0162		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 2/19/2020 4:14 pm				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 2200 E WASHINGTON	PO Box:	Zip Code: 61701		County: MCLEAN				1.00	
2.00	City: BLOOMINGTON	State: IL							2.00	
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
V		XVIII		XIX						
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ST. JOSEPH MEDICAL CENTER	140162	14060	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	ST. JOSEPH MEDICAL CENTER	145590	14060		01/01/1988	N	P	O	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									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
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)					10/01/2018	09/30/2019		20.00	
21.00	Type of Control (see instructions)					1			21.00	
						1.00	2.00	3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				N	N		N	22.03	
23.00	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.									
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	
		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.	689	464	0	0	2,736	57		24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0162		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 2/19/2020 4:14 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
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	0	25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	Y	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	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
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				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 §413.85? (see instructions)					N		60.00	

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet S-2
Part I
Date/Time Prepared:
2/19/2020 4:14 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00	
						1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.					N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)						0	71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0162	Period: From 10/01/2018 To 09/30/2019	Worksheet S-2 Part I Date/Time Prepared: 2/19/2020 4:14 pm	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	567,575	0	1,359,982	118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		149006	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0162		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 2/19/2020 4:14 pm	
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: OSF HEALTHCARE SYSTEM	Contractor's Name: WPS		Contractor's Number: 06101		141.00	
142.00	Street: 800 NE GLEN OAK AVE	PO Box:				142.00	
143.00	City: PEORIA	State: IL		Zip Code: 61603		143.00	
144.00 Are provider based physicians' costs included in Worksheet A?							
						1.00	144.00
						Y	
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.							
						1.00	145.00
						N	
146.00 Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							
						2.00	146.00
						N	
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							
						1.00	147.00
						N	
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							
						2.00	148.00
						N	
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							
						3.00	149.00
						N	
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)							
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
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.						1.00	165.00
						N	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
166.00							
						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.						1.00	167.00
						Y	
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)						2.00	168.00
						0	
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)						3.00	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)						4.00	169.00
						9.99	
						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)						3.00	170.00
						10/01/2018	09/30/2019
						1.00	
						2.00	
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						3.00	171.00
						N	0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0162		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part II Date/Time Prepared: 2/19/2020 4:14 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	01/29/2020			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y			15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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	12/13/2019	Y	12/13/2019		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0162	Period: From 10/01/2018 To 09/30/2019	Worksheet S-2 Part II Date/Time Prepared: 2/19/2020 4:14 pm	
		Description	Y/N	Y/N	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	0	1.00	3.00	20.00
			N	N	
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			Y	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			Y	40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MARLIN		SILVER	41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF HEALTHCARE SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(309) 624-2870		MARLIN.SILVER@OSFHEALTHCARE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet S-2
Part II
Date/Time Prepared:
2/19/2020 4:14 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	GOVT REPORTING SENIOR ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet S-3
Part I
Date/Time Prepared:
2/19/2020 4:14 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	137	50,005	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)		137	50,005	0.00	0	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	43.00				0	13.00
14.00 Total (see instructions)		137	50,005	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	7	2,709		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		144			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet S-3
Part I
Date/Time Prepared:
2/19/2020 4:14 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	11,902	497	28,210			1.00
2.00 HMO and other (see instructions)	5,356	3,200				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	11,902	497	28,210			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		192	1,860			13.00
14.00 Total (see instructions)	11,902	689	30,070	0.00	790.29	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	899	0	1,492	0.00	11.67	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	801.96	27.00
28.00 Observation Bed Days		533	3,369			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	57	205			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet S-3
Part I
Date/Time Prepared:
2/19/2020 4:14 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,916	174	7,154	1.00
2.00 HMO and other (see instructions)			1,179	1,451		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	2,916	174	7,154	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 14-0162		Period: From 10/01/2018 To 09/30/2019		Worksheet S-3 Part II Date/Time Prepared: 2/19/2020 4:14 pm	
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	48,900,427	236,506	49,136,933	1,576,865.00	31.16	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		424,660	0	424,660	1,968.00	215.78	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		316,879	0	316,879	1,258.00	251.89	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	662,175	3,622	665,797	23,273.00	28.61	9.00
10.00	Excluded area salaries (see instructions)		830,390	9,759	840,149	40,044.00	20.98	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		1,764,550	0	1,764,550	17,427.00	101.25	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		448,111	0	448,111	1,829.00	245.00	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		10,473,014	0	10,473,014	286,562.00	36.55	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		13,001,228	0	13,001,228			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		498,543	0	498,543			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		53,716	0	53,716			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		38,935	0	38,935			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		3,369,830	0	3,369,830			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	4,434,028	24,252	4,458,280	101,241.00	44.04	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet S-3
Part II
Date/Time Prepared:
2/19/2020 4:14 pm

		Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		986,575	0	986,575	10,265.00	96.11	28.00
29.00	Maintenance & Repairs	6.00	929,079	5,082	934,161	40,543.00	23.04	29.00
30.00	Operation of Plant	7.00	404,348	2,212	406,560	14,199.00	28.63	30.00
31.00	Laundry & Linen Service	8.00	32,149	176	32,325	2,321.00	13.93	31.00
32.00	Housekeeping	9.00	1,405,105	6,064	1,411,169	95,583.00	14.76	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	872,983	-394,011	478,972	26,645.00	17.98	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	105,899	399,365	505,264	30,752.00	16.43	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	840,834	4,599	845,433	21,117.00	40.04	38.00
39.00	Central Services and Supply	14.00	121,742	666	122,408	8,311.00	14.73	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	926,810	5,031	931,841	35,137.00	26.52	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: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet S-3
Part III
Date/Time Prepared:
2/19/2020 4:14 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	49,570,123	236,506	49,806,629	1,585,872.00	31.41	1.00
2.00	Excluded area salaries (see instructions)	1,492,565	13,381	1,505,946	63,317.00	23.78	2.00
3.00	Subtotal salaries (line 1 minus line 2)	48,077,558	223,125	48,300,683	1,522,555.00	31.72	3.00
4.00	Subtotal other wages & related costs (see inst.)	12,685,675	0	12,685,675	305,818.00	41.48	4.00
5.00	Subtotal wage-related costs (see inst.)	16,424,774	0	16,424,774	0.00	34.01	5.00
6.00	Total (sum of lines 3 thru 5)	77,188,007	223,125	77,411,132	1,828,373.00	42.34	6.00
7.00	Total overhead cost (see instructions)	11,059,552	53,436	11,112,988	386,114.00	28.78	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0162	Period: From 10/01/2018 To 09/30/2019	Worksheet S-3 Part IV Date/Time Prepared: 2/19/2020 4:14 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,705,976	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		390,132	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		8,473,328	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		30,954	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		2,874,307	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		7,011	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		110,714	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		13,592,422	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 14-0162	Period: From 10/01/2018 To 09/30/2019	Worksheet S-3 Part V Date/Time Prepared: 2/19/2020 4:14 pm
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	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet S-7

Date/Time Prepared:
2/19/2020 4:14 pm

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	0	0	0	3.00
4.00		RUL	0	0	0	4.00
5.00		RVX	0	0	0	5.00
6.00		RVL	0	0	0	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	0	0	0	8.00
9.00		RMX	0	0	0	9.00
10.00		RML	33	0	33	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	0	0	0	12.00
13.00		RUB	0	0	0	13.00
14.00		RUA	0	0	0	14.00
15.00		RVC	0	0	0	15.00
16.00		RVB	0	0	0	16.00
17.00		RVA	0	0	0	17.00
18.00		RHC	0	0	0	18.00
19.00		RHB	0	0	0	19.00
20.00		RHA	368	0	368	20.00
21.00		RMC	42	0	42	21.00
22.00		RMB	0	0	0	22.00
23.00		RMA	201	0	201	23.00
24.00		RLB	0	0	0	24.00
25.00		RLA	0	0	0	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	0	0	0	27.00
28.00		ES1	0	0	0	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	0	0	0	30.00
31.00		HD2	0	0	0	31.00
32.00		HD1	0	0	0	32.00
33.00		HC2	0	0	0	33.00
34.00		HC1	0	0	0	34.00
35.00		HB2	0	0	0	35.00
36.00		HB1	25	0	25	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	0	0	0	38.00
39.00		LD2	0	0	0	39.00
40.00		LD1	0	0	0	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	0	0	0	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	24	0	24	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	40	0	40	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	16	0	16	50.00
51.00		CB2	14	0	14	51.00
52.00		CB1	61	0	61	52.00
53.00		CA2	4	0	4	53.00
54.00		CA1	3	0	3	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	8	0	8	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet S-7

Date/Time Prepared:
2/19/2020 4:14 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	1	0	1	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	12	0	12	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	47	0	47	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		899	0	899	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	

201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	14060	14060	201.00
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		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)					
202.00	Staffing	662,175	61.18	Y	202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	1,082,288			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 14-0162	Period: From 10/01/2018 To 09/30/2019	Worksheet S-10 Date/Time Prepared: 2/19/2020 4:14 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.179294	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			14,576,718	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			Y	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			112,915,859	6.00
7.00	Medicaid cost (line 1 times line 6)			20,245,136	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)			5,668,418	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)			5,668,418	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)	9,146,926	5,480,991	14,627,917	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,639,989	5,480,991	7,120,980	21.00
22.00	Payments received from patients for amounts previously written off as charity care	39,163	0	39,163	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,600,826	5,480,991	7,081,817	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)			15,985,245	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			495,700	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			762,616	27.01
28.00	Non-Medicare bad debt expense (see instructions)			15,222,629	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,996,242	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			10,078,059	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			15,746,477	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet A
Date/Time Prepared:
2/19/2020 4:14 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		2,708,457	2,708,457	106,912	2,815,369	1.00
2.00	00200		3,051,566	3,051,566	1,301,075	4,352,641	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	0	13,880,200	13,880,200	2,373,641	16,253,841	4.00
5.00	00500	4,434,028	33,053,383	37,487,411	-4,629,624	32,857,787	5.00
6.00	00600	929,079	2,855,739	3,784,818	-943,302	2,841,516	6.00
7.00	00700	404,348	1,469,147	1,873,495	2,212	1,875,707	7.00
8.00	00800	32,149	382,947	415,096	176	415,272	8.00
9.00	00900	1,405,105	176,081	1,581,186	7,181	1,588,367	9.00
10.00	01000	872,983	522,088	1,395,071	-645,062	750,009	10.00
11.00	01100	105,899	3,587	109,486	618,107	727,593	11.00
13.00	01300	840,834	286,883	1,127,717	1,745	1,129,462	13.00
14.00	01400	121,742	5,532	127,274	666	127,940	14.00
16.00	01600	926,810	161,143	1,087,953	5,069	1,093,022	16.00
17.00	01700	0	0	0	1,151,637	1,151,637	17.00
22.00	02200	0	239,731	239,731	0	239,731	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	15,003,336	7,194,067	22,197,403	-2,069,043	20,128,360	30.00
43.00	04300	0	0	0	457,275	457,275	43.00
44.00	04400	662,175	39,179	701,354	3,622	704,976	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,954,731	11,088,262	14,042,993	-8,587,722	5,455,271	50.00
51.00	05100	460,095	5,405	465,500	2,516	468,016	51.00
52.00	05200	0	55	55	1,597,791	1,597,846	52.00
53.00	05300	0	3,008,243	3,008,243	-643	3,007,600	53.00
54.00	05400	1,339,118	331,239	1,670,357	-197,687	1,472,670	54.00
54.10	03440	290,012	68,845	358,857	120,470	479,327	54.10
54.20	03630	517,193	84,529	601,722	152,249	753,971	54.20
54.30	05401	354,036	62,717	416,753	-33,167	383,586	54.30
56.00	05600	211,256	463,459	674,715	96,332	771,047	56.00
57.00	05700	550,891	318,340	869,231	122,207	991,438	57.00
58.00	05800	226,537	666,322	892,859	1,239	894,098	58.00
59.00	05900	825,238	2,736,557	3,561,795	-2,679,971	881,824	59.00
60.00	06000	2,330,609	1,424,436	3,755,045	193,763	3,948,808	60.00
63.00	06300	0	661,012	661,012	0	661,012	63.00
64.00	06400	248,669	15,393	264,062	1,360	265,422	64.00
65.00	06500	912,335	259,756	1,172,091	3,919	1,176,010	65.00
66.00	06600	2,496,104	629,921	3,126,025	-12,997	3,113,028	66.00
67.00	06700	587,960	2,049	590,009	100,383	690,392	67.00
68.00	06800	353,080	234,067	587,147	39,547	626,694	68.00
69.00	06900	286,907	22,045	308,952	-899	308,053	69.00
70.00	07000	529,920	151,704	681,624	-79,193	602,431	70.00
71.00	07100	0	821,754	821,754	4,832,887	5,654,641	71.00
72.00	07200	0	0	0	6,673,510	6,673,510	72.00
73.00	07300	1,603,428	8,480,758	10,084,186	276,849	10,361,035	73.00
74.00	07400	0	586,448	586,448	0	586,448	74.00
76.00	03330	0	629,078	629,078	0	629,078	76.00
76.20	03951	433,793	190,326	624,119	-4,927	619,192	76.20
76.97	07697	196,507	16,652	213,159	-27,932	185,227	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	376,698	786,279	1,162,977	-40	1,162,937	90.00
91.00	09100	4,246,432	6,340,362	10,586,794	-319,627	10,267,167	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		48,070,037	106,115,743	154,185,780	12,504	154,198,284	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	195,221	215,615	410,836	-18,410	392,426	190.00
192.00	19200	184,028	0	184,028	1,007	185,035	192.00
192.10	19201	21,727	21,683	43,410	119	43,529	192.10
192.20	19202	208,160	292,591	500,751	1,139	501,890	192.20
192.30	19203	221,254	116,943	338,197	-2,020	336,177	192.30
192.40	19204	0	0	0	0	0	192.40
192.60	19205	0	0	0	5,661	5,661	192.60
200.00		48,900,427	106,762,575	155,663,002	0	155,663,002	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet A
Date/Time Prepared:
2/19/2020 4:14 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,072,152	5,887,521	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,513,729	6,866,370	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-323,927	15,929,914	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-15,347,661	17,510,126	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	2,841,516	6.00
7.00	00700	OPERATION OF PLANT	0	1,875,707	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	415,272	8.00
9.00	00900	HOUSEKEEPING	0	1,588,367	9.00
10.00	01000	DIETARY	0	750,009	10.00
11.00	01100	CAFETERIA	-513,964	213,629	11.00
13.00	01300	NURSING ADMINISTRATION	856,126	1,985,588	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	127,940	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-49,228	1,043,794	16.00
17.00	01700	SOCIAL SERVICE	-236,134	915,503	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-239,731	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,535,302	17,593,058	30.00
43.00	04300	NURSERY	0	457,275	43.00
44.00	04400	SKILLED NURSING FACILITY	0	704,976	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-288,789	5,166,482	50.00
51.00	05100	RECOVERY ROOM	0	468,016	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,597,846	52.00
53.00	05300	ANESTHESIOLOGY	-2,729,902	277,698	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,124	1,514,794	54.00
54.10	03440	MAMMOGRAPHY	0	479,327	54.10
54.20	03630	ULTRA SOUND	0	753,971	54.20
54.30	05401	ECHOCARDIOLOGY	-6,560	377,026	54.30
56.00	05600	RADIOISOTOPE	0	771,047	56.00
57.00	05700	CT SCAN	0	991,438	57.00
58.00	05800	MRI	0	894,098	58.00
59.00	05900	CARDIAC CATHETERIZATION	-5,074	876,750	59.00
60.00	06000	LABORATORY	-50,970	3,897,838	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	661,012	63.00
64.00	06400	INTRAVENOUS THERAPY	0	265,422	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,176,010	65.00
66.00	06600	PHYSICAL THERAPY	-300	3,112,728	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	690,392	67.00
68.00	06800	SPEECH PATHOLOGY	-365	626,329	68.00
69.00	06900	ELECTROCARDIOLOGY	0	308,053	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-210	602,221	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,114	5,669,755	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,673,510	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,361,035	73.00
74.00	07400	RENAL DIALYSIS	0	586,448	74.00
76.00	03330	ENDOSCOPY	70,079	699,157	76.00
76.20	03951	PAIN CLINIC	-1,269	617,923	76.20
76.97	07697	CARDIAC REHABILITATION	-31,825	153,402	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-5,711	1,157,226	90.00
91.00	09100	EMERGENCY	-5,591,238	4,675,929	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-21,388,836	132,809,448	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	392,426	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	185,035	192.00
192.10	19201	CARDIOLOGY CLINIC	0	43,529	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	501,890	192.20
192.30	19203	MCLEAN CO EMS	0	336,177	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	5,661	192.60
200.00		TOTAL (SUM OF LINES 118 through 199)	-21,388,836	134,274,166	200.00

