

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: 14-0029	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/19/2019 3:09 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/19/2019	Time: 3:09 pm
	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.

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 COPLEY MEMORIAL HOSPITAL (14-0029) for the cost reporting period beginning 07/01/2018 and ending 06/30/2019 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	-118,795	-128,180	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	62,810	70		0	3.00
4.00	SUBPROVIDER I						4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00	Total	0	-55,985	-128,110	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: 14-0029		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/19/2019 3:09 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 2000 OGDEN AVENUE			PO Box:				1.00	
2.00	City: AURORA			State: IL		Zip Code: 60504		County: KANE	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	
								V	XVIII
								XIX	
Hospital and Hospital-Based Component Identification:									
3.00	Hospital			COPLEY MEMORIAL HOSPITAL	140029	20994	1	07/01/1966	N P O
4.00	Subprovider - IPF								
5.00	Subprovider - IRF			COPLEY MEMORIAL HOSPITAL REHAB	14T029	20994	5	01/01/1991	N P O
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF								
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
17.10	Hospital-Based (CORF) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2018	06/30/2019	
21.00	Type of Control (see instructions)						2		
							1.00	2.00	
							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		
22.01	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		
22.02	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		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	
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.					1	N		

Worksheet S-2
Part I
Date/Time Prepared:
11/19/2019 3:09 pm

11/19/2019 3:09 pm C:\Client\Caseware\rush copley medical center 63019(939066) (sync)\RushCopley2019-1.mcrx

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
11/19/2019 3:09 pm

		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
		1.00	2.00	3.00	
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)	N			60.00
		Y/N	IME	Direct GME	
		1.00	2.00	3.00	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
61.01	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
61.20	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
					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
62.01	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
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
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.					
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))			
			1.00	2.00	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	
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				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.				Y		75.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				Y	N	0	76.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0029	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 11/19/2019 3:09 pm	
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	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			

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		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.	N			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:	766,427	0	0	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N			140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

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Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
11/19/2019 3:09 pm

1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00
						1.00	
						2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N	146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	169.00
		Beginning	Ending				
		1.00	2.00				
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			07/01/2018	06/30/2019		170.00
		1.00	2.00				
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			N		0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0029	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/19/2019 3:09 pm
			Y/N 1.00	Date 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 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
			Y/N 1.00	Legal Oper. 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.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
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	10/29/2019	Y 10/29/2019
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
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/19/2019 3:09 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JONATHAN		SHEDDEN	41.00
42.00	Enter the employer/company name of the cost report preparer.	COPLEY MEMORIAL HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-692-5726		JONATHAN.SHEDDEN@RUSHCOPLEY.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/19/2019 3:09 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.	DIRECTOR OF ACCT. & REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/19/2019 3:09 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	157	57,305	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)		157	57,305	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,030	0.00	0	8.00
8.01 NICU	31.01	13	4,745	0.00	0	8.01
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)		192	70,080	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	18	6,570		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		210				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: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/19/2019 3:09 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)	12,941	3,012	28,229			1.00
2.00	HMO and other (see instructions)	2,969	6,177				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	76	174				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	12,941	3,012	28,229			7.00
8.00	INTENSIVE CARE UNIT	1,428	584	5,561			8.00
8.01	NICU	0	202	1,920			8.01
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		809	7,682			13.00
14.00	Total (see instructions)	14,369	4,607	43,392	11.73	1,507.54	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	2,589	220	4,352	1.00	23.98	17.00
18.00	SUBPROVIDER		0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	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
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				12.73	1,531.52	27.00
28.00	Observation Bed Days		2,287	11,879			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	666	2,136			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: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/19/2019 3:09 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,408	3,224	11,118	1.00
2.00 HMO and other (see instructions)			622	0		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
8.01 NICU						8.01
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	3,408	3,224	11,118	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	214	110	379	17.00
18.00 SUBPROVIDER	0.00	0		0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/19/2019 3:09 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on 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	120,380,529	0	120,380,529	3,185,559.00	37.79
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		638,062	0	638,062	5,713.00	111.69
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	643,614	0	643,614	24,872.00	25.88
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		2,616,331	377,969	2,994,300	106,828.00	28.03
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		240,372	0	240,372	3,018.00	79.65
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		326,195	0	326,195	2,175.00	149.97
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		35,956,098	0	35,956,098		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		927,296	0	927,296		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		113,046	0	113,046		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		199,319	0	199,319		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,059,432	2,131	1,061,563	24,951.00	42.55
27.00	Administrative & General	5.00	21,569,640	-380,100	21,189,540	496,994.00	42.64

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HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/19/2019 3:09 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on 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.)	95,423	0	95,423	1,499.00	63.66	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,764,554	0	2,764,554	84,812.00	32.60	30.00
31.00	Laundry & Linen Service	114,406	0	114,406	4,344.00	26.34	31.00
32.00	Housekeeping	1,766,384	0	1,766,384	108,666.00	16.26	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,533,715	-984,338	549,377	30,865.00	17.80	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	984,338	984,338	55,301.00	17.80	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	3,695,379	0	3,695,379	61,769.00	59.83	38.00
39.00	Central Services and Supply	494,961	0	494,961	22,616.00	21.89	39.00
40.00	Pharmacy	2,872,416	0	2,872,416	63,463.00	45.26	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	186,828	0	186,828	4,136.00	45.17	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
11/19/2019 3:09 pm

	Worksheet A Line Number	Amount Reported	Reclassificati 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)	119,194,276	0	119,194,276	3,156,473.00	37.76	1.00
2.00	Excluded area salaries (see instructions)	2,616,331	377,969	2,994,300	106,828.00	28.03	2.00
3.00	Subtotal salaries (line 1 minus line 2)	116,577,945	-377,969	116,199,976	3,049,645.00	38.10	3.00
4.00	Subtotal other wages & related costs (see inst.)	566,567	0	566,567	5,193.00	109.10	4.00
5.00	Subtotal wage-related costs (see inst.)	35,956,098	0	35,956,098	0.00	30.94	5.00
6.00	Total (sum of lines 3 thru 5)	153,100,610	-377,969	152,722,641	3,054,838.00	49.99	6.00
7.00	Total overhead cost (see instructions)	36,153,138	-377,969	35,775,169	959,416.00	37.29	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0029	Period: From 07/01/2018 To 06/30/2019	Worksheet S-3 Part IV Date/Time Prepared: 11/19/2019 3:09 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		5,081,378	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		71,585	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)		17,691,176	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		463,076	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		172,401	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		1,558,457	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,490,146	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		10,172,114	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		88,167	19.00
20.00	State or Federal Unemployment Taxes		-1,829	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		409,088	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		37,195,759	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	240,372	37,195,759	1.00
2.00	Hospital	240,372	35,956,098	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	927,296	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	312,365	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0029	Period: From 07/01/2018 To 06/30/2019	Worksheet S-10 Date/Time Prepared: 11/19/2019 3:09 pm
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.169693 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	35,699,422		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?	N		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	11,999,756		5.00
6.00	Medicaid charges	295,148,513		6.00
7.00	Medicaid cost (line 1 times line 6)	50,084,637		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)	2,385,459		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)	2,385,459		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)	16,429,956	1,849,938	18,279,894 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,788,049	1,849,938	4,637,987 21.00
22.00	Payments received from patients for amounts previously written off as charity care	32,027	46,707	78,734 22.00
23.00	Cost of charity care (line 21 minus line 22)	2,756,022	1,803,231	4,559,253 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)	44,382,537		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	384,269		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	591,182		27.01
28.00	Non-Medicare bad debt expense (see instructions)	43,791,355		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	7,637,999		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	12,197,252		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	14,582,711		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		7,815,054	7,815,054	4,053,915	11,868,969	1.00
1.01	00101	POB NEW CRC		0	0	0	0	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	990,898	990,898	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,059,432	3,696,208	4,755,640	33,114,251	37,869,891	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	3,559,660	27,366,949	30,926,609	-612,060	30,314,549	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	18,009,980	52,209,282	70,219,262	-8,235,626	61,983,636	5.06
7.00	00700	OPERATION OF PLANT	2,764,554	4,980,567	7,745,121	-691,139	7,053,982	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	114,406	1,035,327	1,149,733	-28,601	1,121,132	8.00
9.00	00900	HOUSEKEEPING	1,766,384	2,086,980	3,853,364	-441,596	3,411,768	9.00
10.00	01000	DIETARY	1,533,715	2,243,177	3,776,892	-2,561,353	1,215,539	10.00
11.00	01100	CAFETERIA	0	0	0	2,177,924	2,177,924	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,695,379	1,987,453	5,682,832	-923,938	4,758,894	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	494,961	855,085	1,350,046	-129,179	1,220,867	14.00
15.00	01500	PHARMACY	2,872,416	18,630,152	21,502,568	-17,852,807	3,649,761	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,265,910	3,265,910	0	3,265,910	16.00
17.00	01700	SOCIAL SERVICE	186,828	115,443	302,271	-46,707	255,564	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	643,614	160,904	804,518	-160,904	643,614	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	772,583	353,969	1,126,552	-193,146	933,406	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,280,746	7,341,541	30,622,287	-5,853,440	24,768,847	30.00
31.00	03100	INTENSIVE CARE UNIT	3,462,326	1,854,339	5,316,665	-874,208	4,442,457	31.00
31.01	03101	NICU	3,549,053	1,275,197	4,824,250	-887,344	3,936,906	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,789,547	571,982	2,361,529	-447,867	1,913,662	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,239,128	22,169,859	26,408,987	-16,833,971	9,575,016	50.00
50.01	05001	SAME DAY SURGERY	1,658,919	644,052	2,302,971	-470,334	1,832,637	50.01
50.02	05002	G. I. LAB	1,672,771	2,548,512	4,221,283	-1,088,096	3,133,187	50.02
51.00	05100	RECOVERY ROOM	803,183	236,454	1,039,637	-212,379	827,258	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,620,624	3,139,868	8,760,492	-1,556,489	7,204,003	52.00
53.00	05300	ANESTHESIOLOGY	181,926	614,560	796,486	-252,490	543,996	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,713,686	4,299,204	9,012,890	-1,853,005	7,159,885	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,455,441	2,213,290	4,668,731	-643,597	4,025,134	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	467,032	524,385	991,417	-182,716	808,701	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	3,227,443	6,258,295	9,485,738	-808,469	8,677,269	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,950,916	1,450,117	3,401,033	-954,434	2,446,599	65.00
69.00	06900	ELECTROCARDIOLOGY	1,261,286	1,044,266	2,305,552	-637,071	1,668,481	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	14,092,983	14,092,983	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,312,714	11,312,714	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	17,484,017	17,484,017	73.00
74.00	07400	RENAL DIALYSIS	0	965,471	965,471	0	965,471	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	948,167	2,130,942	3,079,109	-260,954	2,818,155	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	3,780,470	1,443,993	5,224,463	-1,075,219	4,149,244	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	2,065,349	7,602,800	9,668,149	-6,186,886	3,481,263	75.05
75.06	07506	YORKVILLE	3,522,316	2,990,835	6,513,151	-931,545	5,581,606	75.06
75.07	07507	MCAI	2,101,255	2,183,276	4,284,531	-817,825	3,466,706	75.07
76.00	03020	DIABETIC CENTER	229,880	120,172	350,052	-57,777	292,275	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,851,606	1,183,364	3,034,970	-648,478	2,386,492	90.00
90.01	09001	WOUND CARE CENTER	0	1,191,431	1,191,431	-300,326	891,105	90.01
90.02	04950	ENDOCRINOLOGY	664,108	447,521	1,111,629	-78,623	1,033,006	90.02
91.00	09100	EMERGENCY	6,582,655	3,853,649	10,436,304	-1,848,884	8,587,420	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		5,044,813	5,044,813	-5,044,813	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	119,553,745	212,146,648	331,700,393	542,406	332,242,799	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	101,668	414,219	515,887	-25,417	490,470	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	484,955	2,410,969	2,895,924	-121,239	2,774,685	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	240,161	1,708,842	1,949,003	-395,750	1,553,253	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	120,380,529	216,680,678	337,061,207	0	337,061,207	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-4,053,915	7,815,054	1.00
1.01	00101	POB NEW CRC	0	0	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-990,898	0	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-20,000	37,849,891	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-25,204,530	5,110,019	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-19,767,035	42,216,601	5.06
7.00	00700	OPERATION OF PLANT	-151,823	6,902,159	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,121,132	8.00
9.00	00900	HOUSEKEEPING	0	3,411,768	9.00
10.00	01000	DIETARY	0	1,215,539	10.00
11.00	01100	CAFETERIA	-151,121	2,026,803	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-9,744	4,749,150	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,220,867	14.00
15.00	01500	PHARMACY	-321,619	3,328,142	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-1,201	3,264,709	16.00
17.00	01700	SOCIAL SERVICE	0	255,564	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	643,614	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-720,319	213,087	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,026,004	23,742,843	30.00
31.00	03100	INTENSIVE CARE UNIT	-831,809	3,610,648	31.00
31.01	03101	NICU	-186,657	3,750,249	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	-84,308	1,829,354	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-318,588	9,256,428	50.00
50.01	05001	SAME DAY SURGERY	-40	1,832,597	50.01
50.02	05002	G. I. LAB	-7,599	3,125,588	50.02
51.00	05100	RECOVERY ROOM	0	827,258	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,272,547	5,931,456	52.00
53.00	05300	ANESTHESIOLOGY	-13,348	530,648	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-8,041	7,151,844	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-25,426	3,999,708	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	808,701	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-70,000	8,607,269	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-3,832	2,442,767	65.00
69.00	06900	ELECTROCARDIOLOGY	0	1,668,481	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,092,983	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,312,714	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	17,484,017	73.00
74.00	07400	RENAL DIALYSIS	0	965,471	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC REHAB	-1,369,457	1,448,698	75.01
75.02	07502	HEART SURGERY	0	0	75.02
75.03	07503	REHAB SERVICES	-54,753	4,094,491	75.03
75.04	07504	CV SURGERY	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	3,481,263	75.05
75.06	07506	YORKVILLE	-4,559	5,577,047	75.06
75.07	07507	MCAI	-7,093	3,459,613	75.07
76.00	03020	DIABETIC CENTER	0	292,275	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-144,609	2,241,883	90.00
90.01	09001	WOUND CARE CENTER	-18,000	873,105	90.01
90.02	04950	ENDOCRINOLOGY	-102,321	930,685	90.02
91.00	09100	EMERGENCY	-597,382	7,990,038	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00