RECLASSIFICATIONS

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-6

Date/Time Prepared:
2/19/2020 4:14 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DEPRECIATION RECLASS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,235,519	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
0			0	1,235,519	
B - PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	153,772	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
0			0	153,772	
C - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	398,786	238,494	1.00
0			398,786	238,494	
D - ALT BIRTH RECLASS					
1.00	NURSERY	43.00	400,115	57,160	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,398,065	199,726	2.00
0			1,798,180	256,886	
E - CARDIAC REHAB RECLASS					
1.00	NONALLOWABLE CARDIAC REHAB	192.60	5,216	445	1.00
0			5,216	445	
F - IMPLANTABLE DEVICES RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,673,510	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
0			0	6,673,510	
G - MED/SURG SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,095,774	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
0			0	5,095,774	
H - DISABILITY RECLASS					
1.00	HOUSEKEEPING	9.00	0	1,621	1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	0	38	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	11,366	3.00
4.00	OPERATING ROOM	50.00	0	5,852	4.00
5.00	ECHOCARDIOLOGY	54.30	0	2,482	5.00
6.00	LABORATORY	60.00	0	2,330	6.00
7.00	RESPIRATORY THERAPY	65.00	0	2,040	7.00
8.00	ELECTROENCEPHALOGRAPHY	70.00	0	718	8.00
9.00	EMERGENCY	91.00	0	4,507	9.00
0			0	30,954	

RECLASSIFICATIONS

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-6

Date/Time Prepared:
2/19/2020 4:14 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
I - CONTRACT PHYS COST TO ANCILLARY CC					
1.00	ADULTS & PEDIATRICS	30.00	0	13,700	1.00
2.00	OPERATING ROOM	50.00	0	306,369	2.00
3.00	ECHOCARDIOLOGY	54.30	0	13,750	3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	18,000	4.00
	0		0	351,819	
J - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	70,510	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
	0		0	70,510	
K - RADIOLOGY ADMIN RECLASS					
1.00	MAMMOGRAPHY	54.10	59,356	73,518	1.00
2.00	ULTRA SOUND	54.20	101,308	57,736	2.00
3.00	ECHOCARDIOLOGY	54.30	71,017	8,779	3.00
4.00	RADIOISOTOPE	56.00	114,921	14,206	4.00
5.00	CT SCAN	57.00	147,112	54,314	5.00
	0		493,714	208,553	
M - VACATION ACCRUAL					
1.00	ADMINISTRATIVE & GENERAL	5.00	24,252	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	5,082	0	2.00
3.00	OPERATION OF PLANT	7.00	2,212	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	176	0	4.00
5.00	HOUSEKEEPING	9.00	7,685	0	5.00
6.00	DIETARY	10.00	4,775	0	6.00
7.00	CAFETERIA	11.00	579	0	7.00
8.00	NURSING ADMINISTRATION	13.00	4,599	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	666	0	9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	5,069	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	82,060	0	11.00
12.00	SKILLED NURSING FACILITY	44.00	3,622	0	12.00
13.00	OPERATING ROOM	50.00	16,161	0	13.00
14.00	RECOVERY ROOM	51.00	2,516	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	7,324	0	15.00
16.00	MAMMOGRAPHY	54.10	1,586	0	16.00
17.00	ULTRA SOUND	54.20	2,829	0	17.00
18.00	ECHOCARDIOLOGY	54.30	1,936	0	18.00
19.00	RADIOISOTOPE	56.00	1,155	0	19.00
20.00	CT SCAN	57.00	3,013	0	20.00
21.00	MRI	58.00	1,239	0	21.00
22.00	CARDIAC CATHETERIZATION	59.00	4,514	0	22.00
23.00	LABORATORY	60.00	12,747	0	23.00
24.00	INTRAVENOUS THERAPY	64.00	1,360	0	24.00
25.00	RESPIRATORY THERAPY	65.00	4,990	0	25.00
26.00	PHYSICAL THERAPY	66.00	13,652	0	26.00
27.00	OCCUPATIONAL THERAPY	67.00	3,216	0	27.00
28.00	SPEECH PATHOLOGY	68.00	1,931	0	28.00
29.00	ELECTROCARDIOLOGY	69.00	1,569	0	29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	2,898	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	8,770	0	31.00
32.00	PAIN CLINIC	76.20	2,373	0	32.00
33.00	CARDIAC REHABILITATION	76.97	1,075	0	33.00
34.00	CLINIC	90.00	2,060	0	34.00
35.00	EMERGENCY	91.00	23,226	0	35.00
36.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,068	0	36.00
37.00	PHYSICIANS' PRIVATE OFFICES	192.00	1,007	0	37.00
38.00	CARDIOLOGY CLINIC	192.10	119	0	38.00
39.00	FUND DEV, MKTING, COMM	192.20	1,139	0	39.00
40.00	HEALTH ED				
	MCLEAN_CO EMS	192.30	1,210	0	40.00
	0		267,460	0	
N - MINISTRY ALLOCATION RECLASS					
1.00	MAINTENANCE & REPAIRS	6.00	0	366,893	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,233,470	2.00
3.00	SOCIAL SERVICE	17.00	0	1,151,637	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0	199,430	4.00
5.00	PHYSICAL THERAPY	66.00	0	117,409	5.00
6.00	OCCUPATIONAL THERAPY	67.00	0	22,160	6.00
7.00	SPEECH PATHOLOGY	68.00	0	22,052	7.00
	0		0	4,113,051	

RECLASSIFICATIONS

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-6

Date/Time Prepared:
2/19/2020 4:14 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
O - TO RECLASS REHAB ADMIN COST					
1.00	OCCUPATIONAL THERAPY	67.00	71,583	3,424	1.00
2.00	SPEECH PATHOLOGY	68.00	32,306	1,545	2.00
			103,889	4,969	
P - TO RECLASS REL. PARTY MAINTENANCE					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,085,007	1.00
2.00	LABORATORY	60.00	0	182,215	2.00
			0	1,267,222	
Q - TO RECLASS ED BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	333,103	1.00
	TOTALS		0	333,103	
R - TO RECLASS HOSP AND PALL					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	18,696	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	74,528	2.00
	TOTALS		0	93,224	
500.00	Grand Total: Increases		3,067,245	20,127,805	500.00

RECLASSIFICATIONS

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-6
Date/Time Prepared:
2/19/2020 4:14 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - DEPRECIATION RECLASS						
1.00	0.00	0	0	9	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	35,234	0	2.00	
3.00	MAINTENANCE & REPAIRS	6.00	48,055	0	3.00	
4.00	HOUSEKEEPING	9.00	504	0	4.00	
5.00	DIETARY	10.00	12,557	0	5.00	
6.00	CAFETERIA	11.00	19,752	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	2,854	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	16,385	0	8.00	
9.00	OPERATING ROOM	50.00	12,831	0	9.00	
10.00	ANESTHESIOLOGY	53.00	643	0	10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	585,286	0	11.00	
12.00	MAMMOGRAPHY	54.10	3,465	0	12.00	
13.00	ECHOCARDIOLOGY	54.30	128,649	0	13.00	
14.00	RADIOISOTOPE	56.00	33,950	0	14.00	
15.00	CARDIAC CATHETERIZATION	59.00	4,414	0	15.00	
16.00	LABORATORY	60.00	1,199	0	16.00	
17.00	RESPIRATORY THERAPY	65.00	985	0	17.00	
18.00	PHYSICAL THERAPY	66.00	35,200	0	18.00	
19.00	SPEECH PATHOLOGY	68.00	18,287	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	2,468	0	20.00	
21.00	ELECTROENCEPHALOGRAPHY	70.00	82,091	0	21.00	
22.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	123,645	0	22.00	
23.00	DRUGS CHARGED TO PATIENTS	73.00	1,861	0	23.00	
24.00	PAIN CLINIC	76.20	7,300	0	24.00	
25.00	CARDIAC REHABILITATION	76.97	23,346	0	25.00	
26.00	CLINIC	90.00	2,100	0	26.00	
27.00	EMERGENCY	91.00	9,750	0	27.00	
28.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	19,478	0	28.00	
29.00	MCLEAN CO EMS	192.30	3,230	0	29.00	
	O		1,235,519			
B - PROPERTY INSURANCE						
1.00	0.00	0	0	12	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	149,215	0	2.00	
3.00	ADMINISTRATIVE & GENERAL	5.00	4,557	0	3.00	
	O		153,772			
C - CAFETERIA RECLASS						
1.00	DIETARY	10.00	398,786	238,494	0	
	O		398,786	238,494		
D - ALT BIRTH RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	1,798,180	256,886	0	
2.00		0.00	0	0	0	
	O		1,798,180	256,886		
E - CARDIAC REHAB RECLASS						
1.00	CARDIAC REHABILITATION	76.97	5,216	445	0	
	O		5,216	445		
F - IMPLANTABLE DEVICES RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	128	0	
2.00	OPERATING ROOM	50.00	0	5,798,516	0	
3.00	CARDIAC CATHETERIZATION	59.00	0	735,538	0	
4.00	RESPIRATORY THERAPY	65.00	0	86	0	
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	139,242	0	
	O		0	6,673,510		
G - MED/SURG SUPPLY RECLASS						
1.00	OPERATING ROOM	50.00	0	3,094,484	0	
2.00	MAMMOGRAPHY	54.10	0	10,525	0	
3.00	ULTRA SOUND	54.20	0	9,624	0	
4.00	CT SCAN	57.00	0	26,996	0	
5.00	CARDIAC CATHETERIZATION	59.00	0	1,954,145	0	
	O		0	5,095,774		
H - DISABILITY RECLASS						
1.00	HOUSEKEEPING	9.00	1,621	0	0	
2.00	MEDICAL RECORDS & LIBRARY	16.00	38	0	0	
3.00	ADULTS & PEDIATRICS	30.00	11,366	0	0	
4.00	OPERATING ROOM	50.00	5,852	0	0	
5.00	ECHOCARDIOLOGY	54.30	2,482	0	0	
6.00	LABORATORY	60.00	2,330	0	0	
7.00	RESPIRATORY THERAPY	65.00	2,040	0	0	
8.00	ELECTROENCEPHALOGRAPHY	70.00	718	0	0	
9.00	EMERGENCY	91.00	4,507	0	0	
	O		30,954	0		

RECLASSIFICATIONS

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-6

Date/Time Prepared:
2/19/2020 4:14 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
I - CONTRACT PHYS COST TO ANCILLARY CC						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	351,819	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
	0		0	351,819		
J - DRUGS CHARGED TO PATIENTS						
1.00		0.00	0	0	0	1.00
2.00	OPERATING ROOM	50.00	0	4,421	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,465	0	3.00
4.00	CT SCAN	57.00	0	55,236	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	8,388	0	5.00
	0		0	70,510		
K - RADIOLOGY ADMIN RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	493,714	208,553	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
	0		493,714	208,553		
M - VACATION ACCRUAL						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	267,460	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
36.00		0.00	0	0	0	36.00
37.00		0.00	0	0	0	37.00
38.00		0.00	0	0	0	38.00
39.00		0.00	0	0	0	39.00
40.00		0.00	0	0	0	40.00
	0		0	267,460		
N - MINISTRY ALLOCATION RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,113,051	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
	0		0	4,113,051		

RECLASSIFICATIONS

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-6

Date/Time Prepared:
2/19/2020 4:14 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
O - TO RECLASS REHAB ADMIN COST						
1.00	PHYSICAL THERAPY	66.00	103,889	4,969	0	1.00
2.00		0.00	0	0	0	2.00
			103,889	4,969		
P - TO RECLASS REL. PARTY MAINTENANCE						
1.00	MAINTENANCE & REPAIRS	6.00	0	1,267,222	0	1.00
2.00		0.00	0	0	0	2.00
			0	1,267,222		
Q - TO RECLASS ED BENEFITS						
1.00	EMERGENCY	91.00	0	333,103	0	1.00
	TOTALS		0	333,103		
R - TO RECLASS HOSP AND PALL						
1.00		0.00	0	0	9	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	93,224	0	2.00
	TOTALS		0	93,224		
500.00	Grand Total: Decreases		2,830,739	20,364,311		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-7
Part I
Date/Time Prepared:
2/19/2020 4:14 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,603,420	0	0	0	1.00
2.00	Land Improvements	1,361,995	82,540	0	277,884	2.00
3.00	Buildings and Fixtures	137,399,387	452,428	0	7,080,644	3.00
4.00	Building Improvements	190,139	0	0	0	4.00
5.00	Fixed Equipment	58,775,668	3,294,233	0	4,946,900	5.00
6.00	Movable Equipment	87,147	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	199,417,756	3,829,201	0	12,305,428	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	199,417,756	3,829,201	0	12,305,428	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,603,420	0			1.00
2.00	Land Improvements	1,166,651	0			2.00
3.00	Buildings and Fixtures	130,771,171	0			3.00
4.00	Building Improvements	190,139	0			4.00
5.00	Fixed Equipment	57,123,001	0			5.00
6.00	Movable Equipment	87,147	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	190,941,529	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	190,941,529	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-7
Part II
Date/Time Prepared:
2/19/2020 4:14 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	2,708,457	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,051,566	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,760,023	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	2,708,457				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	3,051,566				2.00
3.00	Total (sum of lines 1-2)	0	5,760,023				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-7
Part III
Date/Time Prepared:
2/19/2020 4:14 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	130,961,310	0	130,961,310	0.695265	106,912	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	57,400,287	0	57,400,287	0.304735	46,860	2.00
3.00	Total (sum of lines 1-2)	188,361,597	0	188,361,597	1.000000	153,772	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	106,912	5,274,477	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	46,860	6,249,260	0	2.00
3.00	Total (sum of lines 1-2)	0	0	153,772	11,523,737	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	506,132	106,912	0	0	5,887,521	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	570,250	46,860	0	0	6,866,370	2.00
3.00	Total (sum of lines 1-2)	1,076,382	153,772	0	0	12,753,891	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8

Date/Time Prepared:
2/19/2020 4:14 pm

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
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-11,513,828				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	-4,707,079				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-513,964	CAFETERIA		11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-46,728	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)	B	-218,098	ADMINISTRATIVE & GENERAL		5.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	B	2,109,782	CAP REL COSTS-BLDG & FIXT		1.00	9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	B	1,144,725	CAP REL COSTS-MVBLE EQUIP		2.00	9	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		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00