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RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019

Worksheet A

Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-57,538,578	274,704,221	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	490,470	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	2,774,685	194.00
194.01	07950	ADVERTISING	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	194.02
194.03	07952	HHA HME	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	1,553,253	194.04
200.00		TOTAL (SUM OF LINES 118 through 199)	-57,538,578	279,522,629	200.00

RECLASSIFICATIONS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6

Date/Time Prepared:
11/19/2019 3:09 pm

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,053,915	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	990,898	2.00
	0		0	5,044,813	
B - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	14,092,983	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
	0		0	14,092,983	
C - WORKMENS COMP INSURANCE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,131	1,490,146	1.00
	0		2,131	1,490,146	
D - CAFETERIA					
1.00	CAFETERIA	11.00	984,338	1,193,586	1.00
	0		984,338	1,193,586	
E - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	31,663,596	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00

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RECLASSIFICATIONS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-6

Date/Time Prepared:
11/19/2019 3:09 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
0			0	31,663,596		
G - ADVERTISING						
1.00	OTHER NONREIMBURSABLE COST	194.04	377,969	966,908		1.00
	CTRS					
	TOTALS		377,969	966,908		
I - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO	72.00	0	11,312,714		1.00
	PATIENTS					
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
0			0	11,312,714		
J - DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	17,484,017		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,057		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
	TOTALS		0	17,488,074		
500.00	Grand Total: Increases		1,364,438	83,252,820		500.00

RECLASSIFICATIONS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Date/Time Prepared:
11/19/2019 3:09 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	5,044,813	11	1.00	
2.00		0.00	0	0	11	2.00	
	0		0	5,044,813			
B - MEDICAL SUPPLIES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	651,364	0	1.00	
2.00	NURSING ADMINISTRATION	13.00	0	93	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,375	0	3.00	
4.00	PHARMACY	15.00	0	45,667	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	33,254	0	5.00	
6.00	INTENSIVE CARE UNIT	31.00	0	8,626	0	6.00	
7.00	NICU	31.01	0	81	0	7.00	
8.00	SUBPROVIDER - IRF	41.00	0	480	0	8.00	
9.00	OPERATING ROOM	50.00	0	6,366,053	0	9.00	
10.00	SAME DAY SURGERY	50.01	0	55,604	0	10.00	
11.00	G. I. LAB	50.02	0	648,235	0	11.00	
12.00	RECOVERY ROOM	51.00	0	10,392	0	12.00	
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	151,333	0	13.00	
14.00	ANESTHESIOLOGY	53.00	0	156,643	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	678,641	0	15.00	
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	27,972	0	16.00	
17.00	MRI	58.00	0	65,808	0	17.00	
18.00	LABORATORY	60.00	0	1,580	0	18.00	
19.00	RESPIRATORY THERAPY	65.00	0	466,705	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	41,966	0	20.00	
21.00	CARDIAC REHAB	75.01	0	1,161	0	21.00	
22.00	REHAB SERVICES	75.03	0	4,692	0	22.00	
23.00	VASCULAR SERVICES	75.05	0	4,040,100	0	23.00	
24.00	YORKVILLE	75.06	0	40,466	0	24.00	
25.00	MCAI	75.07	0	274,174	0	25.00	
26.00	DIABETIC CENTER	76.00	0	307	0	26.00	
27.00	CLINIC	90.00	0	53,610	0	27.00	
28.00	WOUND CARE CENTER	90.01	0	61,130	0	28.00	
29.00	ENDOCRINOLOGY	90.02	0	23	0	29.00	
30.00	EMERGENCY	91.00	0	202,448	0	30.00	
	0		0	14,092,983			
C - WORKMENS COMP INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	2,131	1,490,146	0	1.00	
	0		2,131	1,490,146			
D - CAFETERIA							
1.00	DIETARY	10.00	984,338	1,193,586	0	1.00	
	0		984,338	1,193,586			
E - EMPLOYEE BENEFITS							
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	612,060	0	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4,593,373	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	691,139	0	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	28,601	0	4.00	
5.00	HOUSEKEEPING	9.00	0	441,596	0	5.00	
6.00	DIETARY	10.00	0	383,429	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	923,845	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	123,740	0	8.00	
9.00	PHARMACY	15.00	0	718,104	0	9.00	
10.00	SOCIAL SERVICE	17.00	0	46,707	0	10.00	
11.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	160,904	0	11.00	
12.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	193,146	0	12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	5,820,186	0	13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	865,582	0	14.00	
15.00	NICU	31.01	0	887,263	0	15.00	
16.00	SUBPROVIDER - IRF	41.00	0	447,387	0	16.00	
17.00	OPERATING ROOM	50.00	0	1,058,801	0	17.00	
18.00	SAME DAY SURGERY	50.01	0	414,730	0	18.00	
19.00	G. I. LAB	50.02	0	418,193	0	19.00	
20.00	RECOVERY ROOM	51.00	0	200,796	0	20.00	
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,405,156	0	21.00	
22.00	ANESTHESIOLOGY	53.00	0	45,482	0	22.00	
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,178,421	0	23.00	
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	615,625	0	24.00	
25.00	MRI	58.00	0	116,758	0	25.00	

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RECLASSIFICATIONS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Date/Time Prepared:
11/19/2019 3:09 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
26.00	LABORATORY	60.00	0	806,861	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	487,729	0		27.00
28.00	ELECTROCARDIOLOGY	69.00	0	594,907	0		28.00
29.00	CARDIAC REHAB	75.01	0	258,620	0		29.00
30.00	REHAB SERVICES	75.03	0	1,070,381	0		30.00
31.00	VASCULAR SERVICES	75.05	0	516,338	0		31.00
32.00	YORKVILLE	75.06	0	880,580	0		32.00
33.00	MCAI	75.07	0	536,651	0		33.00
34.00	DIABETIC CENTER	76.00	0	57,470	0		34.00
35.00	CLINIC	90.00	0	510,526	0		35.00
36.00	ENDOCRINOLOGY	90.02	0	19,562	0		36.00
37.00	EMERGENCY	91.00	0	1,645,664	0		37.00
38.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	25,417	0		38.00
39.00	PHYSICIAN SERVICES	194.00	0	121,239	0		39.00
40.00	OTHER NONREIMBURSABLE COST CTRS	194.04	0	1,740,627	0		40.00
	0		0	31,663,596			
G - ADVERTISING							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	377,969	966,908	0		1.00
	TOTALS		377,969	966,908			
I - IMPLANTABLE DEVICES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	67,428	0		1.00
2.00	OPERATING ROOM	50.00	0	9,374,239	0		2.00
3.00	G. I. LAB	50.02	0	21,558	0		3.00
4.00	VASCULAR SERVICES	75.05	0	1,630,448	0		4.00
5.00	YORKVILLE	75.06	0	188	0		5.00
6.00	WOUND CARE CENTER	90.01	0	218,081	0		6.00
7.00	EMERGENCY	91.00	0	772	0		7.00
	0		0	11,312,714			
J - DRUGS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41,622	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	86,307	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,064	0		3.00
4.00	PHARMACY	15.00	0	17,089,036	0		4.00
5.00	OPERATING ROOM	50.00	0	34,878	0		5.00
6.00	G. I. LAB	50.02	0	110	0		6.00
7.00	RECOVERY ROOM	51.00	0	1,191	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	50,365	0		8.00
9.00	MRI	58.00	0	150	0		9.00
10.00	LABORATORY	60.00	0	28	0		10.00
11.00	ELECTROCARDIOLOGY	69.00	0	198	0		11.00
12.00	CARDIAC REHAB	75.01	0	1,173	0		12.00
13.00	REHAB SERVICES	75.03	0	146	0		13.00
14.00	YORKVILLE	75.06	0	10,311	0		14.00
15.00	MCAI	75.07	0	7,000	0		15.00
16.00	CLINIC	90.00	0	84,342	0		16.00
17.00	WOUND CARE CENTER	90.01	0	21,115	0		17.00
18.00	ENDOCRINOLOGY	90.02	0	59,038	0		18.00
	TOTALS		0	17,488,074			
500.00	Grand Total: Decreases		1,364,438	83,252,820			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
11/19/2019 3:09 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	2,441,298	0	0	0	0	1.00
2.00	Land Improvements	16,816,414	90,284	0	90,284	0	2.00
3.00	Buildings and Fixtures	131,753,605	1,505,061	0	1,505,061	0	3.00
4.00	Building Improvements	3,743,627	0	0	0	0	4.00
5.00	Fixed Equipment	102,730,951	7,915,263	0	7,915,263	0	5.00
6.00	Movable Equipment	144,913,914	28,535,631	0	28,535,631	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	402,399,809	38,046,239	0	38,046,239	0	8.00
9.00	Reconciling Items	5,033,684	8,105,997	0	8,105,997	0	9.00
10.00	Total (line 8 minus line 9)	397,366,125	29,940,242	0	29,940,242	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,441,298	0				1.00
2.00	Land Improvements	16,906,698	0				2.00
3.00	Buildings and Fixtures	133,258,666	0				3.00
4.00	Building Improvements	3,743,627	0				4.00
5.00	Fixed Equipment	110,646,214	0				5.00
6.00	Movable Equipment	173,449,545	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	440,446,048	0				8.00
9.00	Reconciling Items	13,139,681	0				9.00
10.00	Total (line 8 minus line 9)	427,306,367	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
11/19/2019 3:09 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	7,815,054	0	0	0	0	1.00
1.01	POB NEW CRC	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	7,815,054	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	7,815,054				1.00
1.01	POB NEW CRC	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	7,815,054				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
11/19/2019 3:09 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	266,996,503	0	266,996,503	0.606196	0	1.00
1.01	POB NEW CRC	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	173,449,545	0	173,449,545	0.393804	0	2.00
3.00	Total (sum of lines 1-2)	440,446,048	0	440,446,048	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,815,054	0	1.00
1.01	POB NEW CRC	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,815,054	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	7,815,054	1.00
1.01	POB NEW CRC	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	7,815,054	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
11/19/2019 3:09 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				3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-4,053,915	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
1.01	Investment income - POB NEW CRC (chapter 2)		0	POB NEW CRC	1.01	0	1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-990,898	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-253,096	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	7.00
8.00	Television and radio service (chapter 21)	A	-39,462	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-5,835,710			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-135,746	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	-1,201	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-15,375	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - POB NEW CRC		0	POB NEW CRC	1.01	0	26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	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	*** Cost Center Deleted ***	68.00		31.00

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ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8

Date/Time Prepared:
11/19/2019 3:09 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	4.00	5.00	
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	IDPA PROVIDER TAX	A	-19,096,687	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.00
33.01	340B REVENUE	B	-223,472	PHARMACY	15.00	0	33.01
33.03	BAD DEBTS	A	-24,984,975	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.03
33.04	MISC REV	B	-20,000	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.04
33.05	MISC REV	B	-219,555	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.05
33.06	MISC REV	B	-158,862	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.06
33.07	MISC REV	B	-112,361	OPERATION OF PLANT	7.00	0	33.07
33.08	MISC REV	B	-9,744	NURSING ADMINISTRATION	13.00	0	33.08
33.09	MISC REV	B	-98,147	PHARMACY	15.00	0	33.09
33.11	MISC REV	B	-48,430	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.11
33.12	MISC REV	B	-593,420	ADULTS & PEDIATRICS	30.00	0	33.12
33.13	MISC REV	B	-7,599	G. I. LAB	50.02	0	33.13
33.14	MISC REV	B	-1,050	DELIVERY ROOM & LABOR ROOM	52.00	0	33.14
33.15	MISC REV	B	-8,041	RADIOLOGY-DIAGNOSTIC	54.00	0	33.15
33.16	MISC REV	B	-24,626	RADIOLOGY-THERAPEUTIC	55.00	0	33.16
33.17	MISC REV	B	-211,682	CARDIAC REHAB	75.01	0	33.17
33.18	MISC REV	B	-54,753	REHAB SERVICES	75.03	0	33.18
33.19	MISC REV	B	-84,212	CLINIC	90.00	0	33.19
33.21	MISC REV	B	-11,241	EMERGENCY	91.00	0	33.21
33.22	AHA/IHA LOBBYING FEES	A	-33,576	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.22
33.23	PATIENT TV & RADIO	A	-4,559	YORKVILLE	75.06	0	33.23
33.26	PATIENT TV & RADIO	A	-7,093	MCAI	75.07	0	33.26
33.27	BAD DEBTS	A	-60,397	CLINIC	90.00	0	33.27
33.28	NONALLOWABLE DUES	B	-36,017	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.28
33.29	MISC REV	B	-40	SAME DAY SURGERY	50.01	0	33.29
33.30	LATE CHARGES	B	-315	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.30
33.31	BAD DEBTS	A	-102,321	ENDOCRINOLOGY	90.02	0	33.31
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-57,538,578				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-2

Date/Time Prepared:
11/19/2019 3:09 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	OTHER ADMINISTRATIVE AND GENERAL	188,482	188,482	0	179,000	0	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	715,262	639,662	75,600	179,000	504	2.00
3.00	30.00	ADULTS & PEDIATRICS	447,042	421,842	25,200	179,000	168	3.00
4.00	31.00	INTENSIVE CARE UNIT	831,809	831,809	0	179,000	0	4.00
5.00	31.01	NICU	215,400	165,300	50,100	179,000	334	5.00
6.00	41.00	SUBPROVIDER - IRF	84,308	84,308	0	179,000	0	6.00
7.00	50.00	OPERATING ROOM	372,133	304,408	67,725	246,400	452	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	1,280,361	1,264,986	15,375	179,000	103	8.00
9.00	53.00	ANESTHESIOLOGY	45,000	3,750	41,250	239,400	275	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	271,900	0	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	800	800	0	271,900	0	11.00
12.00	60.00	LABORATORY	70,000	70,000	0	271,900	0	12.00
13.00	65.00	RESPIRATORY THERAPY	8,823	198	8,625	179,000	58	13.00
14.00	75.01	CARDIAC REHAB	1,170,770	1,148,120	22,650	179,000	151	14.00
15.00	75.02	HEART SURGERY	0	0	0	179,000	0	15.00
16.00	75.06	YORKVILLE	0	0	0	179,000	0	16.00
17.00	75.07	MCAI	0	0	0	179,000	0	17.00
18.00	90.01	WOUND CARE CENTER	18,000	18,000	0	179,000	0	18.00
19.00	91.00	EMERGENCY	597,415	577,745	19,670	179,000	131	19.00
200.00			6,045,605	5,719,410	326,195		2,176	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	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	43,373	2,169	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	14,458	723	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	31.01	NICU	28,743	1,437	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	6.00
7.00	50.00	OPERATING ROOM	53,545	2,677	0	0	0	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	8,864	443	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	31,652	1,583	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	11.00
12.00	60.00	LABORATORY	0	0	0	0	0	12.00
13.00	65.00	RESPIRATORY THERAPY	4,991	250	0	0	0	13.00
14.00	75.01	CARDIAC REHAB	12,995	650	0	0	0	14.00
15.00	75.02	HEART SURGERY	0	0	0	0	0	15.00
16.00	75.06	YORKVILLE	0	0	0	0	0	16.00
17.00	75.07	MCAI	0	0	0	0	0	17.00
18.00	90.01	WOUND CARE CENTER	0	0	0	0	0	18.00
19.00	91.00	EMERGENCY	11,274	564	0	0	0	19.00
200.00			209,895	10,496	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	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	188,482		1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	43,373	32,227	671,889		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	14,458	10,742	432,584		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	0	0	831,809		4.00
5.00	31.01	NICU	0	28,743	21,357	186,657		5.00
6.00	41.00	SUBPROVIDER - IRF	0	0	0	84,308		6.00
7.00	50.00	OPERATING ROOM	0	53,545	14,180	318,588		7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	8,864	6,511	1,271,497		8.00
9.00	53.00	ANESTHESIOLOGY	0	31,652	9,598	13,348		9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0		10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	800		11.00
12.00	60.00	LABORATORY	0	0	0	70,000		12.00
13.00	65.00	RESPIRATORY THERAPY	0	4,991	3,634	3,832		13.00
14.00	75.01	CARDIAC REHAB	0	12,995	9,655	1,157,775		14.00
15.00	75.02	HEART SURGERY	0	0	0	0		15.00
16.00	75.06	YORKVILLE	0	0	0	0		16.00
17.00	75.07	MCAI	0	0	0	0		17.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019