Provider CCN: 14-0162
Period: From 10/01/2018 To 09/30/2019
Worksheet A-8
Date/Time Prepared: 2/19/2020 4:14 pm

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	
33.00 OTHER REVENUES - IT - POINTCORE	B	-49,510	ADMINISTRATIVE & GENERAL	5.00	0 33.00
35.00 SFMC AND OSFMG SHARED DOCS PART B BE	A	-289,670	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 35.00
36.00 ENTERTAINMENT	A	-1,996	ADMINISTRATIVE & GENERAL	5.00	0 36.00
39.00 RECRUITING	A	-2,700	ADULTS & PEDIATRICS	30.00	0 39.00
40.00 UNEMPLOYMENT COMP	A	7,011	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 40.00
41.00 MEDICAID ASSESSMENT	A	-6,911,938	ADMINISTRATIVE & GENERAL	5.00	0 41.00
42.00 LOBBYING DUES	A	-33,401	ADMINISTRATIVE & GENERAL	5.00	0 42.00
46.00 OTHER REVENUES - ADMIN	B	-5,997	ADMINISTRATIVE & GENERAL	5.00	0 46.00
47.00 RECRUITING	A	-1,000	OPERATING ROOM	50.00	0 47.00
48.00 OTHER REVENUES - NURSE ADMIN	B	-20,865	NURSING ADMINISTRATION	13.00	0 48.00
49.00 OTHER REVENUES - ADULTS AND PEDI	B	-6,270	ADULTS & PEDIATRICS	30.00	0 49.00
49.01 OTHER REVENUES - RADIOLOGY	B	-1,815	RADIOLOGY-DIAGNOSTIC	54.00	0 49.01
49.02 OTHER REVENUES - LAB	B	-970	LABORATORY	60.00	0 49.02
49.03 OTHER REVENUES - PHYS THERAPY	B	-300	PHYSICAL THERAPY	66.00	0 49.03
49.04 OTHER REVENUES - SPEECH	B	-365	SPEECH PATHOLOGY	68.00	0 49.04
49.05 OTHER REVENUES - CARDIAC REHAB	B	-31,825	CARDIAC REHABILITATION	76.97	0 49.05
49.07 OTHER REVENUES - SLEEP LAB	B	-210	ELECTROENCEPHALOGRAPHY	70.00	0 49.07
49.08 RECRUITING	A	-800	CARDIAC CATHETERIZATION	59.00	0 49.08
49.09 PART B EMPLOYEE BENEFITS	A	-41,268	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 49.09
49.12 CONTRACT LABOR TEACHING COST	A	-239,731	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 49.12
49.13 MARKETING - ADMIN	A	-6,647	ADMINISTRATIVE & GENERAL	5.00	0 49.13
49.15 MARKETING - NURS ADMIN	A	-528	NURSING ADMINISTRATION	13.00	0 49.15
49.18 MARKETING - CLINICS	A	-1,794	CLINIC	90.00	0 49.18
49.19 MARKETING - CLINICS	A	-1,057	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0 49.19
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-21,388,836			50.00

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

(2) Basis for adjustment (see instructions).

- A. Costs - if cost, including applicable overhead, can be determined.
- B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0162

Period: From 10/01/2018 To 09/30/2019

Worksheet A-8-1

Date/Time Prepared: 2/19/2020 4:14 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	MINISTRY CHARGES - BLDG	456,238	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MINISTRY CHARGES - EQUIPMENT	2,201,193	1,402,439
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY CHARGES - POOLED EB	2,233,470	2,233,470
3.01	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHARGES - POOLED A&	5,759,795	14,450,934
3.04	6.00	MAINTENANCE & REPAIRS	MINISTRY CHARGES - POOLED EN	1,280,394	1,280,394
3.05	30.00	ADULTS & PEDIATRICS	MINISTRY CHARGES - A & P	213,743	213,743
3.06	54.00	RADIOLOGY-DIAGNOSTIC	MINISTRY CHARGES - POOLED IM	1,085,007	1,085,007
3.07	60.00	LABORATORY	MINISTRY CHARGES - POOLED LA	182,215	182,215
3.08	66.00	PHYSICAL THERAPY	MINISTRY CHARGES - POOLED RE	117,409	117,409
3.09	67.00	OCCUPATIONAL THERAPY	MINISTRY CHARGES - POOLED RE	22,160	22,160
3.10	68.00	SPEECH PATHOLOGY	MINISTRY CHARGES - POOLED RE	22,052	22,052
4.00	73.00	DRUGS CHARGED TO PATIENTS	MINISTRY CHARGES - POOLED PH	1,059,325	1,059,325
4.01	1.00	CAP REL COSTS-BLDG & FIXT	MINISTRY CHARGES - INTEREST	506,132	0
4.02	2.00	CAP REL COSTS-MVBLE EQUIP	MINISTRY CHARGES - INTEREST	570,250	0
4.03	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHARGES - FUNCTIONA	5,493,427	4,623,716
4.04	13.00	NURSING ADMINISTRATION	MINISTRY CHARGES - FUNCTIONA	877,519	0
4.05	17.00	SOCIAL SERVICE	MINISTRY CHARGES - FUNCTIONA	915,503	1,151,637
4.06	54.00	RADIOLOGY-DIAGNOSTIC	SFI MAINT COST	343,852	284,847
4.07	54.00	RADIOLOGY-DIAGNOSTIC	SFI TECH SERVICES	59,420	63,085
4.08	71.00	MEDICAL SUPPLIES CHARGED TO	SYSTEMS LAB	33,679	17,508
4.09	76.00	ENDOSCOPY	ENDOSCOPY	631,974	561,895
4.10	60.00	LABORATORY	SYSTEMS LAB	1,311,278	1,311,278
4.11	0.00			0	0
4.12	0.00			0	0
4.13	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			25,376,035	30,083,114

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

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

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

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

6.00	B	OSF HEALTHCARE SYSTEM	100.00	SEE ATTACHED	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: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8-1

Date/Time Prepared:
2/19/2020 4:14 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	456,238	9	1.00
2.00	798,754	9	2.00
3.00	0	0	3.00
3.01	-8,691,139	0	3.01
3.04	0	0	3.04
3.05	0	0	3.05
3.06	0	0	3.06
3.07	0	0	3.07
3.08	0	0	3.08
3.09	0	0	3.09
3.10	0	0	3.10
4.00	0	0	4.00
4.01	506,132	11	4.01
4.02	570,250	11	4.02
4.03	869,711	0	4.03
4.04	877,519	0	4.04
4.05	-236,134	0	4.05
4.06	59,005	0	4.06
4.07	-3,665	0	4.07
4.08	16,171	0	4.08
4.09	70,079	0	4.09
4.10	0	0	4.10
4.11	0	0	4.11
4.12	0	0	4.12
4.13	0	0	4.13
5.00	-4,707,079		5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8-2

Date/Time Prepared:
2/19/2020 4:14 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	517,671	42,823	474,848	211,500	2,154	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	4,750	2,500	2,250	211,500	24	2.00
3.00	30.00	ADULTS & PEDIATRICS	2,531,459	2,517,760	13,699	197,500	54	3.00
4.00	50.00	OPERATING ROOM	306,269	249,996	56,273	246,400	156	4.00
5.00	53.00	ANESTHESIOLOGY	2,753,842	2,701,842	52,000	239,400	208	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	24,996	900	24,096	271,900	104	6.00
7.00	54.30	ECHOCARDIOLOGY	13,750	0	13,750	271,900	55	7.00
8.00	59.00	CARDIAC CATHETERIZATION	18,000	0	18,000	271,900	105	8.00
9.00	60.00	LABORATORY	50,000	50,000	0	0	0	9.00
10.00	76.20	PAIN CLINIC	1,269	1,269	0	0	0	10.00
11.00	90.00	CLINIC	15,000	0	15,000	211,500	109	11.00
12.00	91.00	EMERGENCY	5,662,580	5,459,726	202,854	179,000	829	12.00
200.00			11,899,586	11,026,816	872,770		3,798	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	219,025	10,951	0	0	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	2,440	122	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	5,127	256	0	0	0	3.00
4.00	50.00	OPERATING ROOM	18,480	924	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	23,940	1,197	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	13,595	680	0	0	0	6.00
7.00	54.30	ECHOCARDIOLOGY	7,190	360	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	13,726	686	0	0	0	8.00
9.00	60.00	LABORATORY	0	0	0	0	0	9.00
10.00	76.20	PAIN CLINIC	0	0	0	0	0	10.00
11.00	90.00	CLINIC	11,083	554	0	0	0	11.00
12.00	91.00	EMERGENCY	71,342	3,567	0	0	0	12.00
200.00			385,948	19,297	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	219,025	255,823	298,646	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	0	2,440	0	2,500	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	5,127	8,572	2,526,332	3.00
4.00	50.00	OPERATING ROOM	0	18,480	37,793	287,789	4.00
5.00	53.00	ANESTHESIOLOGY	0	23,940	28,060	2,729,902	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	13,595	10,501	11,401	6.00
7.00	54.30	ECHOCARDIOLOGY	0	7,190	6,560	6,560	7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	13,726	4,274	4,274	8.00
9.00	60.00	LABORATORY	0	0	0	50,000	9.00
10.00	76.20	PAIN CLINIC	0	0	0	1,269	10.00
11.00	90.00	CLINIC	0	11,083	3,917	3,917	11.00
12.00	91.00	EMERGENCY	0	71,342	131,512	5,591,238	12.00
200.00			0	385,948	487,012	11,513,828	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet B
Part I
Date/Time Prepared:
2/19/2020 4:14 pm

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		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT	5,887,521	5,887,521			1.00	
2.00 00200	CAP REL COSTS-MVBLE EQUIP	6,866,370		6,866,370		2.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	15,929,914	0	0	15,929,914	4.00	
5.00 00500	ADMINISTRATIVE & GENERAL	17,510,126	595,887	3,046,810	1,440,989	5.00	
6.00 00600	MAINTENANCE & REPAIRS	2,841,516	952,338	97,829	304,864	6.00	
7.00 00700	OPERATION OF PLANT	1,875,707	217,465	9,046	132,681	7.00	
8.00 00800	LAUNDRY & LINEN SERVICE	415,272	26,870	0	10,549	8.00	
9.00 00900	HOUSEKEEPING	1,588,367	71,811	24,618	460,536	9.00	
10.00 01000	DIETARY	750,009	41,255	11,731	156,313	10.00	
11.00 01100	CAFETERIA	213,629	84,148	5,124	164,893	11.00	
13.00 01300	NURSING ADMINISTRATION	1,985,588	43,549	373,829	275,908	13.00	
14.00 01400	CENTRAL SERVICES & SUPPLY	127,940	0	0	39,948	14.00	
16.00 01600	MEDICAL RECORDS & LIBRARY	1,043,794	34,013	17	303,291	16.00	
17.00 01700	SOCIAL SERVICE	915,503	0	0	0	17.00	
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	17,593,058	1,097,566	428,632	4,332,577	30.00	
43.00 04300	NURSERY	457,275	7,340	4,327	130,578	43.00	
44.00 04400	SKILLED NURSING FACILITY	704,976	82,772	11,228	217,284	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	5,166,482	451,036	1,530,774	967,644	50.00	
51.00 05100	RECOVERY ROOM	468,016	77,628	0	150,974	51.00	
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,597,846	185,402	15,122	456,260	52.00	
53.00 05300	ANESTHESIOLOGY	277,698	7,733	44,275	0	53.00	
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,514,794	96,961	177,263	278,289	54.00	
54.10 03440	MAMMOGRAPHY	479,327	51,823	116,316	114,534	54.10	
54.20 03630	ULTRA SOUND	753,971	28,475	4,055	202,772	54.20	
54.30 05401	ECHOCARDIOLOGY	377,026	31,982	6,797	138,538	54.30	
56.00 05600	RADIOISOTOPE	771,047	24,937	50,337	106,825	56.00	
57.00 05700	CT SCAN	991,438	53,199	105,404	228,777	57.00	
58.00 05800	MRI	894,098	54,051	21,722	74,335	58.00	
59.00 05900	CARDIAC CATHETERIZATION	876,750	79,872	238,890	270,790	59.00	
60.00 06000	LABORATORY	3,897,838	175,571	59,248	763,996	60.00	
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	661,012	0	3,686	0	63.00	
64.00 06400	INTRAVENOUS THERAPY	265,422	40,895	6,431	81,597	64.00	
65.00 06500	RESPIRATORY THERAPY	1,176,010	30,786	75,965	298,704	65.00	
66.00 06600	PHYSICAL THERAPY	3,112,728	89,572	30,917	785,157	66.00	
67.00 06700	OCCUPATIONAL THERAPY	690,392	26,034	0	216,292	67.00	
68.00 06800	SPEECH PATHOLOGY	626,329	12,009	27,818	126,401	68.00	
69.00 06900	ELECTROCARDIOLOGY	308,053	47,825	18,984	94,144	69.00	
70.00 07000	ELECTROENCEPHALOGRAPHY	602,221	0	41,549	173,651	70.00	
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,669,755	27,853	509	0	71.00	
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	6,673,510	0	0	0	72.00	
73.00 07300	DRUGS CHARGED TO PATIENTS	10,361,035	83,329	110,819	526,142	73.00	
74.00 07400	RENAL DIALYSIS	586,448	95,814	0	0	74.00	
76.00 03330	ENDOSCOPY	699,157	83,526	0	0	76.00	
76.20 03951	PAIN CLINIC	617,923	0	4,212	141,929	76.20	
76.97 07697	CARDIAC REHABILITATION	153,402	81,609	48,879	62,779	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	1,157,226	0	6,567	123,608	90.00	
91.00 09100	EMERGENCY	4,675,929	210,617	46,024	1,303,728	91.00	
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	132,809,448	5,403,553	6,805,754	15,658,277	131,993,227	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	392,426	13,959	24,875	64,059	495,319	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	185,035	383,124	3,462	57,841	629,462	192.00
192.10 19201	CARDIOLOGY CLINIC	43,529	0	0	7,129	50,658	192.10
192.20 19202	FUND DEV, MKTING, COMM HEALTH ED	501,890	82,199	31,558	68,305	683,952	192.20
192.30 19203	MCLEAN CO EMS	336,177	0	721	72,601	409,499	192.30
192.40 19204	INDUSTRIAL MEDICINE	0	0	0	0	0	192.40
192.60 19205	NONALLOWABLE CARDIAC REHAB	5,661	4,686	0	1,702	12,049	192.60
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers					0	201.00
202.00	TOTAL (sum lines 118 through 201)	134,274,166	5,887,521	6,866,370	15,929,914	134,274,166	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet B
Part I
Date/Time Prepared:
2/19/2020 4:14 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	22,593,812				5.00
6.00	00600	MAINTENANCE & REPAIRS	848,995	5,045,542			6.00
7.00	00700	OPERATION OF PLANT	452,138	252,859	2,939,896		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	91,583	31,243	19,165	594,682	8.00
9.00	00900	HOUSEKEEPING	434,018	83,499	51,219	0	2,714,068
10.00	01000	DIETARY	194,076	47,970	29,425	1,127	27,831
11.00	01100	CAFETERIA	94,638	97,844	60,019	948	56,768
13.00	01300	NURSING ADMINISTRATION	541,958	50,637	31,061	0	29,379
14.00	01400	CENTRAL SERVICES & SUPPLY	33,965	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	279,411	39,549	24,260	0	22,946
17.00	01700	SOCIAL SERVICE	185,214	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,744,472	1,276,202	782,840	311,459	740,432
43.00	04300	NURSERY	121,288	8,535	5,235	14,128	4,952
44.00	04400	SKILLED NURSING FACILITY	205,598	96,244	59,037	25,179	55,839
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,641,919	524,445	321,702	31,501	304,275
51.00	05100	RECOVERY ROOM	140,931	90,262	55,368	0	52,369
52.00	05200	DELIVERY ROOM & LABOR ROOM	456,130	215,577	132,238	49,368	125,074
53.00	05300	ANESTHESIOLOGY	66,702	8,992	5,516	0	5,217
54.00	05400	RADIOLOGY-DIAGNOSTIC	418,233	112,742	69,157	18,800	65,411
54.10	03440	MAMMOGRAPHY	154,159	60,257	36,963	0	34,960
54.20	03630	ULTRA SOUND	200,138	33,110	20,310	0	19,210
54.30	05401	ECHOCARDIOLOGY	112,148	37,187	22,811	0	21,575
56.00	05600	RADIOISOTOPE	192,829	28,995	17,786	0	16,822
57.00	05700	CT SCAN	278,946	61,857	37,944	34,996	35,889
58.00	05800	MRI	211,251	62,848	38,552	14,764	36,463
59.00	05900	CARDIAC CATHETERIZATION	296,645	92,872	56,969	0	53,883
60.00	06000	LABORATORY	990,632	204,147	125,226	0	118,443
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	134,474	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	79,779	47,550	29,168	0	27,588
65.00	06500	RESPIRATORY THERAPY	319,943	35,796	21,958	0	20,768
66.00	06600	PHYSICAL THERAPY	812,949	104,150	63,887	0	60,426
67.00	06700	OCCUPATIONAL THERAPY	188,696	30,271	18,569	0	17,563
68.00	06800	SPEECH PATHOLOGY	160,341	13,964	8,566	0	8,102
69.00	06900	ELECTROCARDIOLOGY	94,884	55,609	34,111	20,534	32,263
70.00	07000	ELECTROENCEPHALOGRAPHY	165,371	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,152,775	32,386	19,866	0	18,790
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,350,104	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,241,841	96,892	59,435	0	56,215
74.00	07400	RENAL DIALYSIS	138,027	111,408	68,339	0	64,637
76.00	03330	ENDOSCOPY	158,343	97,120	59,575	0	56,348
76.20	03951	PAIN CLINIC	154,576	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	70,134	94,891	58,208	0	55,054
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	260,452	0	0	0	0
91.00	09100	EMERGENCY	1,261,653	244,896	150,222	71,878	142,085
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	22,132,359	4,482,806	2,594,707	594,682	2,387,577
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	100,207	16,231	9,956	0	9,417
192.00	19200	PHYSICIANS' PRIVATE OFFICES	127,345	445,480	273,263	0	258,461
192.10	19201	CARDIOLOGY CLINIC	10,249	0	0	0	0
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	138,369	95,577	58,628	0	55,452
192.30	19203	MCLEAN CO EMS	82,845	0	0	0	0
192.40	19204	INDUSTRIAL MEDICINE	0	0	0	0	0
192.60	19205	NONALLOWABLE CARDIAC REHAB	2,438	5,448	3,342	0	3,161
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	22,593,812	5,045,542	2,939,896	594,682	2,714,068

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet B
Part I
Date/Time Prepared:
2/19/2020 4:14 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
		10.00	11.00	13.00	14.00	16.00	
GENERAL SERVICE COST CENTERS							
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	1,259,737					10.00
11.00	01100	0	778,011				11.00
13.00	01300	0	12,359	3,344,268			13.00
14.00	01400	0	4,826	0	206,679		14.00
16.00	01600	0	21,673	32,100	0	1,801,054	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,133,400	265,202	1,764,151	10,081	129,551	30.00
43.00	04300	13,340	6,956	46,269	0	5,026	43.00
44.00	04400	66,403	14,043	93,419	216	2,683	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	63,575	422,907	0	143,479	50.00
51.00	05100	0	6,895	45,869	57	8,038	51.00
52.00	05200	46,594	24,284	161,542	0	17,520	52.00
53.00	05300	0	0	0	1,913	15,950	53.00
54.00	05400	0	19,748	0	451	43,124	54.00
54.10	03440	0	7,810	0	0	20,871	54.10
54.20	03630	0	8,965	0	521	30,782	54.20
54.30	05401	0	6,583	43,788	8	26,158	54.30
56.00	05600	0	5,692	0	3	36,685	56.00
57.00	05700	0	12,936	0	1,461	121,699	57.00
58.00	05800	0	3,502	0	658	30,718	58.00
59.00	05900	0	12,768	84,934	0	80,668	59.00
60.00	06000	0	53,009	0	2,019	281,960	60.00
63.00	06300	0	0	0	0	6,230	63.00
64.00	06400	0	4,753	0	106	5,895	64.00
65.00	06500	0	16,318	108,548	2,783	32,843	65.00
66.00	06600	0	40,000	0	143	39,289	66.00
67.00	06700	0	10,493	0	0	10,848	67.00
68.00	06800	0	5,692	0	2,099	3,669	68.00
69.00	06900	0	5,909	39,305	168	15,616	69.00
70.00	07000	0	10,409	0	142	15,942	70.00
71.00	07100	0	0	0	79,215	93,390	71.00
72.00	07200	0	0	0	90,263	97,095	72.00
73.00	07300	0	24,260	0	7,850	338,434	73.00
74.00	07400	0	0	0	0	7,583	74.00
76.00	03330	0	0	0	0	6,794	76.00
76.20	03951	0	10,782	71,725	1,118	14,738	76.20
76.97	07697	0	4,067	0	37	2,876	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	7,605	0	1,415	11,816	90.00
91.00	09100	0	64,598	429,711	3,942	103,084	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		1,259,737	755,712	3,344,268	206,669	1,801,054	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	3,923	0	4	0	190.00
192.00	19200	0	8,472	0	0	0	192.00
192.10	19201	0	517	0	4	0	192.10
192.20	19202	0	4,826	0	2	0	192.20
192.30	19203	0	4,453	0	0	0	192.30
192.40	19204	0	0	0	0	0	192.40
192.60	19205	0	108	0	0	0	192.60
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		1,259,737	778,011	3,344,268	206,679	1,801,054	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 14-0162	Period: From 10/01/2018 To 09/30/2019	Worksheet B Part I Date/Time Prepared: 2/19/2020 4:14 pm	
Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	17.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	1,100,717			17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	983,817	0	35,593,440	30.00
43.00	04300	NURSERY	64,867	0	890,116	43.00
44.00	04400	SKILLED NURSING FACILITY	52,033	0	1,686,954	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	11,569,739	50.00
51.00	05100	RECOVERY ROOM	0	0	1,096,407	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	3,482,957	52.00
53.00	05300	ANESTHESIOLOGY	0	0	433,996	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,814,973	54.00
54.10	03440	MAMMOGRAPHY	0	0	1,077,020	54.10
54.20	03630	ULTRA SOUND	0	0	1,302,309	54.20
54.30	05401	ECHOCARDIOLOGY	0	0	824,601	54.30
56.00	05600	RADIOISOTOPE	0	0	1,251,958	56.00
57.00	05700	CT SCAN	0	0	1,964,546	57.00
58.00	05800	MRI	0	0	1,442,962	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,145,041	59.00
60.00	06000	LABORATORY	0	0	6,672,089	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	805,402	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	589,184	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	2,140,422	65.00
66.00	06600	PHYSICAL THERAPY	0	0	5,139,218	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,209,158	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	994,990	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	767,405	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,009,285	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	7,094,539	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	8,210,972	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	13,906,252	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,072,256	74.00
76.00	03330	ENDOSCOPY	0	0	1,160,863	76.00
76.20	03951	PAIN CLINIC	0	0	1,017,003	76.20
76.97	07697	CARDIAC REHABILITATION	0	0	631,936	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	1,568,689	90.00
91.00	09100	EMERGENCY	0	0	8,708,367	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0	92.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,100,717	0	130,275,049	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	635,057	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,742,483	192.00
192.10	19201	CARDIOLOGY CLINIC	0	0	61,428	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	0	1,036,806	192.20
192.30	19203	MCLEAN CO EMS	0	0	496,797	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	0	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	0	26,546	192.60
200.00		Cross Foot Adjustments			0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,100,717	0	134,274,166	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0162	Period: From 10/01/2018 To 09/30/2019	Worksheet B Part II Date/Time Prepared: 2/19/2020 4:14 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		BLDG & FIXT	MVBLE EQUIP		
		0	1.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	235,272	595,887	3,046,810	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	952,338	97,829	6.00
7.00 00700	OPERATION OF PLANT	0	217,465	9,046	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	26,870	0	8.00
9.00 00900	HOUSEKEEPING	0	71,811	24,618	9.00
10.00 01000	DIETARY	0	41,255	11,731	10.00
11.00 01100	CAFETERIA	0	84,148	5,124	11.00
13.00 01300	NURSING ADMINISTRATION	0	43,549	373,829	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	14.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	34,013	17	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	5,682	1,097,566	428,632	30.00
43.00 04300	NURSERY	0	7,340	4,327	43.00
44.00 04400	SKILLED NURSING FACILITY	0	82,772	11,228	44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	73,658	451,036	1,530,774	50.00
51.00 05100	RECOVERY ROOM	0	77,628	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	185,402	15,122	52.00
53.00 05300	ANESTHESIOLOGY	0	7,733	44,275	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	200,001	96,961	177,263	54.00
54.10 03440	MAMMOGRAPHY	5,844	51,823	116,316	54.10
54.20 03630	ULTRA SOUND	0	28,475	4,055	54.20
54.30 05401	ECHOCARDIOLOGY	0	31,982	6,797	54.30
56.00 05600	RADIOISOTOPE	0	24,937	50,337	56.00
57.00 05700	CT SCAN	40,850	53,199	105,404	57.00
58.00 05800	MRI	155,590	54,051	21,722	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	79,872	238,890	59.00
60.00 06000	LABORATORY	120,024	175,571	59,248	60.00
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	3,686	63.00
64.00 06400	INTRAVENOUS THERAPY	0	40,895	6,431	64.00
65.00 06500	RESPIRATORY THERAPY	2,877	30,786	75,965	65.00
66.00 06600	PHYSICAL THERAPY	397,370	89,572	30,917	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	26,034	0	67.00
68.00 06800	SPEECH PATHOLOGY	72,737	12,009	27,818	68.00
69.00 06900	ELECTROCARDIOLOGY	0	47,825	18,984	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	74,163	0	41,549	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	231,072	27,853	509	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	182,659	83,329	110,819	73.00
74.00 07400	RENAL DIALYSIS	0	95,814	0	74.00
76.00 03330	ENDOSCOPY	0	83,526	0	76.00
76.20 03951	PAIN CLINIC	73,102	0	4,212	76.20
76.97 07697	CARDIAC REHABILITATION	0	81,609	48,879	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	170,299	0	6,567	90.00
91.00 09100	EMERGENCY	0	210,617	46,024	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART			0	92.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,041,200	5,403,553	6,805,754	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	129,853	13,959	24,875	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	172,284	383,124	3,462	192.00
192.10 19201	CARDIOLOGY CLINIC	0	0	0	192.10
192.20 19202	FUND DEV, MKTING, COMM HEALTH ED	0	82,199	31,558	192.20
192.30 19203	MCLEAN CO EMS	0	0	721	192.30
192.40 19204	INDUSTRIAL MEDICINE	0	0	0	192.40
192.60 19205	NONALLOWABLE CARDIAC REHAB	0	4,686	0	192.60
200.00	Cross Foot Adjustments			0	200.00
201.00	Negative Cost Centers		0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	2,343,337	5,887,521	6,866,370	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0162		Period: From 10/01/2018 To 09/30/2019		Worksheet B Part II Date/Time Prepared: 2/19/2020 4:14 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,877,969				5.00
6.00	00600	MAINTENANCE & REPAIRS	145,721	1,195,888			6.00
7.00	00700	OPERATION OF PLANT	77,605	59,932	364,048		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	15,719	7,405	2,373	52,367	8.00
9.00	00900	HOUSEKEEPING	74,495	19,791	6,343	0	197,058
10.00	01000	DIETARY	33,311	11,370	3,644	99	2,021
11.00	01100	CAFETERIA	16,244	23,191	7,432	83	4,122
13.00	01300	NURSING ADMINISTRATION	93,021	12,002	3,846	0	2,133
14.00	01400	CENTRAL SERVICES & SUPPLY	5,830	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	47,958	9,374	3,004	0	1,666
17.00	01700	SOCIAL SERVICE	31,790	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	814,320	302,485	96,940	27,429	53,761
43.00	04300	NURSERY	20,818	2,023	648	1,244	360
44.00	04400	SKILLED NURSING FACILITY	35,289	22,812	7,311	2,217	4,054
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	281,818	124,303	39,836	2,774	22,092
51.00	05100	RECOVERY ROOM	24,189	21,394	6,856	0	3,802
52.00	05200	DELIVERY ROOM & LABOR ROOM	78,290	51,096	16,375	4,347	9,081
53.00	05300	ANESTHESIOLOGY	11,449	2,131	683	0	379
54.00	05400	RADIOLOGY-DIAGNOSTIC	71,785	26,722	8,564	1,655	4,749
54.10	03440	MAMMOGRAPHY	26,460	14,282	4,577	0	2,538
54.20	03630	ULTRA SOUND	34,352	7,848	2,515	0	1,395
54.30	05401	ECHOCARDIOLOGY	19,249	8,814	2,825	0	1,566
56.00	05600	RADIOISOTOPE	33,097	6,872	2,202	0	1,221
57.00	05700	CT SCAN	47,878	14,661	4,699	3,082	2,606
58.00	05800	MRI	36,259	14,896	4,774	1,300	2,647
59.00	05900	CARDIAC CATHETERIZATION	50,916	22,012	7,054	0	3,912
60.00	06000	LABORATORY	170,031	48,387	15,507	0	8,600
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	23,081	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	13,693	11,270	3,612	0	2,003
65.00	06500	RESPIRATORY THERAPY	54,915	8,484	2,719	0	1,508
66.00	06600	PHYSICAL THERAPY	139,534	24,685	7,911	0	4,387
67.00	06700	OCCUPATIONAL THERAPY	32,388	7,175	2,299	0	1,275
68.00	06800	SPEECH PATHOLOGY	27,521	3,310	1,061	0	588
69.00	06900	ELECTROCARDIOLOGY	16,286	13,180	4,224	1,808	2,343
70.00	07000	ELECTROENCEPHALOGRAPHY	28,384	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	197,861	7,676	2,460	0	1,364
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	231,731	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	384,788	22,965	7,360	0	4,082
74.00	07400	RENAL DIALYSIS	23,691	26,406	8,462	0	4,693
76.00	03330	ENDOSCOPY	27,178	23,019	7,377	0	4,091
76.20	03951	PAIN CLINIC	26,531	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	12,038	22,491	7,208	0	3,997
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	44,704	0	0	0	0
91.00	09100	EMERGENCY	216,549	58,045	18,602	6,329	10,316
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,798,767	1,062,509	321,303	52,367	173,352
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,199	3,847	1,233	0	684
192.00	19200	PHYSICIANS' PRIVATE OFFICES	21,857	105,587	33,838	0	18,766
192.10	19201	CARDIOLOGY CLINIC	1,759	0	0	0	0
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	23,750	22,654	7,260	0	4,026
192.30	19203	MCLEAN CO EMS	14,219	0	0	0	0
192.40	19204	INDUSTRIAL MEDICINE	0	0	0	0	0
192.60	19205	NONALLOWABLE CARDIAC REHAB	418	1,291	414	0	230
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	3,877,969	1,195,888	364,048	52,367	197,058