Worksheet A-8-2

Date/Time Prepared:
11/19/2019 3:09 pm

	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		
18.00	90.01	WOUND CARE CENTER	0	0	0	18,000		18.00
19.00	91.00	EMERGENCY	0	11,274	8,396	586,141		19.00
200.00			0	209,895	116,300	5,835,710		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	POB NEW CRC	MVBLE EQUIP		
		0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	7,815,054	7,815,054			1.00
1.01	00101	POB NEW CRC	0	0	0		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	37,849,891	0	0	37,849,891	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,110,019	0	0	1,129,181	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	42,216,601	1,394,702	0	5,592,480	5.06
7.00	00700	OPERATION OF PLANT	6,902,159	1,070,500	0	876,961	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,121,132	0	0	36,291	8.00
9.00	00900	HOUSEKEEPING	3,411,768	64,886	0	560,325	9.00
10.00	01000	DIETARY	1,215,539	42,881	0	174,271	10.00
11.00	01100	CAFETERIA	2,026,803	192,727	0	312,248	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,749,150	0	0	1,172,233	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,220,867	116,121	0	157,010	14.00
15.00	01500	PHARMACY	3,328,142	35,429	0	911,176	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,264,709	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	255,564	15,867	0	59,265	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	643,614	0	0	204,165	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	213,087	0	0	245,076	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	23,742,843	1,499,536	0	7,385,029	30.00
31.00	03100	INTENSIVE CARE UNIT	3,610,648	383,730	0	1,098,305	31.00
31.01	03101	NICU	3,750,249	32,679	0	1,125,816	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,829,354	81,081	0	567,673	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,256,428	445,065	0	1,344,719	50.00
50.01	05001	SAME DAY SURGERY	1,832,597	222,532	0	526,236	50.01
50.02	05002	G. I. LAB	3,125,588	13,958	0	530,630	50.02
51.00	05100	RECOVERY ROOM	827,258	40,294	0	254,782	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,931,456	149,929	0	1,782,952	52.00
53.00	05300	ANESTHESIOLOGY	530,648	10,653	0	57,710	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,151,844	410,580	0	1,495,257	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,999,708	736,219	0	778,905	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	808,701	123,490	0	148,150	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	8,607,269	137,325	0	1,023,797	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,442,767	27,465	0	618,862	65.00
69.00	06900	ELECTROCARDIOLOGY	1,668,481	78,413	0	400,100	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	14,092,983	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,312,714	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,484,017	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	965,471	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	1,448,698	50,763	0	300,774	75.01
75.02	07502	HEART SURGERY	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	4,094,491	51,892	0	1,199,226	75.03
75.04	07504	CV SURGERY	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	3,481,263	0	0	655,162	75.05
75.06	07506	YORKVILLE	5,577,047	0	0	1,117,335	75.06
75.07	07507	MCAI	3,459,613	0	0	666,552	75.07
76.00	03020	DIABETIC CENTER	292,275	0	0	72,922	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	2,241,883	0	0	587,359	90.00
90.01	09001	WOUND CARE CENTER	873,105	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY	930,685	0	0	210,666	90.02
91.00	09100	EMERGENCY	7,990,038	357,825	0	2,088,123	91.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	POB NEW CRC	MVBLE EQUIP		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	0	1.00	1.01	2.00	4.00	92.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	101.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	274,704,221	7,786,542	0	0	37,467,724	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	490,470	28,512	0	0	32,251	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	2,774,685	0	0	0	153,835	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	1,553,253	0	0	0	196,081	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	279,522,629	7,815,054	0	0	37,849,891	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description			CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5A.05	5.06	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,239,200					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	49,203,783	49,203,783			5.06
7.00	00700	OPERATION OF PLANT	0	8,849,620	1,890,571	10,740,191		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,157,423	247,264	0	1,404,687	8.00
9.00	00900	HOUSEKEEPING	0	4,036,979	862,432	130,262	0	9.00
10.00	01000	DIETARY	0	1,432,691	306,070	86,086	0	10.00
11.00	01100	CAFETERIA	0	2,531,778	540,871	386,913	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	5,921,383	1,265,003	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,493,998	319,167	233,120	0	14.00
15.00	01500	PHARMACY	0	4,274,747	913,227	71,127	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,264,709	697,450	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	330,696	70,648	31,855	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	847,779	181,114	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	458,163	97,879	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	383,717	33,011,125	7,052,341	3,010,415	620,381	30.00
31.00	03100	INTENSIVE CARE UNIT	59,463	5,152,146	1,100,668	770,365	38,981	31.00
31.01	03101	NICU	72,654	4,981,398	1,064,191	65,605	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	35,559	2,513,667	537,002	162,776	89,817	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	641,884	11,688,096	2,496,963	893,498	169,083	50.00
50.01	05001	SAME DAY SURGERY	77,554	2,658,919	568,033	446,749	66,882	50.01
50.02	05002	G. I. LAB	70,295	3,740,471	799,088	28,022	0	50.02
51.00	05100	RECOVERY ROOM	80,906	1,203,240	257,052	80,894	48,599	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	122,954	7,987,291	1,706,349	300,992	0	52.00
53.00	05300	ANESTHESIOLOGY	89,279	688,290	147,041	21,388	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	785,041	9,842,722	2,102,730	824,267	50,212	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	112,937	5,627,769	1,202,277	1,478,009	53,521	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	91,397	1,171,738	250,322	247,915	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	544,239	10,312,630	2,203,118	275,690	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	118,478	3,207,572	685,243	55,138	0	65.00
69.00	06900	ELECTROCARDIOLOGY	184,702	2,331,696	498,127	157,419	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	325,190	14,418,173	3,080,198	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	163,144	11,475,858	2,451,622	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	864,212	18,348,229	3,919,787	0	0	73.00
74.00	07400	RENAL DIALYSIS	25,035	990,506	211,605	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	13,291	1,813,526	387,429	101,910	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	173,614	5,519,223	1,179,088	104,177	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	184,258	4,320,683	923,040	0	0	75.05
75.06	07506	YORKVILLE	243,038	6,937,420	1,482,062	0	0	75.06
75.07	07507	MCAI	104,565	4,227,730	903,183	0	0	75.07
76.00	03020	DIABETIC CENTER	1,235	366,432	78,282	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	66,521	2,895,763	618,631	0	0	90.00
90.01	09001	WOUND CARE CENTER	22,219	895,324	191,271	0	0	90.01
90.02	04950	ENDOCRINOLOGY	5,294	1,146,645	244,961	0	0	90.02
91.00	09100	EMERGENCY	579,525	11,015,511	2,353,277	718,359	267,211	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description		CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.05	5A.05	5.06	7.00	8.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,239,200	274,293,542	48,086,677	10,682,951	1,404,687
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	551,233	117,762	57,240	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	2,928,520	625,629	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	1,749,334	373,715	0	194.04
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)	6,239,200	279,522,629	49,203,783	10,740,191	1,404,687

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	POB NEW CRC					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING	5,029,673				9.00
10.00	01000	DIETARY	40,809	1,865,656			10.00
11.00	01100	CAFETERIA	183,418	0	3,642,980		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	101,029	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	110,512	0	36,976	0	14.00
15.00	01500	PHARMACY	33,718	0	103,784	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	15,101	0	6,769	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	40,684	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	17,723	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,427,097	1,454,744	1,056,239	0	30.00
31.00	03100	INTENSIVE CARE UNIT	365,194	158,227	135,283	0	31.00
31.01	03101	NICU	31,100	0	142,699	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	77,165	173,064	81,571	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	423,566	0	169,061	0	50.00
50.01	05001	SAME DAY SURGERY	211,783	0	65,652	0	50.01
50.02	05002	G. I. LAB	13,284	0	70,210	0	50.02
51.00	05100	RECOVERY ROOM	38,348	0	27,723	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	142,686	79,621	239,611	0	52.00
53.00	05300	ANESTHESIOLOGY	10,139	0	12,858	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	390,746	0	205,901	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	700,655	0	119,227	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	117,525	0	14,049	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	130,692	0	165,864	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	26,138	0	89,667	0	65.00
69.00	06900	ELECTROCARDIOLOGY	74,625	0	46,943	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	48,311	0	35,275	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	49,385	0	136,337	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	67,590	0	75.05
75.06	07506	YORKVILLE	0	0	0	0	75.06
75.07	07507	MCAI	0	0	0	0	75.07
76.00	03020	DIABETIC CENTER	0	0	8,062	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	88,817	0	90.00
90.01	09001	WOUND CARE CENTER	0	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0	0	0	0	90.02
91.00	09100	EMERGENCY	340,541	0	281,927	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,002,538	1,865,656	3,567,531	0	7,222,584	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	27,135	0	5,239	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	20,172	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	50,038	0	64,831	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,029,673	1,865,656	3,642,980	0	7,287,415	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,193,773					14.00
15.00	01500	PHARMACY	8,278	5,404,881				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,962,159			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	455,069		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,028	0	243,683	455,069	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,564	0	37,763	0	0	31.00
31.01	03101	NICU	15	0	46,139	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	87	0	22,582	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	873,884	0	407,634	0	0	50.00
50.01	05001	SAME DAY SURGERY	10,080	0	49,251	0	0	50.01
50.02	05002	G. I. LAB	116,160	0	44,642	0	0	50.02
51.00	05100	RECOVERY ROOM	1,884	0	51,380	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,433	0	78,083	0	0	52.00
53.00	05300	ANESTHESIOLOGY	28,396	0	56,697	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	123,019	0	498,547	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,071	0	71,722	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	11,925	0	58,043	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	286	0	345,624	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	6,037	0	75,241	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY	7,607	0	117,297	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	117,941	0	206,515	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	103,606	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,404,881	548,722	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	15,899	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	210	0	8,441	0	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	851	0	110,255	0	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	732,377	0	117,015	0	0	75.05
75.06	07506	YORKVILLE	7,336	0	154,344	0	0	75.06
75.07	07507	MCAI	49,701	0	64,500	0	0	75.07
76.00	03020	DIABETIC CENTER	56	0	784	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	9,718	0	42,245	0	0	90.00
90.01	09001	WOUND CARE CENTER	11,081	0	14,111	0	0	90.01
90.02	04950	ENDOCRINOLOGY	4	0	3,362	0	0	90.02
91.00	09100	EMERGENCY	36,607	0	368,032	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,193,636	5,404,881	3,962,159	455,069	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	137	0	0	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,193,773	5,404,881	3,962,159	455,069	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PRGM	Subtotal	
			NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
				APPRV	APPRV		
			20.00	21.00	22.00	23.00	24.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	POB NEW CRC					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		1,069,577			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			573,765		22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM				0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	692,081	371,261	0	52,288,882
31.00	03100	INTENSIVE CARE UNIT	0	13,981	7,500	0	8,285,258
31.01	03101	NICU	0	0	0	0	6,820,339
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	83,888	45,001	0	3,990,996
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	34,953	18,750	0	17,482,825
50.01	05001	SAME DAY SURGERY	0	0	0	0	4,259,244
50.02	05002	G. I. LAB	0	6,991	3,750	0	4,998,622
51.00	05100	RECOVERY ROOM	0	0	0	0	1,808,668
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	90,879	48,751	0	11,553,580
53.00	05300	ANESTHESIOLOGY	0	0	0	0	964,809
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,991	3,750	0	14,055,380
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	9,394,549
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	1,871,517
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	0	0	0	13,433,904
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	4,145,036
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	3,292,387
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	17,822,827
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	14,031,086
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	28,221,619
74.00	07400	RENAL DIALYSIS	0	41,944	22,501	0	1,282,455
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC REHAB	0	62,916	33,751	0	2,570,696
75.02	07502	HEART SURGERY	0	0	0	0	0
75.03	07503	REHAB SERVICES	0	0	0	0	7,099,316
75.04	07504	CV SURGERY	0	0	0	0	0
75.05	07505	VASCULAR SERVICES	0	0	0	0	6,361,151
75.06	07506	YORKVILLE	0	0	0	0	8,681,283
75.07	07507	MCAI	0	0	0	0	5,245,114
76.00	03020	DIABETIC CENTER	0	0	0	0	453,616
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	3,815,325
90.01	09001	WOUND CARE CENTER	0	0	0	0	1,111,787
90.02	04950	ENDOCRINOLOGY	0	0	0	0	1,394,972
91.00	09100	EMERGENCY	0	34,953	18,750	0	16,214,401
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description			NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PRGM	Subtotal	
				SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
				20.00	21.00			
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,069,577	573,765	0	272,951,644	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	758,609	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	0	0	3,574,458	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	2,237,918	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,069,577	573,765	0	279,522,629	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	POB NEW CRC			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL			5.06
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,063,342	51,225,540	30.00
31.00	03100	INTENSIVE CARE UNIT	-21,481	8,263,777	31.00
31.01	03101	NICU	0	6,820,339	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	-128,889	3,862,107	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-53,703	17,429,122	50.00
50.01	05001	SAME DAY SURGERY	0	4,259,244	50.01
50.02	05002	G. I. LAB	-10,741	4,987,881	50.02
51.00	05100	RECOVERY ROOM	0	1,808,668	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-139,630	11,413,950	52.00
53.00	05300	ANESTHESIOLOGY	0	964,809	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-10,741	14,044,639	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	9,394,549	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	1,871,517	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	13,433,904	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	4,145,036	65.00
69.00	06900	ELECTROCARDIOLOGY	0	3,292,387	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,822,827	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,031,086	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	28,221,619	73.00
74.00	07400	RENAL DIALYSIS	-64,445	1,218,010	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC REHAB	-96,667	2,474,029	75.01
75.02	07502	HEART SURGERY	0	0	75.02
75.03	07503	REHAB SERVICES	0	7,099,316	75.03
75.04	07504	CV SURGERY	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	6,361,151	75.05
75.06	07506	YORKVILLE	0	8,681,283	75.06
75.07	07507	MCAI	0	5,245,114	75.07
76.00	03020	DIABETIC CENTER	0	453,616	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	3,815,325	90.00
90.01	09001	WOUND CARE CENTER	0	1,111,787	90.01
90.02	04950	ENDOCRINOLOGY	0	1,394,972	90.02
91.00	09100	EMERGENCY	-53,703	16,160,698	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-1,643,342	271,308,302	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	758,609	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07954 PHYSICIAN SERVICES	0	3,574,458	194.00
194.01	07950 ADVERTISING	0	0	194.01
194.02	07951 HOME HEALTH SERVICES PRIVATE	0	0	194.02
194.03	07952 HHA HME	0	0	194.03
194.04	07953 OTHER NONREIMBURSABLE COST CTRS	0	2,237,918	194.04
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	-1,643,342	277,879,287	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description			CAPITAL RELATED COSTS			Subtotal	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	POB NEW CRC	MVBLE EQUIP	
			0	1.00	1.01	2.00	2A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	POB NEW CRC					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	1,394,702	0	0	5.06
7.00	00700	OPERATION OF PLANT	0	1,070,500	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	64,886	0	0	9.00
10.00	01000	DIETARY	0	42,881	0	0	10.00
11.00	01100	CAFETERIA	0	192,727	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	116,121	0	0	14.00
15.00	01500	PHARMACY	0	35,429	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	15,867	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,499,536	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	383,730	0	0	31.00
31.01	03101	NICU	0	32,679	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	81,081	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	445,065	0	0	50.00
50.01	05001	SAME DAY SURGERY	0	222,532	0	0	50.01
50.02	05002	G. I. LAB	0	13,958	0	0	50.02
51.00	05100	RECOVERY ROOM	0	40,294	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	149,929	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	10,653	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	410,580	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	736,219	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	123,490	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	137,325	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	27,465	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0	78,413	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0	50,763	0	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0	51,892	0	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	0	0	75.05
75.06	07506	YORKVILLE	0	0	0	0	75.06
75.07	07507	MCAI	0	0	0	0	75.07
76.00	03020	DIABETIC CENTER	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WOUND CARE CENTER	0	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	357,825	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description			CAPITAL RELATED COSTS			Subtotal	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	POB NEW CRC	MVBLE EQUIP	
			0	1.00	1.01	2.00	2A
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	7,786,542	0	0	7,786,542
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	28,512	0	0	28,512
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	7,815,054	0	0	7,815,054