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 14-0162		Period: From 10/01/2018 To 09/30/2019		Worksheet B Part II Date/Time Prepared: 2/19/2020 4:14 pm	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
		10.00	11.00	13.00	14.00	16.00	
GENERAL SERVICE COST CENTERS							
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	103,431					10.00
11.00	01100	0	140,344				11.00
13.00	01300	0	2,229	530,609			13.00
14.00	01400	0	870	0	6,700		14.00
16.00	01600	0	3,910	5,093	0	105,035	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	93,058	47,838	279,904	326	7,578	30.00
43.00	04300	1,095	1,255	7,341	0	294	43.00
44.00	04400	5,452	2,533	14,822	7	157	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	11,468	67,099	0	8,392	50.00
51.00	05100	0	1,244	7,278	2	470	51.00
52.00	05200	3,826	4,381	25,631	0	1,025	52.00
53.00	05300	0	0	0	62	933	53.00
54.00	05400	0	3,562	0	15	2,522	54.00
54.10	03440	0	1,409	0	0	1,221	54.10
54.20	03630	0	1,617	0	17	1,801	54.20
54.30	05401	0	1,187	6,947	0	1,530	54.30
56.00	05600	0	1,027	0	0	2,146	56.00
57.00	05700	0	2,334	0	47	7,118	57.00
58.00	05800	0	632	0	21	1,797	58.00
59.00	05900	0	2,303	13,476	0	4,718	59.00
60.00	06000	0	9,562	0	65	16,492	60.00
63.00	06300	0	0	0	0	364	63.00
64.00	06400	0	857	0	3	345	64.00
65.00	06500	0	2,944	17,223	90	1,921	65.00
66.00	06600	0	7,216	0	5	2,298	66.00
67.00	06700	0	1,893	0	0	635	67.00
68.00	06800	0	1,027	0	68	215	68.00
69.00	06900	0	1,066	6,236	5	913	69.00
70.00	07000	0	1,878	0	5	932	70.00
71.00	07100	0	0	0	2,565	5,462	71.00
72.00	07200	0	0	0	2,932	5,679	72.00
73.00	07300	0	4,376	0	254	19,485	73.00
74.00	07400	0	0	0	0	444	74.00
76.00	03330	0	0	0	0	397	76.00
76.20	03951	0	1,945	11,380	36	862	76.20
76.97	07697	0	734	0	1	168	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	1,372	0	46	691	90.00
91.00	09100	0	11,653	68,179	128	6,030	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		103,431	136,322	530,609	6,700	105,035	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	708	0	0	0	190.00
192.00	19200	0	1,528	0	0	0	192.00
192.10	19201	0	93	0	0	0	192.10
192.20	19202	0	870	0	0	0	192.20
192.30	19203	0	803	0	0	0	192.30
192.40	19204	0	0	0	0	0	192.40
192.60	19205	0	20	0	0	0	192.60
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		103,431	140,344	530,609	6,700	105,035	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 14-0162	Period: From 10/01/2018 To 09/30/2019	Worksheet B Part II Date/Time Prepared: 2/19/2020 4:14 pm	
Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	17.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	31,790			17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	28,414	3,283,933	0	3,283,933 30.00
43.00	04300	NURSERY	1,873	48,618	0	48,618 43.00
44.00	04400	SKILLED NURSING FACILITY	1,503	190,157	0	190,157 44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,613,250	0	2,613,250 50.00
51.00	05100	RECOVERY ROOM	0	142,863	0	142,863 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	394,576	0	394,576 52.00
53.00	05300	ANESTHESIOLOGY	0	67,645	0	67,645 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	593,799	0	593,799 54.00
54.10	03440	MAMMOGRAPHY	0	224,470	0	224,470 54.10
54.20	03630	ULTRA SOUND	0	82,075	0	82,075 54.20
54.30	05401	ECHOCARDIOLOGY	0	80,897	0	80,897 54.30
56.00	05600	RADIOISOTOPE	0	121,839	0	121,839 56.00
57.00	05700	CT SCAN	0	281,878	0	281,878 57.00
58.00	05800	MRI	0	293,689	0	293,689 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	423,153	0	423,153 59.00
60.00	06000	LABORATORY	0	623,487	0	623,487 60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	27,131	0	27,131 63.00
64.00	06400	INTRAVENOUS THERAPY	0	79,109	0	79,109 64.00
65.00	06500	RESPIRATORY THERAPY	0	199,432	0	199,432 65.00
66.00	06600	PHYSICAL THERAPY	0	703,895	0	703,895 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	71,699	0	71,699 67.00
68.00	06800	SPEECH PATHOLOGY	0	146,354	0	146,354 68.00
69.00	06900	ELECTROCARDIOLOGY	0	112,870	0	112,870 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	146,911	0	146,911 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	476,822	0	476,822 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	240,342	0	240,342 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	820,117	0	820,117 73.00
74.00	07400	RENAL DIALYSIS	0	159,510	0	159,510 74.00
76.00	03330	ENDOSCOPY	0	145,588	0	145,588 76.00
76.20	03951	PAIN CLINIC	0	118,068	0	118,068 76.20
76.97	07697	CARDIAC REHABILITATION	0	177,125	0	177,125 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	223,679	0	223,679 90.00
91.00	09100	EMERGENCY	0	652,472	0	652,472 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0 92.00
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	31,790	0	13,967,453	0 13,967,453 118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	192,358	0	192,358 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	740,446	0	740,446 192.00
192.10	19201	CARDIOLOGY CLINIC	0	1,852	0	1,852 192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	172,317	0	172,317 192.20
192.30	19203	MCLEAN CO EMS	0	15,743	0	15,743 192.30
192.40	19204	INDUSTRIAL MEDICINE	0	0	0	0 192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	7,059	0	7,059 192.60
200.00		Cross Foot Adjustments	0	0	0	0 200.00
201.00		Negative Cost Centers	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	31,790	0	15,097,228	0 15,097,228 202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1
Date/Time Prepared:
2/19/2020 4:14 pm

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				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	359,345				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		6,800,814			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	48,812,255		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	36,370	3,017,717	4,415,457	-22,593,812	111,680,354
6.00 00600	MAINTENANCE & REPAIRS	58,126	96,895	934,161	0	4,196,547
7.00 00700	OPERATION OF PLANT	13,273	8,960	406,560	0	2,234,899
8.00 00800	LAUNDRY & LINEN SERVICE	1,640	0	32,325	0	452,691
9.00 00900	HOUSEKEEPING	4,383	24,383	1,411,169	0	2,145,332
10.00 01000	DIETARY	2,518	11,619	478,972	0	959,308
11.00 01100	CAFETERIA	5,136	5,075	505,264	0	467,794
13.00 01300	NURSING ADMINISTRATION	2,658	370,260	845,433	0	2,678,874
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	122,408	0	167,888
16.00 01600	MEDICAL RECORDS & LIBRARY	2,076	17	929,341	0	1,381,115
17.00 01700	SOCIAL SERVICE	0	0	0	0	915,503
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	66,990	424,540	13,275,850	0	23,451,833
43.00 04300	NURSERY	448	4,286	400,115	0	599,520
44.00 04400	SKILLED NURSING FACILITY	5,052	11,121	665,797	0	1,016,260
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	27,529	1,516,160	2,965,040	0	8,115,936
51.00 05100	RECOVERY ROOM	4,738	0	462,611	0	696,618
52.00 05200	DELIVERY ROOM & LABOR ROOM	11,316	14,978	1,398,065	0	2,254,630
53.00 05300	ANESTHESIOLOGY	472	43,852	0	0	329,706
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,918	175,571	852,728	0	2,067,307
54.10 03440	MAMMOGRAPHY	3,163	115,206	350,954	0	762,000
54.20 03630	ULTRA SOUND	1,738	4,016	621,330	0	989,273
54.30 05401	ECHOCARDIOLOGY	1,952	6,732	424,507	0	554,343
56.00 05600	RADIOISOTOPE	1,522	49,856	327,332	0	953,146
57.00 05700	CT SCAN	3,247	104,398	701,016	0	1,378,818
58.00 05800	MRI	3,299	21,515	227,776	0	1,044,206
59.00 05900	CARDIAC CATHETERIZATION	4,875	236,609	829,752	0	1,466,302
60.00 06000	LABORATORY	10,716	58,682	2,341,026	0	4,896,653
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	3,651	0	0	664,698
64.00 06400	INTRAVENOUS THERAPY	2,496	6,370	250,029	0	394,345
65.00 06500	RESPIRATORY THERAPY	1,879	75,240	915,285	0	1,581,465
66.00 06600	PHYSICAL THERAPY	5,467	30,622	2,405,867	0	4,018,374
67.00 06700	OCCUPATIONAL THERAPY	1,589	0	662,759	0	932,718
68.00 06800	SPEECH PATHOLOGY	733	27,552	387,317	0	792,557
69.00 06900	ELECTROCARDIOLOGY	2,919	18,803	288,476	0	469,006
70.00 07000	ELECTROENCEPHALOGRAPHY	0	41,152	532,100	0	817,421
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,700	504	0	0	5,698,117
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,673,510
73.00 07300	DRUGS CHARGED TO PATIENTS	5,086	109,761	1,612,198	0	11,081,325
74.00 07400	RENAL DIALYSIS	5,848	0	0	0	682,262
76.00 03330	ENDOSCOPY	5,098	0	0	0	782,683
76.20 03951	PAIN CLINIC	0	4,172	434,897	0	764,064
76.97 07697	CARDIAC REHABILITATION	4,981	48,412	192,366	0	346,669
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	6,504	378,758	0	1,287,401
91.00 09100	EMERGENCY	12,855	45,585	3,994,865	0	6,236,298
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	329,806	6,740,776	47,979,906	-22,593,812	109,399,415
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	852	24,638	196,289	0	495,319
192.00 19200	PHYSICIANS' PRIVATE OFFICES	23,384	3,429	177,235	0	629,462
192.10 19201	CARDIOLOGY CLINIC	0	0	21,846	0	50,658
192.20 19202	FUND DEV, MKTING, COMM HEALTH ED	5,017	31,257	209,299	0	683,952
192.30 19203	MCLEAN CO EMS	0	714	222,464	0	409,499
192.40 19204	INDUSTRIAL MEDICINE	0	0	0	0	0
192.60 19205	NONALLOWABLE CARDIAC REHAB	286	0	5,216	0	12,049
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers					
202.00	Cost to be allocated (per Wkst. B, Part I)	5,887,521	6,866,370	15,929,914		22,593,812
203.00	Unit cost multiplier (Wkst. B, Part I)	16.384035	1.009639	0.326351		0.202308

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1
Date/Time Prepared:
2/19/2020 4:14 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					4.00
204.00	Cost to be allocated (per Wkst. B, Part II)			0		3,877,969	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000000		0.034724	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1
Date/Time Prepared:
2/19/2020 4:14 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	264,849					6.00
7.00	00700	13,273	251,576				7.00
8.00	00800	1,640	1,640	757,472			8.00
9.00	00900	4,383	4,383	0	245,553		9.00
10.00	01000	2,518	2,518	1,436	2,518	144,295	10.00
11.00	01100	5,136	5,136	1,207	5,136	0	11.00
13.00	01300	2,658	2,658	0	2,658	0	13.00
14.00	01400	0	0	0	0	0	14.00
16.00	01600	2,076	2,076	0	2,076	0	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	66,990	66,990	396,719	66,990	129,824	30.00
43.00	04300	448	448	17,996	448	1,528	43.00
44.00	04400	5,052	5,052	32,072	5,052	7,606	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	27,529	27,529	40,124	27,529	0	50.00
51.00	05100	4,738	4,738	0	4,738	0	51.00
52.00	05200	11,316	11,316	62,882	11,316	5,337	52.00
53.00	05300	472	472	0	472	0	53.00
54.00	05400	5,918	5,918	23,946	5,918	0	54.00
54.10	03440	3,163	3,163	0	3,163	0	54.10
54.20	03630	1,738	1,738	0	1,738	0	54.20
54.30	05401	1,952	1,952	0	1,952	0	54.30
56.00	05600	1,522	1,522	0	1,522	0	56.00
57.00	05700	3,247	3,247	44,576	3,247	0	57.00
58.00	05800	3,299	3,299	18,805	3,299	0	58.00
59.00	05900	4,875	4,875	0	4,875	0	59.00
60.00	06000	10,716	10,716	0	10,716	0	60.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	2,496	2,496	0	2,496	0	64.00
65.00	06500	1,879	1,879	0	1,879	0	65.00
66.00	06600	5,467	5,467	0	5,467	0	66.00
67.00	06700	1,589	1,589	0	1,589	0	67.00
68.00	06800	733	733	0	733	0	68.00
69.00	06900	2,919	2,919	26,155	2,919	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	1,700	1,700	0	1,700	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	5,086	5,086	0	5,086	0	73.00
74.00	07400	5,848	5,848	0	5,848	0	74.00
76.00	03330	5,098	5,098	0	5,098	0	76.00
76.20	03951	0	0	0	0	0	76.20
76.97	07697	4,981	4,981	0	4,981	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
91.00	09100	12,855	12,855	91,554	12,855	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		235,310	222,037	757,472	216,014	144,295	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	852	852	0	852	0	190.00
192.00	19200	23,384	23,384	0	23,384	0	192.00
192.10	19201	0	0	0	0	0	192.10
192.20	19202	5,017	5,017	0	5,017	0	192.20
192.30	19203	0	0	0	0	0	192.30
192.40	19204	0	0	0	0	0	192.40
192.60	19205	286	286	0	286	0	192.60
200.00							200.00
201.00							201.00
202.00		5,045,542	2,939,896	594,682	2,714,068	1,259,737	202.00
203.00		19.050636	11.685916	0.785088	11.052881	8.730289	203.00
204.00		1,195,888	364,048	52,367	197,058	103,431	204.00
205.00		4.515358	1.447070	0.069134	0.802507	0.716802	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 14-0162			Period: From 10/01/2018 To 09/30/2019		Worksheet B-1 Date/Time Prepared: 2/19/2020 4:14 pm	
Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)		
		6.00	7.00	8.00	9.00	10.00		
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)							206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1
Date/Time Prepared:
2/19/2020 4:14 pm