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.00	5.05	5.06	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0					4.00
5.05	00500	CASHIERING/ACCOUNTS RECEIVABLE	0	0				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	1,394,702			5.06
7.00	00700	OPERATION OF PLANT	0	0	53,593	1,124,093		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	7,009	0	7,009	8.00
9.00	00900	HOUSEKEEPING	0	0	24,448	13,634	0	9.00
10.00	01000	DIETARY	0	0	8,676	9,010	0	10.00
11.00	01100	CAFETERIA	0	0	15,332	40,495	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	35,860	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	9,048	24,399	0	14.00
15.00	01500	PHARMACY	0	0	25,888	7,444	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	19,771	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	2,003	3,334	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	5,134	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	2,775	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	199,808	315,076	3,094	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31,201	80,628	195	31.00
31.01	03101	NICU	0	0	30,167	6,866	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	15,223	17,037	448	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	70,783	93,516	844	50.00
50.01	05001	SAME DAY SURGERY	0	0	16,102	46,758	334	50.01
50.02	05002	G. I. LAB	0	0	22,652	2,933	0	50.02
51.00	05100	RECOVERY ROOM	0	0	7,287	8,467	243	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	48,371	31,503	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	4,168	2,238	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	59,608	86,270	251	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	34,082	154,692	267	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	7,096	25,947	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	62,453	28,854	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	19,425	5,771	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0	0	14,121	16,476	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	87,316	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	69,498	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	111,117	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	5,999	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0	0	10,983	10,666	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0	0	33,424	10,903	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	26,166	0	0	75.05
75.06	07506	YORKVILLE	0	0	42,013	0	0	75.06
75.07	07507	MCAI	0	0	25,603	0	0	75.07
76.00	03020	DIABETIC CENTER	0	0	2,219	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	17,537	0	0	90.00
90.01	09001	WOUND CARE CENTER	0	0	5,422	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0	0	6,944	0	0	90.02
91.00	09100	EMERGENCY	0	0	66,710	75,185	1,333	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4.00	5.05	5.06	7.00	8.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	1,363,035	1,118,102	7,009
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	3,338	5,991	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	17,735	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	10,594	0	194.04
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)	0	0	1,394,702	1,124,093	7,009

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	POB NEW CRC					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING	102,968				9.00
10.00	01000	DIETARY	835	61,402			10.00
11.00	01100	CAFETERIA	3,755	0	252,309		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	6,997	42,857	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,262	0	2,561	0	14.00
15.00	01500	PHARMACY	690	0	7,188	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	309	0	469	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	2,818	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	1,227	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	29,215	47,878	73,153	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,476	5,208	9,370	0	31.00
31.01	03101	NICU	637	0	9,883	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,580	5,696	5,650	1,202	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,671	0	11,709	0	50.00
50.01	05001	SAME DAY SURGERY	4,336	0	4,547	0	50.01
50.02	05002	G. I. LAB	272	0	4,863	0	50.02
51.00	05100	RECOVERY ROOM	785	0	1,920	585	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,921	2,620	16,595	5,010	52.00
53.00	05300	ANESTHESIOLOGY	208	0	891	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,999	0	14,260	38	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,344	0	8,258	802	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	2,406	0	973	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	2,676	0	11,488	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	535	0	6,210	0	65.00
69.00	06900	ELECTROCARDIOLOGY	1,528	0	3,251	345	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	989	0	2,443	464	75.01
75.02	07502	HEART SURGERY	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	1,011	0	9,443	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	4,681	1,179	75.05
75.06	07506	YORKVILLE	0	0	0	589	75.06
75.07	07507	MCAI	0	0	0	0	75.07
76.00	03020	DIABETIC CENTER	0	0	558	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	6,151	942	90.00
90.01	09001	WOUND CARE CENTER	0	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0	0	0	0	90.02
91.00	09100	EMERGENCY	6,972	0	19,526	4,583	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	102,412	61,402	247,083	0	42,476	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	556	0	363	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	1,397	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	3,466	0	381	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	102,968	61,402	252,309	0	42,857	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

Period:
From 07/01/2018
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	154,391					14.00
15.00	01500	PHARMACY	583	77,222				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	19,771			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	21,982		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	424	0	1,180	21,982		30.00
31.00	03100	INTENSIVE CARE UNIT	110	0	183	0		31.00
31.01	03101	NICU	1	0	223	0		31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	6	0	109	0		41.00
42.00	04200	SUBPROVIDER	0	0	0	0		42.00
43.00	04300	NURSERY	0	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	61,499	0	1,974	0		50.00
50.01	05001	SAME DAY SURGERY	709	0	239	0		50.01
50.02	05002	G. I. LAB	8,175	0	216	0		50.02
51.00	05100	RECOVERY ROOM	133	0	249	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,931	0	378	0		52.00
53.00	05300	ANESTHESIOLOGY	1,998	0	275	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,658	0	2,414	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	357	0	347	0		55.00
57.00	05700	CT SCAN	0	0	0	0		57.00
58.00	05800	MRI	839	0	281	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00	06000	LABORATORY	20	0	1,674	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	425	0	364	0		65.00
69.00	06900	ELECTROCARDIOLOGY	535	0	568	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,301	0	1,000	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	502	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	77,222	3,242	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	77	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
75.01	07501	CARDIAC REHAB	15	0	41	0		75.01
75.02	07502	HEART SURGERY	0	0	0	0		75.02
75.03	07503	REHAB SERVICES	60	0	534	0		75.03
75.04	07504	CV SURGERY	0	0	0	0		75.04
75.05	07505	VASCULAR SERVICES	51,544	0	567	0		75.05
75.06	07506	YORKVILLE	516	0	747	0		75.06
75.07	07507	MCAI	3,498	0	312	0		75.07
76.00	03020	DIABETIC CENTER	4	0	4	0		76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	09000	CLINIC	684	0	205	0		90.00
90.01	09001	WOUND CARE CENTER	780	0	68	0		90.01
90.02	04950	ENDOCRINOLOGY	0	0	16	0		90.02
91.00	09100	EMERGENCY	2,576	0	1,782	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

Period:
From 07/01/2018
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	154,381	77,222	19,771	21,982	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00	07954	PHYSICIAN SERVICES	10	0	0	0		194.00
194.01	07950	ADVERTISING	0	0	0	0		194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0		194.02
194.03	07952	HHA HME	0	0	0	0		194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0		194.04
200.00		Cross Foot Adjustments						0 200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		TOTAL (sum lines 118 through 201)	154,391	77,222	19,771	21,982	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

Period:
From 07/01/2018
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Cost Center Description			INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PRGM	Subtotal	
			NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
				APPRV	APPRV			
			20.00	21.00	22.00	23.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL	0					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		7,952				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			4,002			22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM				0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					2,208,332	30.00
31.00	03100	INTENSIVE CARE UNIT					521,063	31.00
31.01	03101	NICU					83,333	31.01
40.00	04000	SUBPROVIDER - IPF					0	40.00
41.00	04100	SUBPROVIDER - IRF					128,032	41.00
42.00	04200	SUBPROVIDER					0	42.00
43.00	04300	NURSERY					0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					695,868	50.00
50.01	05001	SAME DAY SURGERY					296,627	50.01
50.02	05002	G. I. LAB					54,104	50.02
51.00	05100	RECOVERY ROOM					59,963	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					259,258	52.00
53.00	05300	ANESTHESIOLOGY					20,431	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					590,078	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					949,368	55.00
57.00	05700	CT SCAN					0	57.00
58.00	05800	MRI					161,032	58.00
59.00	05900	CARDIAC CATHETERIZATION					0	59.00
60.00	06000	LABORATORY					244,490	60.00
60.01	06001	BLOOD LABORATORY					0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.					0	62.30
65.00	06500	RESPIRATORY THERAPY					60,195	65.00
69.00	06900	ELECTROCARDIOLOGY					115,237	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					96,617	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					70,000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					191,581	73.00
74.00	07400	RENAL DIALYSIS					6,076	74.00
75.00	07500	ASC (NON-DISTINCT PART)					0	75.00
75.01	07501	CARDIAC REHAB					76,364	75.01
75.02	07502	HEART SURGERY					0	75.02
75.03	07503	REHAB SERVICES					107,267	75.03
75.04	07504	CV SURGERY					0	75.04
75.05	07505	VASCULAR SERVICES					84,137	75.05
75.06	07506	YORKVILLE					43,865	75.06
75.07	07507	MCAI					29,413	75.07
76.00	03020	DIABETIC CENTER					2,785	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC					0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00	09000	CLINIC					25,519	90.00
90.01	09001	WOUND CARE CENTER					6,270	90.01
90.02	04950	ENDOCRINOLOGY					6,960	90.02
91.00	09100	EMERGENCY					536,492	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

Period:
From 07/01/2018
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Part II
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Cost Center Description			INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PRGM	Subtotal	
			NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER			
				Y & FRINGES APPRV	PRGM COSTS APPRV			
			20.00	21.00	22.00	23.00	24.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF					0	99.10
101.00	10100	HOME HEALTH AGENCY					0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION					0	109.00
110.00	11000	INTESTINAL ACQUISITION					0	110.00
111.00	11100	ISLET ACQUISITION					0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	7,730,757	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					38,760	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES					0	192.00
194.00	07954	PHYSICIAN SERVICES					19,142	194.00
194.01	07950	ADVERTISING					0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE					0	194.02
194.03	07952	HHA HME					0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS					14,441	194.04
200.00		Cross Foot Adjustments	0	7,952	4,002	0	11,954	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	7,952	4,002	0	7,815,054	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

Period:
From 07/01/2018
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	POB NEW CRC		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.05	00500	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
31.01	03101	NICU	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	SAME DAY SURGERY	0	50.01
50.02	05002	G. I. LAB	0	50.02
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	07501	CARDIAC REHAB	0	75.01
75.02	07502	HEART SURGERY	0	75.02
75.03	07503	REHAB SERVICES	0	75.03
75.04	07504	CV SURGERY	0	75.04
75.05	07505	VASCULAR SERVICES	0	75.05
75.06	07506	YORKVILLE	0	75.06
75.07	07507	MCAI	0	75.07
76.00	03020	DIABETIC CENTER	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	WOUND CARE CENTER	0	90.01
90.02	04950	ENDOCRINOLOGY	0	90.02
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	7,730,757	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	38,760	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	19,142	194.00
194.01	07950	ADVERTISING	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	194.02
194.03	07952	HHA HME	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	14,441	194.04
200.00		Cross Foot Adjustments	0	11,954	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	7,815,054	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHAR GES)	
		BLDG & FIXT (SQUARE FEET)	POB NEW CRC (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	2.00	4.00	5.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	380,722				1.00
1.01	00101	POB NEW CRC	0	0			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	119,318,966		4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	3,559,660	1,598,819,963	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	67,945	0	17,629,880	0	5.06
7.00	00700	OPERATION OF PLANT	52,151	0	2,764,554	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	114,406	0	8.00
9.00	00900	HOUSEKEEPING	3,161	0	1,766,384	0	9.00
10.00	01000	DIETARY	2,089	0	549,377	0	10.00
11.00	01100	CAFETERIA	9,389	0	984,338	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	3,695,379	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,657	0	494,961	0	14.00
15.00	01500	PHARMACY	1,726	0	2,872,416	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	773	0	186,828	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	643,614	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	772,583	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	73,052	0	23,280,746	98,338,577	30.00
31.00	03100	INTENSIVE CARE UNIT	18,694	0	3,462,326	15,239,108	31.00
31.01	03101	NICU	1,592	0	3,549,053	18,619,582	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,950	0	1,789,547	9,112,910	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	21,682	0	4,239,128	164,501,156	50.00
50.01	05001	SAME DAY SURGERY	10,841	0	1,658,919	19,875,378	50.01
50.02	05002	G. I. LAB	680	0	1,672,771	18,015,232	50.02
51.00	05100	RECOVERY ROOM	1,963	0	803,183	20,734,584	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,304	0	5,620,624	31,510,580	52.00
53.00	05300	ANESTHESIOLOGY	519	0	181,926	22,880,216	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,002	0	4,713,686	201,189,328	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	35,866	0	2,455,441	28,943,360	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	6,016	0	467,032	23,423,218	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	6,690	0	3,227,443	139,476,897	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,338	0	1,950,916	30,363,427	65.00
69.00	06900	ELECTROCARDIOLOGY	3,820	0	1,261,286	47,335,297	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	83,339,288	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	41,810,315	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	221,324,497	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	6,415,901	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	2,473	0	948,167	3,406,179	75.01
75.02	07502	HEART SURGERY	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	2,528	0	3,780,470	44,493,702	75.03
75.04	07504	CV SURGERY	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	2,065,349	47,221,386	75.05
75.06	07506	YORKVILLE	0	0	3,522,316	62,285,528	75.06
75.07	07507	MCAI	0	0	2,101,255	26,028,933	75.07
76.00	03020	DIABETIC CENTER	0	0	229,880	316,520	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	1,851,606	17,047,966	90.00
90.01	09001	WOUND CARE CENTER	0	0	0	5,694,365	90.01
90.02	04950	ENDOCRINOLOGY	0	0	664,108	1,356,632	90.02
91.00	09100	EMERGENCY	17,432	0	6,582,655	148,519,901	91.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHAR GES)	
			BLDG & FIXT (SQUARE FEET)	POB NEW CRC (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
			1.00	1.01	2.00	4.00	5.05	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	379,333	0	0	118,114,213	1,598,819,963	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,389	0	0	101,668	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	0	484,955	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	618,130	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,815,054	0	0	37,849,891	6,239,200	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	20.526930	0.000000	0.000000	0.317216	0.003902	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description			Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			5A.06	5.06	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-49,203,783	230,318,846				5.06
7.00	00700	OPERATION OF PLANT	0	8,849,620	260,626			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,157,423	0	1,438,089		8.00
9.00	00900	HOUSEKEEPING	0	4,036,979	3,161	0	257,465	9.00
10.00	01000	DIETARY	0	1,432,691	2,089	0	2,089	10.00
11.00	01100	CAFETERIA	0	2,531,778	9,389	0	9,389	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	5,921,383	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,493,998	5,657	0	5,657	14.00
15.00	01500	PHARMACY	0	4,274,747	1,726	0	1,726	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,264,709	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	330,696	773	0	773	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	847,779	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	458,163	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	33,011,125	73,052	635,132	73,052	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,152,146	18,694	39,908	18,694	31.00
31.01	03101	NICU	0	4,981,398	1,592	0	1,592	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	2,513,667	3,950	91,953	3,950	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	11,688,096	21,682	173,104	21,682	50.00
50.01	05001	SAME DAY SURGERY	0	2,658,919	10,841	68,472	10,841	50.01
50.02	05002	G. I. LAB	0	3,740,471	680	0	680	50.02
51.00	05100	RECOVERY ROOM	0	1,203,240	1,963	49,755	1,963	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,987,291	7,304	0	7,304	52.00
53.00	05300	ANESTHESIOLOGY	0	688,290	519	0	519	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,842,722	20,002	51,406	20,002	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	5,627,769	35,866	54,794	35,866	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	1,171,738	6,016	0	6,016	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	10,312,630	6,690	0	6,690	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	3,207,572	1,338	0	1,338	65.00
69.00	06900	ELECTROCARDIOLOGY	0	2,331,696	3,820	0	3,820	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,418,173	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,475,858	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,348,229	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	990,506	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0	1,813,526	2,473	0	2,473	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0	5,519,223	2,528	0	2,528	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	4,320,683	0	0	0	75.05
75.06	07506	YORKVILLE	0	6,937,420	0	0	0	75.06
75.07	07507	MCAI	0	4,227,730	0	0	0	75.07
76.00	03020	DIABETIC CENTER	0	366,432	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	2,895,763	0	0	0	90.00
90.01	09001	WOUND CARE CENTER	0	895,324	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0	1,146,645	0	0	0	90.02
91.00	09100	EMERGENCY	0	11,015,511	17,432	273,565	17,432	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description			Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			5A.06	5.06	7.00	8.00	9.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-49,203,783	225,089,759	259,237	1,438,089	256,076	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	551,233	1,389	0	1,389	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	2,928,520	0	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	1,749,334	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)		49,203,783	10,740,191	1,404,687	5,029,673	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)		0.213633	41.209208	0.976773	19.535366	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		1,394,702	1,124,093	7,009	102,968	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.006056	4.313050	0.004874	0.399930	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: 14-0029

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (NUMBER FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HR)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00500	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	137,943					10.00
11.00	01100	CAFETERIA	0	107,095				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	2,970	0	929,041		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,087	0	0	12,101,759	14.00
15.00	01500	PHARMACY	0	3,051	0	0	45,667	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	199	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,196	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	521	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	107,561	31,051	0	368,232	33,254	30.00
31.00	03100	INTENSIVE CARE UNIT	11,699	3,977	0	64,200	8,626	31.00
31.01	03101	NICU	0	4,195	0	62,365	81	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	12,796	2,398	0	26,055	480	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	4,970	0	39,181	4,820,693	50.00
50.01	05001	SAME DAY SURGERY	0	1,930	0	23,189	55,604	50.01
50.02	05002	G. I. LAB	0	2,064	0	22,438	640,786	50.02
51.00	05100	RECOVERY ROOM	0	815	0	12,691	10,392	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,887	7,044	0	108,603	151,333	52.00
53.00	05300	ANESTHESIOLOGY	0	378	0	0	156,643	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,053	0	828	678,624	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,505	0	17,376	27,972	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	413	0	0	65,786	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	4,876	0	0	1,580	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	2,636	0	0	33,302	65.00
69.00	06900	ELECTROCARDIOLOGY	0	1,380	0	7,480	41,966	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	650,613	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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0	1,037	0	10,062	1,161	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0	4,008	0	0	4,692	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	1,987	0	25,554	4,040,100	75.05
75.06	07506	YORKVILLE	0	0	0	12,764	40,466	75.06
75.07	07507	MCAI	0	0	0	0	274,174	75.07
76.00	03020	DIABETIC CENTER	0	237	0	0	307	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	2,611	0	20,417	53,610	90.00
90.01	09001	WOUND CARE CENTER	0	0	0	0	61,130	90.01
90.02	04950	ENDOCRINOLOGY	0	0	0	0	23	90.02
91.00	09100	EMERGENCY	0	8,288	0	99,341	201,938	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (NUMBER FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HR)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
		10.00	11.00	12.00	13.00	14.00	
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	137,943	104,877	0	920,776	12,101,003	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	154	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954 PHYSICIAN SERVICES	0	593	0	0	756	194.00
194.01	07950 ADVERTISING	0	0	0	0	0	194.01
194.02	07951 HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952 HHA HME	0	0	0	0	0	194.03
194.04	07953 OTHER NONREIMBURSABLE COST CTRS	0	1,471	0	8,265	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,865,656	3,642,980	0	7,287,415	2,193,773	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.524833	34.016341	0.000000	7.844019	0.181277	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	61,402	252,309	0	42,857	154,391	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.445126	2.355936	0.000000	0.046130	0.012758	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: 14-0029

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description			PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	POB NEW CRC						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	10,000					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,598,819,963				16.00
17.00	01700	SOCIAL SERVICE	0	0	100			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	98,338,577	100	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	15,239,108	0	0	0	31.00
31.01	03101	NICU	0	18,619,582	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	9,112,910	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	164,501,156	0	0	0	50.00
50.01	05001	SAME DAY SURGERY	0	19,875,378	0	0	0	50.01
50.02	05002	G. I. LAB	0	18,015,232	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	20,734,584	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	31,510,580	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	22,880,216	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	201,189,328	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	28,943,360	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	23,423,218	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	139,476,897	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	30,363,427	0	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0	47,335,297	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	83,339,288	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	41,810,315	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,000	221,324,497	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	6,415,901	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0	3,406,179	0	0	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0	44,493,702	0	0	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	47,221,386	0	0	0	75.05
75.06	07506	YORKVILLE	0	62,285,528	0	0	0	75.06
75.07	07507	MCAI	0	26,028,933	0	0	0	75.07
76.00	03020	DIABETIC CENTER	0	316,520	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	17,047,966	0	0	0	90.00
90.01	09001	WOUND CARE CENTER	0	5,694,365	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0	1,356,632	0	0	0	90.02
91.00	09100	EMERGENCY	0	148,519,901	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description			PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,000	1,598,819,963	100	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07954	PHYSICIAN SERVICES	0	0	0	0	0	194.00
194.01	07950	ADVERTISING	0	0	0	0	0	194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0	0	0	194.02
194.03	07952	HHA HME	0	0	0	0	0	194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,404,881	3,962,159	455,069	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	540.488100	0.002478	4,550.690000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	77,222	19,771	21,982	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	7.722200	0.000012	219.820000	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description		INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PRGM (ASSIGNED TIME)	
		SERVICES-SALAR	SERVICES-OTHER		
		Y & FRINGES APPRV (ASSIGNED TIME)	PRGM COSTS APPRV (ASSIGNED TIME)		
		21.00	22.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	POB NEW CRC			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL			5.06
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	15,300		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		15,300	22.00
23.00	02300	PARAMEDICAL EDUCATION PRGM		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	9,900	9,900	30.00
31.00	03100	INTENSIVE CARE UNIT	200	200	31.00
31.01	03101	NICU	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,200	1,200	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	500	500	50.00
50.01	05001	SAME DAY SURGERY	0	0	50.01
50.02	05002	G. I. LAB	100	100	50.02
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,300	1,300	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	100	100	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	600	600	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC REHAB	900	900	75.01
75.02	07502	HEART SURGERY	0	0	75.02
75.03	07503	REHAB SERVICES	0	0	75.03
75.04	07504	CV SURGERY	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	75.05
75.06	07506	YORKVILLE	0	0	75.06
75.07	07507	MCAI	0	0	75.07
76.00	03020	DIABETIC CENTER	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	WOUND CARE CENTER	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0	0	90.02
91.00	09100	EMERGENCY	500	500	91.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019