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (IN V ISSUES)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		11.00	13.00	14.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	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	64,652					11.00
13.00	01300	1,027	41,777				13.00
14.00	01400	401	0	15,280,039			14.00
16.00	01600	1,801	401	0	726,598,808		16.00
17.00	01700	0	0	0	0	31,562	17.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	22,038	22,038	745,272	52,259,573	28,210	30.00
43.00	04300	578	578	0	2,027,349	1,860	43.00
44.00	04400	1,167	1,167	15,971	1,082,288	1,492	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	5,283	5,283	0	57,877,780	0	50.00
51.00	05100	573	573	4,233	3,242,347	0	51.00
52.00	05200	2,018	2,018	0	7,067,510	0	52.00
53.00	05300	0	0	141,418	6,434,015	0	53.00
54.00	05400	1,641	0	33,378	17,395,543	0	54.00
54.10	03440	649	0	0	8,419,028	0	54.10
54.20	03630	745	0	38,496	12,417,262	0	54.20
54.30	05401	547	547	614	10,551,653	0	54.30
56.00	05600	473	0	228	14,798,372	0	56.00
57.00	05700	1,075	0	107,984	49,092,103	0	57.00
58.00	05800	291	0	48,616	12,391,136	0	58.00
59.00	05900	1,061	1,061	0	32,540,548	0	59.00
60.00	06000	4,405	0	149,243	113,739,303	0	60.00
63.00	06300	0	0	0	2,512,916	0	63.00
64.00	06400	395	0	7,864	2,378,081	0	64.00
65.00	06500	1,356	1,356	205,754	13,248,433	0	65.00
66.00	06600	3,324	0	10,576	15,848,731	0	66.00
67.00	06700	872	0	14	4,376,032	0	67.00
68.00	06800	473	0	155,163	1,479,876	0	68.00
69.00	06900	491	491	12,404	6,299,482	0	69.00
70.00	07000	865	0	10,534	6,430,972	0	70.00
71.00	07100	0	0	5,856,488	37,672,338	0	71.00
72.00	07200	0	0	6,673,326	39,167,033	0	72.00
73.00	07300	2,016	0	580,360	136,594,896	0	73.00
74.00	07400	0	0	0	3,059,055	0	74.00
76.00	03330	0	0	0	2,740,551	0	76.00
76.20	03951	896	896	82,621	5,945,169	0	76.20
76.97	07697	338	0	2,711	1,160,198	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	632	0	104,582	4,766,415	0	90.00
91.00	09100	5,368	5,368	291,413	41,582,820	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		62,799	41,777	15,279,263	726,598,808	31,562	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	326	0	318	0	0	190.00
192.00	19200	704	0	0	0	0	192.00
192.10	19201	43	0	293	0	0	192.10
192.20	19202	401	0	165	0	0	192.20
192.30	19203	370	0	0	0	0	192.30
192.40	19204	0	0	0	0	0	192.40
192.60	19205	9	0	0	0	0	192.60
200.00							200.00
201.00							201.00
202.00		778,011	3,344,268	206,679	1,801,054	1,100,717	202.00
203.00		12.033827	80.050458	0.013526	0.002479	34.874754	203.00
204.00		140,344	530,609	6,700	105,035	31,790	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/19/2020 4:14 pm

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (FTES)	CENTRAL SERVICES & SUPPLY (IN ISSUES)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		11.00	13.00	14.00	16.00	17.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	2.170760	12.700984	0.000438	0.000145	1.007224	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1
Date/Time Prepared:
2/19/2020 4:14 pm

Cost Center Description		INTERNS & RESIDENTS	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	22.00
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS				
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
54.10	03440	MAMMOGRAPHY	0	54.10
54.20	03630	ULTRA SOUND	0	54.20
54.30	05401	ECHOCARDIOLOGY	0	54.30
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
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
76.00	03330	ENDOSCOPY	0	76.00
76.20	03951	PAIN CLINIC	0	76.20
76.97	07697	CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.10	19201	CARDIOLOGY CLINIC	0	192.10
192.20	19202	FUND DEV, MKTING, COMM HEALTH ED	0	192.20
192.30	19203	MCLEAN CO EMS	0	192.30
192.40	19204	INDUSTRIAL MEDICINE	0	192.40
192.60	19205	NONALLOWABLE CARDIAC REHAB	0	192.60
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	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1
Date/Time Prepared:
2/19/2020 4:14 pm

Cost Center Description		INTERNS & RESIDENTS		
		SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME) 22.00		
204.00	Cost to be allocated (per Wkst. B, Part II)	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)			206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)			207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0162	Period: From 10/01/2018 To 09/30/2019	Worksheet C Part I Date/Time Prepared: 2/19/2020 4:14 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		35,593,440	8,572	35,602,012	30.00
43.00	04300 NURSERY		890,116	0	890,116	43.00
44.00	04400 SKILLED NURSING FACILITY		1,686,954	0	1,686,954	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		11,569,739	37,793	11,607,532	50.00
51.00	05100 RECOVERY ROOM		1,096,407	0	1,096,407	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,482,957	0	3,482,957	52.00
53.00	05300 ANESTHESIOLOGY		433,996	28,060	462,056	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		2,814,973	10,501	2,825,474	54.00
54.10	03440 MAMMOGRAPHY		1,077,020	0	1,077,020	54.10
54.20	03630 ULTRASOUND		1,302,309	0	1,302,309	54.20
54.30	05401 ECHOCARDIOLOGY		824,601	6,560	831,161	54.30
56.00	05600 RADIO SOTOPE		1,251,958	0	1,251,958	56.00
57.00	05700 CT SCAN		1,964,546	0	1,964,546	57.00
58.00	05800 MRI		1,442,962	0	1,442,962	58.00
59.00	05900 CARDIAC CATHETERIZATION		2,145,041	4,274	2,149,315	59.00
60.00	06000 LABORATORY		6,672,089	0	6,672,089	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.		805,402	0	805,402	63.00
64.00	06400 INTRAVENOUS THERAPY		589,184	0	589,184	64.00
65.00	06500 RESPIRATORY THERAPY	0	2,140,422	0	2,140,422	65.00
66.00	06600 PHYSICAL THERAPY	0	5,139,218	0	5,139,218	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,209,158	0	1,209,158	67.00
68.00	06800 SPEECH PATHOLOGY	0	994,990	0	994,990	68.00
69.00	06900 ELECTROCARDIOLOGY		767,405	0	767,405	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,009,285	0	1,009,285	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		7,094,539	0	7,094,539	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		8,210,972	0	8,210,972	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		13,906,252	0	13,906,252	73.00
74.00	07400 RENAL DIALYSIS		1,072,256	0	1,072,256	74.00
76.00	03330 ENDOSCOPY		1,160,863	0	1,160,863	76.00
76.20	03951 PAIN CLINIC		1,017,003	0	1,017,003	76.20
76.97	07697 CARDIAC REHABILITATION		631,936	0	631,936	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		1,568,689	3,917	1,572,606	90.00
91.00	09100 EMERGENCY		8,708,367	131,512	8,839,879	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		3,798,211		3,798,211	92.00
200.00	Subtotal (see instructions)	0	134,073,260	231,189	134,304,449	200.00
201.00	Less Observation Beds		3,798,211		3,798,211	201.00
202.00	Total (see instructions)	0	130,275,049	231,189	130,506,238	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0162	Period: From 10/01/2018 To 09/30/2019	Worksheet C Part I Date/Time Prepared: 2/19/2020 4:14 pm
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		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	44,674,817		44,674,817			30.00
43.00	04300 NURSERY	2,027,349		2,027,349			43.00
44.00	04400 SKILLED NURSING FACILITY	1,082,288		1,082,288			44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	33,730,569	24,147,211	57,877,780	0.199899	0.000000	50.00
51.00	05100 RECOVERY ROOM	1,894,893	1,347,454	3,242,347	0.338152	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,858,439	1,209,071	7,067,510	0.492812	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	3,727,232	2,706,783	6,434,015	0.067453	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,645,674	12,749,869	17,395,543	0.161822	0.000000	54.00
54.10	03440 MAMMOGRAPHY	1,609	8,417,419	8,419,028	0.127927	0.000000	54.10
54.20	03630 ULTRA SOUND	2,296,590	10,120,672	12,417,262	0.104879	0.000000	54.20
54.30	05401 ECHOCARDIOLOGY	3,764,437	6,787,216	10,551,653	0.078149	0.000000	54.30
56.00	05600 RADIOISOTOPE	1,845,842	12,952,530	14,798,372	0.084601	0.000000	56.00
57.00	05700 CT SCAN	15,741,247	33,350,856	49,092,103	0.040018	0.000000	57.00
58.00	05800 MRI	4,202,326	8,188,810	12,391,136	0.116451	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	16,894,677	15,645,871	32,540,548	0.065919	0.000000	59.00
60.00	06000 LABORATORY	37,684,420	76,054,883	113,739,303	0.058661	0.000000	60.00
63.00	06300 BLOOD STORAGE, PROCESSING, & TRANS.	1,966,665	546,251	2,512,916	0.320505	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	556,851	1,821,230	2,378,081	0.247756	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	10,420,391	2,828,042	13,248,433	0.161560	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	3,796,846	12,051,885	15,848,731	0.324267	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,120,056	2,255,976	4,376,032	0.276314	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	503,662	976,214	1,479,876	0.672347	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	1,423,808	4,875,674	6,299,482	0.121820	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	850,702	5,580,270	6,430,972	0.156941	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	21,511,815	16,160,523	37,672,338	0.188322	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	30,042,351	9,124,682	39,167,033	0.209640	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	78,647,417	57,947,479	136,594,896	0.101807	0.000000	73.00
74.00	07400 RENAL DIALYSIS	2,740,519	318,536	3,059,055	0.350519	0.000000	74.00
76.00	03330 ENDOSCOPY	2,231,367	509,184	2,740,551	0.423587	0.000000	76.00
76.20	03951 PAIN CLINIC	2,766	5,942,403	5,945,169	0.171064	0.000000	76.20
76.97	07697 CARDIAC REHABILITATION	318,537	841,661	1,160,198	0.544679	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	24,253	4,742,162	4,766,415	0.329113	0.000000	90.00
91.00	09100 EMERGENCY	9,895,373	31,687,447	41,582,820	0.209422	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,622,776	4,961,980	7,584,756	0.500769	0.000000	92.00
200.00	Subtotal (see instructions)	349,748,564	376,850,244	726,598,808			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	349,748,564	376,850,244	726,598,808			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 14-0162	Period: From 10/01/2018 To 09/30/2019	Worksheet C Part I Date/Time Prepared: 2/19/2020 4:14 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio	
		11.00	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS		30.00
43.00	04300 NURSERY		43.00
44.00	04400 SKILLED NURSING FACILITY		44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.200552	50.00
51.00	05100 RECOVERY ROOM	0.338152	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.492812	52.00
53.00	05300 ANESTHESIOLOGY	0.071815	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.162425	54.00
54.10	03440 MAMMOGRAPHY	0.127927	54.10
54.20	03630 ULTRASOUND	0.104879	54.20
54.30	05401 ECHOCARDIOLOGY	0.078771	54.30
56.00	05600 RADIOISOTOPE	0.084601	56.00
57.00	05700 CT SCAN	0.040018	57.00
58.00	05800 MRI	0.116451	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.066050	59.00
60.00	06000 LABORATORY	0.058661	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.320505	63.00
64.00	06400 INTRAVENOUS THERAPY	0.247756	64.00
65.00	06500 RESPIRATORY THERAPY	0.161560	65.00
66.00	06600 PHYSICAL THERAPY	0.324267	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.276314	67.00
68.00	06800 SPEECH PATHOLOGY	0.672347	68.00
69.00	06900 ELECTROCARDIOLOGY	0.121820	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.156941	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.188322	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.209640	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.101807	73.00
74.00	07400 RENAL DIALYSIS	0.350519	74.00
76.00	03330 ENDOSCOPY	0.423587	76.00
76.20	03951 PAIN CLINIC	0.171064	76.20
76.97	07697 CARDIAC REHABILITATION	0.544679	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.329935	90.00
91.00	09100 EMERGENCY	0.212585	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.500769	92.00
200.00	Subtotal (see instructions)		200.00
201.00	Less Observation Beds		201.00
202.00	Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet C
Part I
Date/Time Prepared:
2/19/2020 4:14 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Dissallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	35,593,440		35,593,440	8,572	35,602,012	30.00
43.00	04300 NURSERY	890,116		890,116	0	890,116	43.00
44.00	04400 SKILLED NURSING FACILITY	1,686,954		1,686,954	0	1,686,954	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	11,569,739		11,569,739	37,793	11,607,532	50.00
51.00	05100 RECOVERY ROOM	1,096,407		1,096,407	0	1,096,407	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,482,957		3,482,957	0	3,482,957	52.00
53.00	05300 ANESTHESIOLOGY	433,996		433,996	28,060	462,056	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,814,973		2,814,973	10,501	2,825,474	54.00
54.10	03440 MAMMOGRAPHY	1,077,020		1,077,020	0	1,077,020	54.10
54.20	03630 ULTRASOUND	1,302,309		1,302,309	0	1,302,309	54.20
54.30	05401 ECHOCARDIOLOGY	824,601		824,601	6,560	831,161	54.30
56.00	05600 RADIO SOTOPE	1,251,958		1,251,958	0	1,251,958	56.00
57.00	05700 CT SCAN	1,964,546		1,964,546	0	1,964,546	57.00
58.00	05800 MRI	1,442,962		1,442,962	0	1,442,962	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,145,041		2,145,041	4,274	2,149,315	59.00
60.00	06000 LABORATORY	6,672,089		6,672,089	0	6,672,089	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	805,402		805,402	0	805,402	63.00
64.00	06400 INTRAVENOUS THERAPY	589,184		589,184	0	589,184	64.00
65.00	06500 RESPIRATORY THERAPY	2,140,422	0	2,140,422	0	2,140,422	65.00
66.00	06600 PHYSICAL THERAPY	5,139,218	0	5,139,218	0	5,139,218	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,209,158	0	1,209,158	0	1,209,158	67.00
68.00	06800 SPEECH PATHOLOGY	994,990	0	994,990	0	994,990	68.00
69.00	06900 ELECTROCARDIOLOGY	767,405		767,405	0	767,405	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,009,285		1,009,285	0	1,009,285	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	7,094,539		7,094,539	0	7,094,539	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,210,972		8,210,972	0	8,210,972	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	13,906,252		13,906,252	0	13,906,252	73.00
74.00	07400 RENAL DIALYSIS	1,072,256		1,072,256	0	1,072,256	74.00
76.00	03330 ENDOSCOPY	1,160,863		1,160,863	0	1,160,863	76.00
76.20	03951 PAIN CLINIC	1,017,003		1,017,003	0	1,017,003	76.20
76.97	07697 CARDIAC REHABILITATION	631,936		631,936	0	631,936	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,568,689		1,568,689	3,917	1,572,606	90.00
91.00	09100 EMERGENCY	8,708,367		8,708,367	131,512	8,839,879	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	3,798,211		3,798,211		3,798,211	92.00
200.00	Subtotal (see instructions)	134,073,260	0	134,073,260	231,189	134,304,449	200.00
201.00	Less Observation Beds	3,798,211		3,798,211		3,798,211	201.00
202.00	Total (see instructions)	130,275,049	0	130,275,049	231,189	130,506,238	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0162		Period: From 10/01/2018 To 09/30/2019		Worksheet C Part I Date/Time Prepared: 2/19/2020 4:14 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00					
9.00	10.00							
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	44,674,817		44,674,817			30.00
43.00	04300	NURSERY	2,027,349		2,027,349			43.00
44.00	04400	SKILLED NURSING FACILITY	1,082,288		1,082,288			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	33,730,569	24,147,211	57,877,780	0.199899	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,894,893	1,347,454	3,242,347	0.338152	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,858,439	1,209,071	7,067,510	0.492812	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,727,232	2,706,783	6,434,015	0.067453	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,645,674	12,749,869	17,395,543	0.161822	0.000000	54.00
54.10	03440	MAMMOGRAPHY	1,609	8,417,419	8,419,028	0.127927	0.000000	54.10
54.20	03630	ULTRA SOUND	2,296,590	10,120,672	12,417,262	0.104879	0.000000	54.20
54.30	05401	ECHOCARDIOLOGY	3,764,437	6,787,216	10,551,653	0.078149	0.000000	54.30
56.00	05600	RADIOISOTOPE	1,845,842	12,952,530	14,798,372	0.084601	0.000000	56.00
57.00	05700	CT SCAN	15,741,247	33,350,856	49,092,103	0.040018	0.000000	57.00
58.00	05800	MRI	4,202,326	8,188,810	12,391,136	0.116451	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,894,677	15,645,871	32,540,548	0.065919	0.000000	59.00
60.00	06000	LABORATORY	37,684,420	76,054,883	113,739,303	0.058661	0.000000	60.00
63.00	06300	BLOOD STORAGE, PROCESSING, & TRANS.	1,966,665	546,251	2,512,916	0.320505	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	556,851	1,821,230	2,378,081	0.247756	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	10,420,391	2,828,042	13,248,433	0.161560	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,796,846	12,051,885	15,848,731	0.324267	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,120,056	2,255,976	4,376,032	0.276314	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	503,662	976,214	1,479,876	0.672347	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,423,808	4,875,674	6,299,482	0.121820	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	850,702	5,580,270	6,430,972	0.156941	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	21,511,815	16,160,523	37,672,338	0.188322	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	30,042,351	9,124,682	39,167,033	0.209640	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	78,647,417	57,947,479	136,594,896	0.101807	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,740,519	318,536	3,059,055	0.350519	0.000000	74.00
76.00	03330	ENDOSCOPY	2,231,367	509,184	2,740,551	0.423587	0.000000	76.00
76.20	03951	PAIN CLINIC	2,766	5,942,403	5,945,169	0.171064	0.000000	76.20
76.97	07697	CARDIAC REHABILITATION	318,537	841,661	1,160,198	0.544679	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	24,253	4,742,162	4,766,415	0.329113	0.000000	90.00
91.00	09100	EMERGENCY	9,895,373	31,687,447	41,582,820	0.209422	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,622,776	4,961,980	7,584,756	0.500769	0.000000	92.00
200.00		Subtotal (see instructions)	349,748,564	376,850,244	726,598,808			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	349,748,564	376,850,244	726,598,808			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 14-0162	Period: From 10/01/2018 To 09/30/2019	Worksheet C Part I Date/Time Prepared: 2/19/2020 4:14 pm
	Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio	
		11.00	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS		30.00
43.00	04300 NURSERY		43.00
44.00	04400 SKILLED NURSING FACILITY		44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000	50.00
51.00	05100 RECOVERY ROOM	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	54.00
54.10	03440 MAMMOGRAPHY	0.000000	54.10
54.20	03630 ULTRASOUND	0.000000	54.20
54.30	05401 ECHOCARDIOLOGY	0.000000	54.30
56.00	05600 RADIOISOTOPE	0.000000	56.00
57.00	05700 CT SCAN	0.000000	57.00
58.00	05800 MRI	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000 LABORATORY	0.000000	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	73.00
74.00	07400 RENAL DIALYSIS	0.000000	74.00
76.00	03330 ENDOSCOPY	0.000000	76.00
76.20	03951 PAIN CLINIC	0.000000	76.20
76.97	07697 CARDIAC REHABILITATION	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000	90.00
91.00	09100 EMERGENCY	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	92.00
200.00	Subtotal (see instructions)		200.00
201.00	Less Observation Beds		201.00
202.00	Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 14-0162		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part I Date/Time Prepared: 2/19/2020 4:14 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,283,933	0	3,283,933	31,579	103.99	30.00
43.00	NURSERY	48,618		48,618	1,860	26.14	43.00
44.00	SKILLED NURSING FACILITY	190,157		190,157	1,492	127.45	44.00
200.00	Total (Lines 30 through 199)	3,522,708		3,522,708	34,931		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	11,902	1,237,689				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	899	114,578				
200.00	Total (Lines 30 through 199)	12,801	1,352,267				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 14-0162	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part II Date/Time Prepared: 2/19/2020 4:14 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,613,250	57,877,780	0.045151	13,692,043	618,209	50.00
51.00	05100 RECOVERY ROOM	142,863	3,242,347	0.044062	603,929	26,610	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	394,576	7,067,510	0.055830	0	0	52.00
53.00	05300 ANESTHESIOLOGY	67,645	6,434,015	0.010514	1,445,443	15,197	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	593,799	17,395,543	0.034135	2,237,852	76,389	54.00
54.10	03440 MAMMOGRAPHY	224,470	8,419,028	0.026662	694	19	54.10
54.20	03630 ULTRASOUND	82,075	12,417,262	0.006610	1,105,445	7,307	54.20
54.30	05401 ECHOCARDIOLOGY	80,897	10,551,653	0.007667	1,781,452	13,658	54.30
56.00	05600 RADIOISOTOPE	121,839	14,798,372	0.008233	1,080,736	8,898	56.00
57.00	05700 CT SCAN	281,878	49,092,103	0.005742	6,886,346	39,541	57.00
58.00	05800 MRI	293,689	12,391,136	0.023702	1,763,636	41,802	58.00
59.00	05900 CARDIAC CATHETERIZATION	423,153	32,540,548	0.013004	6,659,219	86,596	59.00
60.00	06000 LABORATORY	623,487	113,739,303	0.005482	16,247,719	89,070	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	27,131	2,512,916	0.010797	850,734	9,185	63.00
64.00	06400 INTRAVENOUS THERAPY	79,109	2,378,081	0.033266	224,720	7,476	64.00
65.00	06500 RESPIRATORY THERAPY	199,432	13,248,433	0.015053	4,780,281	71,958	65.00
66.00	06600 PHYSICAL THERAPY	703,895	15,848,731	0.044413	1,709,512	75,925	66.00
67.00	06700 OCCUPATIONAL THERAPY	71,699	4,376,032	0.016384	904,525	14,820	67.00
68.00	06800 SPEECH PATHOLOGY	146,354	1,479,876	0.098896	242,927	24,025	68.00
69.00	06900 ELECTROCARDIOLOGY	112,870	6,299,482	0.017917	712,549	12,767	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	146,911	6,430,972	0.022844	562,835	12,857	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	476,822	37,672,338	0.012657	9,201,483	116,463	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	240,342	39,167,033	0.006136	13,228,156	81,168	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	820,117	136,594,896	0.006004	32,558,436	195,481	73.00
74.00	07400 RENAL DIALYSIS	159,510	3,059,055	0.052144	1,714,655	89,409	74.00
76.00	03330 ENDOSCOPY	145,588	2,740,551	0.053124	1,174,430	62,390	76.00
76.20	03951 PAIN CLINIC	118,068	5,945,169	0.019859	1,839	37	76.20
76.97	07697 CARDIAC REHABILITATION	177,125	1,160,198	0.152668	89,466	13,659	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	223,679	4,766,415	0.046928	13,853	650	90.00
91.00	09100 EMERGENCY	652,472	41,582,820	0.015691	4,468,653	70,118	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	350,347	7,584,756	0.046191	1,143,110	52,801	92.00
200.00	Total (lines 50 through 199)	10,795,092	678,814,354		127,086,678	1,934,485	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0162	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part III Date/Time Prepared: 2/19/2020 4:14 pm
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	31,579	0.00	30.00	
43.00	04300	NURSERY	0	0	1,860	0.00	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	1,492	0.00	44.00	
200.00		Total (lines 30 through 199)	0	0	34,931	0.00	200.00	
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
43.00	04300	NURSERY	0					43.00
44.00	04400	SKILLED NURSING FACILITY	0					44.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0162	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part IV Date/Time Prepared: 2/19/2020 4:14 pm
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Cost Center Description	Title XVIII					Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.10	03440 MAMMOGRAPHY	0	0	0	0	0	0	54.10
54.20	03630 ULTRA SOUND	0	0	0	0	0	0	54.20
54.30	05401 ECHOCARDIOLOGY	0	0	0	0	0	0	54.30
56.00	05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03330 ENDOSCOPY	0	0	0	0	0	0	76.00
76.20	03951 PAIN CLINIC	0	0	0	0	0	0	76.20
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0162	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part IV Date/Time Prepared: 2/19/2020 4:14 pm
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Cost Center Description			Title XVIII				Hospital	PPS
			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	57,877,780	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	3,242,347	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	7,067,510	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	6,434,015	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	17,395,543	0.000000	54.00
54.10	03440	MAMMOGRAPHY	0	0	0	8,419,028	0.000000	54.10
54.20	03630	ULTRASOUND	0	0	0	12,417,262	0.000000	54.20
54.30	05401	ECHOCARDIOLOGY	0	0	0	10,551,653	0.000000	54.30
56.00	05600	RADIOISOTOPE	0	0	0	14,798,372	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	49,092,103	0.000000	57.00
58.00	05800	MRI	0	0	0	12,391,136	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	32,540,548	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	113,739,303	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	2,512,916	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	2,378,081	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	13,248,433	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	15,848,731	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,376,032	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,479,876	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	6,299,482	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	6,430,972	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	37,672,338	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	39,167,033	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	136,594,896	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,059,055	0.000000	74.00
76.00	03330	ENDOSCOPY	0	0	0	2,740,551	0.000000	76.00
76.20	03951	PAIN CLINIC	0	0	0	5,945,169	0.000000	76.20
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,160,198	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	4,766,415	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	41,582,820	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	7,584,756	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	678,814,354		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0162	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part IV Date/Time Prepared: 2/19/2020 4:14 pm
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Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	13,692,043	0	5,436,894	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	603,929	0	471,589	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	1,445,443	0	573,967	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	2,237,852	0	2,996,613	0	54.00
54.10	03440 MAMMOGRAPHY	0.000000	694	0	109,877	0	54.10
54.20	03630 ULTRASOUND	0.000000	1,105,445	0	2,435,044	0	54.20
54.30	05401 ECHOCARDIOLOGY	0.000000	1,781,452	0	1,991,311	0	54.30
56.00	05600 RADIOISOTOPE	0.000000	1,080,736	0	3,881,151	0	56.00
57.00	05700 CT SCAN	0.000000	6,886,346	0	7,156,111	0	57.00
58.00	05800 MRI	0.000000	1,763,636	0	1,799,560	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	6,659,219	0	5,544,402	0	59.00
60.00	06000 LABORATORY	0.000000	16,247,719	0	6,711,238	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	850,734	0	149,057	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	224,720	0	1,157,429	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	4,780,281	0	737,550	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	1,709,512	0	40,080	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	904,525	0	19,779	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	242,927	0	95,463	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	712,549	0	1,111,217	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	562,835	0	1,320,826	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	9,201,483	0	4,884,975	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	13,228,156	0	2,275,154	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	32,558,436	0	16,816,661	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	1,714,655	0	125,104	0	74.00
76.00	03330 ENDOSCOPY	0.000000	1,174,430	0	73,764	0	76.00
76.20	03951 PAIN CLINIC	0.000000	1,839	0	1,495,655	0	76.20
76.97	07697 CARDIAC REHABILITATION	0.000000	89,466	0	337,434	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	13,853	0	2,395,786	0	90.00
91.00	09100 EMERGENCY	0.000000	4,468,653	0	5,167,836	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,143,110	0	692,030	0	92.00
200.00	Total (lines 50 through 199)		127,086,678	0	78,003,557	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0162	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part V Date/Time Prepared: 2/19/2020 4:14 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.199899	5,436,894	0	0	1,086,830	
51.00 05100 RECOVERY ROOM	0.338152	471,589	0	0	159,469	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.492812	0	0	0	0	
53.00 05300 ANESTHESIOLOGY	0.067453	573,967	0	0	38,716	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.161822	2,996,613	0	0	484,918	
54.10 03440 MAMMOGRAPHY	0.127927	109,877	0	0	14,056	
54.20 03630 ULTRA SOUND	0.104879	2,435,044	0	0	255,385	
54.30 05401 ECHOCARDIOLOGY	0.078149	1,991,311	0	0	155,619	
56.00 05600 RADIOISOTOPE	0.084601	3,881,151	0	0	328,349	
57.00 05700 CT SCAN	0.040018	7,156,111	0	0	286,373	
58.00 05800 MRI	0.116451	1,799,560	0	0	209,561	
59.00 05900 CARDIAC CATHETERIZATION	0.065919	5,544,402	0	0	365,481	
60.00 06000 LABORATORY	0.058661	6,711,238	3,006	0	393,688	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.320505	149,057	0	0	47,774	
64.00 06400 INTRAVENOUS THERAPY	0.247756	1,157,429	0	0	286,760	
65.00 06500 RESPIRATORY THERAPY	0.161560	737,550	0	0	119,159	
66.00 06600 PHYSICAL THERAPY	0.324267	40,080	0	0	12,997	
67.00 06700 OCCUPATIONAL THERAPY	0.276314	19,779	0	0	5,465	
68.00 06800 SPEECH PATHOLOGY	0.672347	95,463	0	0	64,184	
69.00 06900 ELECTROCARDIOLOGY	0.121820	1,111,217	0	0	135,368	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.156941	1,320,826	0	0	207,292	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.188322	4,884,975	0	0	919,948	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.209640	2,275,154	0	0	476,963	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.101807	16,816,661	676	149,701	1,712,054	
74.00 07400 RENAL DIALYSIS	0.350519	125,104	0	0	43,851	
76.00 03330 ENDOSCOPY	0.423587	73,764	0	0	31,245	
76.20 03951 PAIN CLINIC	0.171064	1,495,655	0	0	255,853	
76.97 07697 CARDIAC REHABILITATION	0.544679	337,434	0	0	183,793	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.329113	2,395,786	0	0	788,484	
91.00 09100 EMERGENCY	0.209422	5,167,836	0	0	1,082,259	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.500769	692,030	0	0	346,547	
200.00		Subtotal (see instructions)	78,003,557	3,682	149,701	10,498,441
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0	
202.00		Net Charges (line 200 - line 201)	78,003,557	3,682	149,701	10,498,441