Worksheet B-1

Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PRGM (ASSIGNED TIME)		
			SERVICES-SALAR	SERVICES-OTHER			
			Y & FRINGES	PRGM COSTS			
			APPRV (ASSIGNED TIME)	APPRV (ASSIGNED TIME)			
			21.00	22.00	23.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS					92.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
		SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,300	15,300	0		118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
194.00	07954	PHYSICIAN SERVICES	0	0	0		194.00
194.01	07950	ADVERTISING	0	0	0		194.01
194.02	07951	HOME HEALTH SERVICES PRIVATE	0	0	0		194.02
194.03	07952	HHA HME	0	0	0		194.03
194.04	07953	OTHER NONREIMBURSABLE COST CTRS	0	0	0		194.04
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,069,577	573,765	0		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	69.906993	37.500980	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	7,952	4,002	0		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.519739	0.261569	0.000000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)			0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/19/2019 3:09 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	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	51,225,540	51,225,540	10,742	51,236,282
31.00	03100	INTENSIVE CARE UNIT	8,263,777	8,263,777	0	8,263,777
31.01	03101	NICU	6,820,339	6,820,339	21,357	6,841,696
40.00	04000	SUBPROVIDER - IPF	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	3,862,107	3,862,107	0	3,862,107
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	17,429,122	17,429,122	14,180	17,443,302
50.01	05001	SAME DAY SURGERY	4,259,244	4,259,244	0	4,259,244
50.02	05002	G. I. LAB	4,987,881	4,987,881	0	4,987,881
51.00	05100	RECOVERY ROOM	1,808,668	1,808,668	0	1,808,668
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,413,950	11,413,950	6,511	11,420,461
53.00	05300	ANESTHESIOLOGY	964,809	964,809	9,598	974,407
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,044,639	14,044,639	0	14,044,639
55.00	05500	RADIOLOGY-THERAPEUTIC	9,394,549	9,394,549	0	9,394,549
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MRI	1,871,517	1,871,517	0	1,871,517
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	13,433,904	13,433,904	0	13,433,904
60.01	06001	BLOOD LABORATORY	0	0	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	4,145,036	4,145,036	3,634	4,148,670
69.00	06900	ELECTROCARDIOLOGY	3,292,387	3,292,387	0	3,292,387
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,822,827	17,822,827	0	17,822,827
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,031,086	14,031,086	0	14,031,086
73.00	07300	DRUGS CHARGED TO PATIENTS	28,221,619	28,221,619	0	28,221,619
74.00	07400	RENAL DIALYSIS	1,218,010	1,218,010	0	1,218,010
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
75.01	07501	CARDIAC REHAB	2,474,029	2,474,029	9,655	2,483,684
75.02	07502	HEART SURGERY	0	0	0	0
75.03	07503	REHAB SERVICES	7,099,316	7,099,316	0	7,099,316
75.04	07504	CV SURGERY	0	0	0	0
75.05	07505	VASCULAR SERVICES	6,361,151	6,361,151	0	6,361,151
75.06	07506	YORKVILLE	8,681,283	8,681,283	0	8,681,283
75.07	07507	MCAI	5,245,114	5,245,114	0	5,245,114
76.00	03020	DIABETIC CENTER	453,616	453,616	0	453,616
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	3,815,325	3,815,325	0	3,815,325
90.01	09001	WOUND CARE CENTER	1,111,787	1,111,787	0	1,111,787
90.02	04950	ENDOCRINOLOGY	1,394,972	1,394,972	0	1,394,972
91.00	09100	EMERGENCY	16,160,698	16,160,698	8,396	16,169,094
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	15,174,947	15,174,947	0	15,174,947
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0
200.00		Subtotal (see instructions)	286,483,249	286,483,249	84,073	286,567,322
201.00		Less Observation Beds	15,174,947	15,174,947	0	15,174,947
202.00		Total (see instructions)	271,308,302	271,308,302	84,073	271,392,375

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/19/2019 3:09 pm

			Title XVIII		Hospital		PPS		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	78,345,769		78,345,769			30.00	
31.00	03100	INTENSIVE CARE UNIT	15,239,108		15,239,108			31.00	
31.01	03101	NICU	18,619,582		18,619,582			31.01	
40.00	04000	SUBPROVIDER - IPF	0		0			40.00	
41.00	04100	SUBPROVIDER - IRF	9,112,910		9,112,910			41.00	
42.00	04200	SUBPROVIDER	0		0			42.00	
43.00	04300	NURSERY	0		0			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	68,025,796	96,475,360	164,501,156	0.105951	0.000000	50.00	
50.01	05001	SAME DAY SURGERY	2,105,439	17,769,939	19,875,378	0.214298	0.000000	50.01	
50.02	05002	G. I. LAB	1,928,202	16,087,030	18,015,232	0.276870	0.000000	50.02	
51.00	05100	RECOVERY ROOM	6,533,057	14,201,527	20,734,584	0.087230	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,886,884	623,696	31,510,580	0.362226	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	10,275,314	12,604,902	22,880,216	0.042168	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,837,416	163,351,912	201,189,328	0.069808	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	738,778	28,204,582	28,943,360	0.324584	0.000000	55.00	
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00	
58.00	05800	MRI	5,388,760	18,034,458	23,423,218	0.079900	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00	
60.00	06000	LABORATORY	60,040,725	79,436,172	139,476,897	0.096316	0.000000	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	0.000000	62.30	
65.00	06500	RESPIRATORY THERAPY	24,852,437	5,510,990	30,363,427	0.136514	0.000000	65.00	
69.00	06900	ELECTROCARDIOLOGY	10,781,496	36,553,801	47,335,297	0.069555	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	36,700,830	46,638,458	83,339,288	0.213859	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,722,000	17,088,315	41,810,315	0.335589	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	81,428,430	139,896,067	221,324,497	0.127512	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	5,032,036	1,383,865	6,415,901	0.189842	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00	
75.01	07501	CARDIAC REHAB	2,468	3,403,711	3,406,179	0.726336	0.000000	75.01	
75.02	07502	HEART SURGERY	0	0	0	0.000000	0.000000	75.02	
75.03	07503	REHAB SERVICES	24,192,681	20,301,021	44,493,702	0.159558	0.000000	75.03	
75.04	07504	CV SURGERY	0	0	0	0.000000	0.000000	75.04	
75.05	07505	VASCULAR SERVICES	17,100,684	30,120,702	47,221,386	0.134709	0.000000	75.05	
75.06	07506	YORKVILLE	1,426,110	60,859,418	62,285,528	0.139379	0.000000	75.06	
75.07	07507	MCAI	15,835	26,013,098	26,028,933	0.201511	0.000000	75.07	
76.00	03020	DIABETIC CENTER	50,336	266,184	316,520	1.433135	0.000000	76.00	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00	
90.00	09000	CLINIC	564,610	16,483,356	17,047,966	0.223799	0.000000	90.00	
90.01	09001	WOUND CARE CENTER	45,484	5,648,881	5,694,365	0.195243	0.000000	90.01	
90.02	04950	ENDOCRINOLOGY	1,000	1,355,632	1,356,632	1.028261	0.000000	90.02	
91.00	09100	EMERGENCY	20,399,373	128,120,528	148,519,901	0.108812	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,323,514	18,669,294	19,992,808	0.759020	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10	
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00	
	SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00	
111.00	11100	ISLET ACQUISITION	0	0	0			111.00	
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	593,717,064	1,005,102,899	1,598,819,963			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	593,717,064	1,005,102,899	1,598,819,963			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	03101	NICU			31.01
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.106038		50.00
50.01	05001	SAME DAY SURGERY	0.214298		50.01
50.02	05002	G. I. LAB	0.276870		50.02
51.00	05100	RECOVERY ROOM	0.087230		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.362433		52.00
53.00	05300	ANESTHESIOLOGY	0.042587		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.069808		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.324584		55.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.079900		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.096316		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	0.136634		65.00
69.00	06900	ELECTROCARDIOLOGY	0.069555		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.213859		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.335589		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.127512		73.00
74.00	07400	RENAL DIALYSIS	0.189842		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501	CARDIAC REHAB	0.729170		75.01
75.02	07502	HEART SURGERY	0.000000		75.02
75.03	07503	REHAB SERVICES	0.159558		75.03
75.04	07504	CV SURGERY	0.000000		75.04
75.05	07505	VASCULAR SERVICES	0.134709		75.05
75.06	07506	YORKVILLE	0.139379		75.06
75.07	07507	MCAI	0.201511		75.07
76.00	03020	DIABETIC CENTER	1.433135		76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.223799		90.00
90.01	09001	WOUND CARE CENTER	0.195243		90.01
90.02	04950	ENDOCRINOLOGY	1.028261		90.02
91.00	09100	EMERGENCY	0.108868		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.759020		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
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: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/19/2019 3:09 pm