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0162	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part V Date/Time Prepared: 2/19/2020 4:14 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.10 03440 MAMMOGRAPHY	0	0		54.10
54.20 03630 ULTRA SOUND	0	0		54.20
54.30 05401 ECHOCARDIOLOGY	0	0		54.30
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	176	0		60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
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	69	15,241		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03330 ENDOSCOPY	0	0		76.00
76.20 03951 PAIN CLINIC	0	0		76.20
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
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
200.00 Subtotal (see instructions)	245	15,241		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	245	15,241		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0162 Component CCN: 14-5590	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part IV Date/Time Prepared: 2/19/2020 4:14 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.10	03440 MAMMOGRAPHY	0	0	0	0	0	54.10
54.20	03630 ULTRA SOUND	0	0	0	0	0	54.20
54.30	05401 ECHOCARDIOLOGY	0	0	0	0	0	54.30
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03330 ENDOSCOPY	0	0	0	0	0	76.00
76.20	03951 PAIN CLINIC	0	0	0	0	0	76.20
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0162 Component CCN: 14-5590	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part IV Date/Time Prepared: 2/19/2020 4:14 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	57,877,780	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	3,242,347	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	7,067,510	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	6,434,015	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	17,395,543	0.000000	54.00
54.10 03440 MAMMOGRAPHY	0	0	0	8,419,028	0.000000	54.10
54.20 03630 ULTRA SOUND	0	0	0	12,417,262	0.000000	54.20
54.30 05401 ECHOCARDIOLOGY	0	0	0	10,551,653	0.000000	54.30
56.00 05600 RADIOISOTOPE	0	0	0	14,798,372	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	49,092,103	0.000000	57.00
58.00 05800 MRI	0	0	0	12,391,136	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	32,540,548	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	113,739,303	0.000000	60.00
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	2,512,916	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	2,378,081	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	13,248,433	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	15,848,731	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	4,376,032	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,479,876	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	6,299,482	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	6,430,972	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	37,672,338	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	39,167,033	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	136,594,896	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	3,059,055	0.000000	74.00
76.00 03330 ENDOSCOPY	0	0	0	2,740,551	0.000000	76.00
76.20 03951 PAIN CLINIC	0	0	0	5,945,169	0.000000	76.20
76.97 07697 CARDIAC REHABILITATION	0	0	0	1,160,198	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	4,766,415	0.000000	90.00
91.00 09100 EMERGENCY	0	0	0	41,582,820	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	7,584,756	0.000000	92.00
200.00 Total (lines 50 through 199)	0	0	0	678,814,354		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 14-0162 Component CCN: 14-5590	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part IV Date/Time Prepared: 2/19/2020 4:14 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	15,977	0	0	0	54.00
54.10	03440 MAMMOGRAPHY	0.000000	0	0	0	0	54.10
54.20	03630 ULTRA SOUND	0.000000	8,465	0	0	0	54.20
54.30	05401 ECHOCARDIOLOGY	0.000000	2,179	0	0	0	54.30
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	5,088	0	0	0	57.00
58.00	05800 MRI	0.000000	4,492	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	186,615	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	3,850	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	75,264	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	237,471	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	191,503	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	7,225	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,250	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	24,507	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	282	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	794,464	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
76.00	03330 ENDOSCOPY	0.000000	0	0	0	0	76.00
76.20	03951 PAIN CLINIC	0.000000	0	0	0	0	76.20
76.97	07697 CARDIAC REHABILITATION	0.000000	7,643	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.000000	751	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00	Total (lines 50 through 199)		1,567,026	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0162	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/19/2020 4:14 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		31,579	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		31,579	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)		28,210	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		11,902	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		35,602,012	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)		35,602,012	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		35,602,012	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,127.40	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,418,315	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)		13,418,315	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0162		Period: From 10/01/2018 To 09/30/2019		Worksheet D-1 Date/Time Prepared: 2/19/2020 4:14 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
Intensive Care Type Inpatient Hospital Units		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	
43.00	INTENSIVE CARE UNIT					43.00	
44.00	CORONARY CARE UNIT					44.00	
45.00	BURN INTENSIVE CARE UNIT					45.00	
46.00	SURGICAL INTENSIVE CARE UNIT					46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00	
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					18,377,723	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					31,796,038	
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,237,689	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,934,485	
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,172,174	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					28,623,864	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	
55.00	Target amount per discharge					0.00	
56.00	Target amount (line 54 x line 55)					0	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	
58.00	Bonus payment (see instructions)					0	
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	
62.00	Relief payment (see instructions)					0	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00	
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00	
72.00	Program routine service cost (line 9 x line 71)					72.00	
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00	
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00	
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00	
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00	
77.00	Program capital-related costs (line 9 x line 76)					77.00	
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00	
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00	
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00	
81.00	Inpatient routine service cost per diem limitation					81.00	
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00	
83.00	Reasonable inpatient routine service costs (see instructions)					83.00	
84.00	Program inpatient ancillary services (see instructions)					84.00	
85.00	Utilization review - physician compensation (see instructions)					85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,369	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,127.40	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,798,211	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0162		Period: From 10/01/2018 To 09/30/2019		Worksheet D-1 Date/Time Prepared: 2/19/2020 4:14 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,283,933	35,602,012	0.092240	3,798,211	350,347	90.00
91.00	Nursing School cost	0	35,602,012	0.000000	3,798,211	0	91.00
92.00	Allied health cost	0	35,602,012	0.000000	3,798,211	0	92.00
93.00	All other Medical Education	0	35,602,012	0.000000	3,798,211	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0162 Component CCN: 14-5590	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/19/2020 4:14 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,492	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,492	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,492	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)		899	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,686,954	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,686,954	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,686,954	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0162 Component CCN: 14-5590		Period: From 10/01/2018 To 09/30/2019		Worksheet D-1 Date/Time Prepared: 2/19/2020 4:14 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					1,686,954	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					1,130.67	71.00
72.00	Program routine service cost (line 9 x line 71)					1,016,472	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					1,016,472	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)					0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00	Inpatient routine service cost per diem limitation					0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)					1,016,472	83.00
84.00	Program inpatient ancillary services (see instructions)					253,531	84.00
85.00	Utilization review - physician compensation (see instructions)					0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					1,270,003	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0162 Component CCN: 14-5590		Period: From 10/01/2018 To 09/30/2019		Worksheet D-1 Date/Time Prepared: 2/19/2020 4:14 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0162	Period: From 10/01/2018 To 09/30/2019	Worksheet D-3 Date/Time Prepared: 2/19/2020 4:14 pm	
Cost Center Description		Ratio of Cost To Charges	Hospital	PPS	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		18,596,235	30.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.200552	13,692,043	50.00
51.00	05100	RECOVERY ROOM	0.338152	603,929	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.492812	0	52.00
53.00	05300	ANESTHESIOLOGY	0.071815	1,445,443	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.162425	2,237,852	54.00
54.10	03440	MAMMOGRAPHY	0.127927	694	54.10
54.20	03630	ULTRA SOUND	0.104879	1,105,445	54.20
54.30	05401	ECHOCARDIOLOGY	0.078771	1,781,452	54.30
56.00	05600	RADIOISOTOPE	0.084601	1,080,736	56.00
57.00	05700	CT SCAN	0.040018	6,886,346	57.00
58.00	05800	MRI	0.116451	1,763,636	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.066050	6,659,219	59.00
60.00	06000	LABORATORY	0.058661	16,247,719	60.00
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.320505	850,734	63.00
64.00	06400	INTRAVENOUS THERAPY	0.247756	224,720	64.00
65.00	06500	RESPIRATORY THERAPY	0.161560	4,780,281	65.00
66.00	06600	PHYSICAL THERAPY	0.324267	1,709,512	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.276314	904,525	67.00
68.00	06800	SPEECH PATHOLOGY	0.672347	242,927	68.00
69.00	06900	ELECTROCARDIOLOGY	0.121820	712,549	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.156941	562,835	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.188322	9,201,483	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.209640	13,228,156	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.101807	32,558,436	73.00
74.00	07400	RENAL DIALYSIS	0.350519	1,714,655	74.00
76.00	03330	ENDOSCOPY	0.423587	1,174,430	76.00
76.20	03951	PAIN CLINIC	0.171064	1,839	76.20
76.97	07697	CARDIAC REHABILITATION	0.544679	89,466	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.329935	13,853	90.00
91.00	09100	EMERGENCY	0.212585	4,468,653	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.500769	1,143,110	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		127,086,678	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)		127,086,678	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0162 Component CCN: 14-5590	Period: From 10/01/2018 To 09/30/2019	Worksheet D-3 Date/Time Prepared: 2/19/2020 4:14 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS			0	30.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.200552	0	0	50.00
51.00	05100 RECOVERY ROOM	0.338152	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.492812	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.071815	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.162425	15,977	2,595	54.00
54.10	03440 MAMMOGRAPHY	0.127927	0	0	54.10
54.20	03630 ULTRA SOUND	0.104879	8,465	888	54.20
54.30	05401 ECHOCARDIOLOGY	0.078771	2,179	172	54.30
56.00	05600 RADIOISOTOPE	0.084601	0	0	56.00
57.00	05700 CT SCAN	0.040018	5,088	204	57.00
58.00	05800 MRI	0.116451	4,492	523	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.066050	0	0	59.00
60.00	06000 LABORATORY	0.058661	186,615	10,947	60.00
63.00	06300 BLOOD STORAGE, PROCESSING, & TRANS.	0.320505	3,850	1,234	63.00
64.00	06400 INTRAVENOUS THERAPY	0.247756	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.161560	75,264	12,160	65.00
66.00	06600 PHYSICAL THERAPY	0.324267	237,471	77,004	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.276314	191,503	52,915	67.00
68.00	06800 SPEECH PATHOLOGY	0.672347	7,225	4,858	68.00
69.00	06900 ELECTROCARDIOLOGY	0.121820	1,250	152	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.156941	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.188322	24,507	4,615	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.209640	282	59	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.101807	794,464	80,882	73.00
74.00	07400 RENAL DIALYSIS	0.350519	0	0	74.00
76.00	03330 ENDOSCOPY	0.423587	0	0	76.00
76.20	03951 PAIN CLINIC	0.171064	0	0	76.20
76.97	07697 CARDIAC REHABILITATION	0.544679	7,643	4,163	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.329935	0	0	90.00
91.00	09100 EMERGENCY	0.212585	751	160	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.500769	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		1,567,026	253,531	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		1,567,026		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0162	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 2/19/2020 4:14 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		24,616,872	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		389,255	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		127.77	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.99	30.00
31.00	Percentage of Medicaid patient days (see instructions)		13.03	31.00
32.00	Sum of lines 30 and 31		16.02	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.16	33.00
34.00	Disproportionate share adjustment (see instructions)		194,473	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0162	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 2/19/2020 4:14 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	8,272,872,447 35.00
35.01	Factor 3 (see instructions)		0.000000000	0.000112596 35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	931,494 35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	931,494 35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		931,494	36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
		Before 1/1	On/After 1/1	
		1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0 41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0 41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00 45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)		26,132,094	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)			26,132,094 49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			2,105,172 50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0 51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0 52.00
53.00	Nursing and Allied Health Managed Care payment			0 53.00
54.00	Special add-on payments for new technologies			0 54.00
54.01	Islet isolation add-on payment			0 54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0 55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0 56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0 57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			28,237,266 59.00
60.00	Primary payer payments			0 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			28,237,266 61.00
62.00	Deductibles billed to program beneficiaries			2,871,348 62.00
63.00	Coinurance billed to program beneficiaries			101,053 63.00
64.00	Allowable bad debts (see instructions)			461,600 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			300,040 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			399,550 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			25,564,905 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)			112,729 70.93
70.94	HRR adjustment amount (see instructions)			-204,322 70.94
70.95	Recovery of accelerated depreciation			0 70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0162	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 2/19/2020 4:14 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		282,827	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		25,190,485	71.00
71.01	Sequestration adjustment (see instructions)		503,810	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		24,920,681	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-234,006	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		649,022	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)			0
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0162	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part B Date/Time Prepared: 2/19/2020 4:14 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		15,486	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,498,441	2.00
3.00	OPPS payments		11,125,950	3.00
4.00	Outlier payment (see instructions)		13,073	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		15,486	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		153,383	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)		153,383	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		153,383	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		137,897	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		15,486	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)		11,139,023	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		431	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,116,252	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)		9,037,826	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)		9,037,826	30.00
31.00	Primary payer payments		188	31.00
32.00	Subtotal (line 30 minus line 31)		9,037,638	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		301,016	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		195,660	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		264,628	36.00
37.00	Subtotal (see instructions)		9,233,298	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		9,233,298	40.00
40.01	Sequestration adjustment (see instructions)		184,666	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		9,123,940	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-75,308	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet E-1
Part I
Date/Time Prepared:
2/19/2020 4:14 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		24,849,681		9,072,140	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	04/09/2019	71,000	04/09/2019	51,800	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)		71,000		51,800	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)		24,920,681		9,123,940	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		234,006		75,308	6.02	
7.00	Total Medicare program liability (see instructions)		24,686,675		9,048,632	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0162
Component CCN: 14-5590

Period:
From 10/01/2018
To 09/30/2019

Worksheet E-1
Part I
Date/Time Prepared:
2/19/2020 4:14 pm

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		289,255		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)		289,255		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		289,255		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0162	Period: From 10/01/2018 To 09/30/2019	Worksheet E-1 Part II Date/Time Prepared: 2/19/2020 4:14 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0162 Component CCN: 14-5590	Period: From 10/01/2018 To 09/30/2019	Worksheet E-3 Part VI Date/Time Prepared: 2/19/2020 4:14 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		307,434	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		307,434	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		12,276	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		295,158	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Demonstration payment adjustment amount before sequestration		0	14.99
15.00	Subtotal (see instructions)		295,158	15.00
15.01	Sequestration adjustment (see instructions)		5,903	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
16.00	Interim payments		289,255	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

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

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet G
Date/Time Prepared:
2/19/2020 4:14 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,895,229	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	97,314,130	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-73,702,161	0	0	0	6.00
7.00	Inventory	3,526,719	0	0	0	7.00
8.00	Prepaid expenses	89,437	0	0	0	8.00
9.00	Other current assets	1,857,839	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)	30,981,193	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,603,420	0	0	0	12.00
13.00	Land improvements	1,166,650	0	0	0	13.00
14.00	Accumulated depreciation	-1,085,314	0	0	0	14.00
15.00	Buildings	130,771,171	0	0	0	15.00
16.00	Accumulated depreciation	-73,551,699	0	0	0	16.00
17.00	Leasehold improvements	190,139	0	0	0	17.00
18.00	Accumulated depreciation	-139,969	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	57,210,148	0	0	0	23.00
24.00	Accumulated depreciation	-38,823,914	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	20,009,036	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	97,349,668	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	248,235,462	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	13,866	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	248,249,328	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	376,580,189	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	7,047,256	0	0	0	37.00
38.00	Salaries, wages, and fees payable	397,363	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	21,406	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	491,040	0	0	0	43.00
44.00	Other current liabilities	17,591,424	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	25,548,489	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	604,824	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	604,824	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	26,153,313	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	350,426,876				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)	350,426,876	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	376,580,189	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet G-1

Date/Time Prepared:
2/19/2020 4:14 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		337,752,927		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		45,177,847			2.00
3.00	Total (sum of line 1 and line 2)		382,930,774		0	3.00
4.00	INCREASE IN RESTRICTED ASSETS	234,101		0		4.00
5.00	OTHER - NONCONTROLLING INTEREST - S	113,916		0		5.00
6.00	OTHER	2,685,079		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		3,033,096		0	10.00
11.00	Subtotal (line 3 plus line 10)		385,963,870		0	11.00
12.00	CHANGE IN RESTRICTED ASSETS	151		0		12.00
13.00	EQUITY TRANSFER	35,536,843		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		35,536,994		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		350,426,876		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	INCREASE IN RESTRICTED ASSETS		0			4.00
5.00	OTHER - NONCONTROLLING INTEREST - S		0			5.00
6.00	OTHER		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	CHANGE IN RESTRICTED ASSETS		0			12.00
13.00	EQUITY TRANSFER		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/19/2020 4:14 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	46,702,166		46,702,166	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	1,082,288		1,082,288	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	47,784,454		47,784,454	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	47,784,454		47,784,454	17.00
18.00	Ancillary services	289,421,708	335,458,655	624,880,363	18.00
19.00	Outpatient services	12,542,402	41,391,589	53,933,991	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				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	5,533,419	16,973,773	22,507,192	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	355,281,983	393,824,017	749,106,000	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		155,663,002		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		155,663,002		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0162

Period:
From 10/01/2018
To 09/30/2019

Worksheet G-3

Date/Time Prepared:
2/19/2020 4:14 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	749,106,000	1.00
2.00	Less contractual allowances and discounts on patients' accounts	566,762,293	2.00
3.00	Net patient revenues (line 1 minus line 2)	182,343,707	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	155,663,002	4.00
5.00	Net income from service to patients (line 3 minus line 4)	26,680,705	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	-36,588	6.00
7.00	Income from investments	14,566,695	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	513,964	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	46,728	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	759,367	22.00
23.00	Governmental appropriations	0	23.00
24.00	RESEARCH	736,487	24.00
24.03	FINANCE CHARGE FROM PATIENT ACCOUNTS	218,098	24.03
24.04	RISK FOR VALUE BASED RESERVE	1,692,391	24.04
25.00	Total other income (sum of lines 6-24)	18,497,142	25.00
26.00	Total (line 5 plus line 25)	45,177,847	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)	45,177,847	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0162	Period: From 10/01/2018 To 09/30/2019	Worksheet L Parts I-III Date/Time Prepared: 2/19/2020 4:14 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,992,337	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		47,287	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)		77.85	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)		2.99	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		13.03	8.00
9.00	Sum of lines 7 and 8		16.02	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.29	10.00
11.00	Disproportionate share adjustment (see instructions)		65,548	11.00
12.00	Total prospective capital payments (see instructions)		2,105,172	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00