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	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	51,225,540		51,225,540	10,742	51,236,282	30.00
31.00	03100 INTENSIVE CARE UNIT	8,263,777		8,263,777	0	8,263,777	31.00
31.01	03101 NICU	6,820,339		6,820,339	21,357	6,841,696	31.01
40.00	04000 SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	3,862,107		3,862,107	0	3,862,107	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	0		0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	17,429,122		17,429,122	14,180	17,443,302	50.00
50.01	05001 SAME DAY SURGERY	4,259,244		4,259,244	0	4,259,244	50.01
50.02	05002 G. I. LAB	4,987,881		4,987,881	0	4,987,881	50.02
51.00	05100 RECOVERY ROOM	1,808,668		1,808,668	0	1,808,668	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	11,413,950		11,413,950	6,511	11,420,461	52.00
53.00	05300 ANESTHESIOLOGY	964,809		964,809	9,598	974,407	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,044,639		14,044,639	0	14,044,639	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	9,394,549		9,394,549	0	9,394,549	55.00
57.00	05700 CT SCAN	0		0	0	0	57.00
58.00	05800 MRI	1,871,517		1,871,517	0	1,871,517	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	13,433,904		13,433,904	0	13,433,904	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0		0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	4,145,036	0	4,145,036	3,634	4,148,670	65.00
69.00	06900 ELECTROCARDIOLOGY	3,292,387		3,292,387	0	3,292,387	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	17,822,827		17,822,827	0	17,822,827	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	14,031,086		14,031,086	0	14,031,086	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	28,221,619		28,221,619	0	28,221,619	73.00
74.00	07400 RENAL DIALYSIS	1,218,010		1,218,010	0	1,218,010	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501 CARDIAC REHAB	2,474,029		2,474,029	9,655	2,483,684	75.01
75.02	07502 HEART SURGERY	0		0	0	0	75.02
75.03	07503 REHAB SERVICES	7,099,316		7,099,316	0	7,099,316	75.03
75.04	07504 CV SURGERY	0		0	0	0	75.04
75.05	07505 VASCULAR SERVICES	6,361,151		6,361,151	0	6,361,151	75.05
75.06	07506 YORKVILLE	8,681,283		8,681,283	0	8,681,283	75.06
75.07	07507 MCAI	5,245,114		5,245,114	0	5,245,114	75.07
76.00	03020 DIABETIC CENTER	453,616		453,616	0	453,616	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	3,815,325		3,815,325	0	3,815,325	90.00
90.01	09001 WOUND CARE CENTER	1,111,787		1,111,787	0	1,111,787	90.01
90.02	04950 ENDOCRINOLOGY	1,394,972		1,394,972	0	1,394,972	90.02
91.00	09100 EMERGENCY	16,160,698		16,160,698	8,396	16,169,094	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	15,174,947		15,174,947	0	15,174,947	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
200.00	Subtotal (see instructions)	286,483,249	0	286,483,249	84,073	286,567,322	200.00
201.00	Less Observation Beds	15,174,947		15,174,947	0	15,174,947	201.00
202.00	Total (see instructions)	271,308,302	0	271,308,302	84,073	271,392,375	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/19/2019 3:09 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	78,345,769		78,345,769		30.00
31.00	03100	INTENSIVE CARE UNIT	15,239,108		15,239,108		31.00
31.01	03101	NICU	18,619,582		18,619,582		31.01
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	9,112,910		9,112,910		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	0		0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	68,025,796	96,475,360	164,501,156	0.105951	50.00
50.01	05001	SAME DAY SURGERY	2,105,439	17,769,939	19,875,378	0.214298	50.01
50.02	05002	G. I. LAB	1,928,202	16,087,030	18,015,232	0.276870	50.02
51.00	05100	RECOVERY ROOM	6,533,057	14,201,527	20,734,584	0.087230	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,886,884	623,696	31,510,580	0.362226	52.00
53.00	05300	ANESTHESIOLOGY	10,275,314	12,604,902	22,880,216	0.042168	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,837,416	163,351,912	201,189,328	0.069808	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	738,778	28,204,582	28,943,360	0.324584	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	5,388,760	18,034,458	23,423,218	0.079900	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	60,040,725	79,436,172	139,476,897	0.096316	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	24,852,437	5,510,990	30,363,427	0.136514	65.00
69.00	06900	ELECTROCARDIOLOGY	10,781,496	36,553,801	47,335,297	0.069555	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	36,700,830	46,638,458	83,339,288	0.213859	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,722,000	17,088,315	41,810,315	0.335589	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	81,428,430	139,896,067	221,324,497	0.127512	73.00
74.00	07400	RENAL DIALYSIS	5,032,036	1,383,865	6,415,901	0.189842	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	CARDIAC REHAB	2,468	3,403,711	3,406,179	0.726336	75.01
75.02	07502	HEART SURGERY	0	0	0	0.000000	75.02
75.03	07503	REHAB SERVICES	24,192,681	20,301,021	44,493,702	0.159558	75.03
75.04	07504	CV SURGERY	0	0	0	0.000000	75.04
75.05	07505	VASCULAR SERVICES	17,100,684	30,120,702	47,221,386	0.134709	75.05
75.06	07506	YORKVILLE	1,426,110	60,859,418	62,285,528	0.139379	75.06
75.07	07507	MCAI	15,835	26,013,098	26,028,933	0.201511	75.07
76.00	03020	DIABETIC CENTER	50,336	266,184	316,520	1.433135	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	564,610	16,483,356	17,047,966	0.223799	90.00
90.01	09001	WOUND CARE CENTER	45,484	5,648,881	5,694,365	0.195243	90.01
90.02	04950	ENDOCRINOLOGY	1,000	1,355,632	1,356,632	1.028261	90.02
91.00	09100	EMERGENCY	20,399,373	128,120,528	148,519,901	0.108812	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,323,514	18,669,294	19,992,808	0.759020	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	593,717,064	1,005,102,899	1,598,819,963		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	593,717,064	1,005,102,899	1,598,819,963		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
31.01	03101	NICU				31.01
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
42.00	04200	SUBPROVIDER				42.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	SAME DAY SURGERY	0.000000			50.01
50.02	05002	G. I. LAB	0.000000			50.02
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
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
60.01	06001	BLOOD LABORATORY	0.000000			60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000			62.30
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
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
75.00	07500	ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501	CARDIAC REHAB	0.000000			75.01
75.02	07502	HEART SURGERY	0.000000			75.02
75.03	07503	REHAB SERVICES	0.000000			75.03
75.04	07504	CV SURGERY	0.000000			75.04
75.05	07505	VASCULAR SERVICES	0.000000			75.05
75.06	07506	YORKVILLE	0.000000			75.06
75.07	07507	MCAI	0.000000			75.07
76.00	03020	DIABETIC CENTER	0.000000			76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	WOUND CARE CENTER	0.000000			90.01
90.02	04950	ENDOCRINOLOGY	0.000000			90.02
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
101.00	10100	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
113.00	11300	INTEREST EXPENSE				113.00
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: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/19/2019 3:09 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)	Hospital 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	2,208,332	0	2,208,332	40,108	55.06	30.00
31.00	INTENSIVE CARE UNIT	521,063		521,063	5,561	93.70	31.00
31.01	NICU	83,333		83,333	1,920	43.40	31.01
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	128,032	0	128,032	4,352	29.42	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	0		0	7,682	0.00	43.00
200.00	Total (lines 30 through 199)	2,940,760		2,940,760	59,623		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	12,941	712,531				30.00
31.00	INTENSIVE CARE UNIT	1,428	133,804				31.00
31.01	NICU	0	0				31.01
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	2,589	76,168				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	16,958	922,503				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/19/2019 3:09 pm

			Title XVIII		Hospital	PPS		
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	695,868	164,501,156	0.004230	30,328,363	128,289	50.00
50.01	05001	SAME DAY SURGERY	296,627	19,875,378	0.014924	958,859	14,310	50.01
50.02	05002	G. I. LAB	54,104	18,015,232	0.003003	966,485	2,902	50.02
51.00	05100	RECOVERY ROOM	59,963	20,734,584	0.002892	2,892,330	8,365	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	259,258	31,510,580	0.008228	30,910	254	52.00
53.00	05300	ANESTHESIOLOGY	20,431	22,880,216	0.000893	3,472,746	3,101	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	590,078	201,189,328	0.002933	20,463,330	60,019	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	949,368	28,943,360	0.032801	487,391	15,987	55.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	161,032	23,423,218	0.006875	2,841,432	19,535	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	244,490	139,476,897	0.001753	24,190,231	42,405	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	60,195	30,363,427	0.001982	10,224,218	20,264	65.00
69.00	06900	ELECTROCARDIOLOGY	115,237	47,335,297	0.002434	5,956,793	14,499	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	96,617	83,339,288	0.001159	13,430,808	15,566	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	70,000	41,810,315	0.001674	11,484,380	19,225	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	191,581	221,324,497	0.000866	30,418,353	26,342	73.00
74.00	07400	RENAL DIALYSIS	6,076	6,415,901	0.000947	2,869,667	2,718	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	CARDIAC REHAB	76,364	3,406,179	0.022419	1,325	30	75.01
75.02	07502	HEART SURGERY	0	0	0.000000	0	0	75.02
75.03	07503	REHAB SERVICES	107,267	44,493,702	0.002411	6,181,354	14,903	75.03
75.04	07504	CV SURGERY	0	0	0.000000	0	0	75.04
75.05	07505	VASCULAR SERVICES	84,137	47,221,386	0.001782	7,861,692	14,010	75.05
75.06	07506	YORKVILLE	43,865	62,285,528	0.000704	1,396,717	983	75.06
75.07	07507	MCAI	29,413	26,028,933	0.001130	15,523	18	75.07
76.00	03020	DIABETIC CENTER	2,785	316,520	0.008799	42,553	374	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	25,519	17,047,966	0.001497	213,704	320	90.00
90.01	09001	WOUND CARE CENTER	6,270	5,694,365	0.001101	44,506	49	90.01
90.02	04950	ENDOCRINOLOGY	6,960	1,356,632	0.005130	520	3	90.02
91.00	09100	EMERGENCY	536,492	148,519,901	0.003612	11,617,059	41,961	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	654,055	19,992,808	0.032715	338,222	11,065	92.00
200.00	Total (lines 50 through 199)		5,444,052	1,477,502,594		188,729,471	477,497	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0029		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/19/2019 3:09 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	0	31.00	
31.01	03101	NICU	0	0	0	0	0	0	0	31.01	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
					4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	40,108	0.00	12,941	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	5,561	0.00	1,428	31.00			
31.01	03101	NICU	0	0	1,920	0.00	0	31.01			
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00			
41.00	04100	SUBPROVIDER - IRF	0	0	4,352	0.00	2,589	41.00			
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00			
43.00	04300	NURSERY	0	0	7,682	0.00	0	43.00			
200.00		Total (lines 30 through 199)	0	0	59,623		16,958	200.00			
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
					9.00						
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0							30.00	
31.00	03100	INTENSIVE CARE UNIT	0							31.00	
31.01	03101	NICU	0							31.01	
40.00	04000	SUBPROVIDER - IPF	0							40.00	
41.00	04100	SUBPROVIDER - IRF	0							41.00	
42.00	04200	SUBPROVIDER	0							42.00	
43.00	04300	NURSERY	0							43.00	
200.00		Total (lines 30 through 199)	0							200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS Provider CCN: 14-0029 Period: From 07/01/2018 To 06/30/2019 Worksheet D Part IV Date/Time Prepared: 11/19/2019 3:09 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	50.01
50.02	05002	G. I. LAB	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0	0	0	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0	0	0	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	0	0	75.05
75.06	07506	YORKVILLE	0	0	0	0	75.06
75.07	07507	MCAI	0	0	0	0	75.07
76.00	03020	DIABETIC CENTER	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WOUND CARE CENTER	0	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS Provider CCN: 14-0029 Period: From 07/01/2018 To 06/30/2019 Worksheet D Part IV Date/Time Prepared: 11/19/2019 3:09 pm

				Title XVIII		Hospital	PPS		
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
			4.00	5.00	6.00	7.00	8.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	164,501,156	0.000000	50.00	
50.01	05001	SAME DAY SURGERY	0	0	0	19,875,378	0.000000	50.01	
50.02	05002	G. I. LAB	0	0	0	18,015,232	0.000000	50.02	
51.00	05100	RECOVERY ROOM	0	0	0	20,734,584	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	31,510,580	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	22,880,216	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	201,189,328	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	28,943,360	0.000000	55.00	
57.00	05700	CT SCAN	0	0	0	0	0.000000	57.00	
58.00	05800	MRI	0	0	0	23,423,218	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	139,476,897	0.000000	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0.000000	62.30	
65.00	06500	RESPIRATORY THERAPY	0	0	0	30,363,427	0.000000	65.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	47,335,297	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	83,339,288	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	41,810,315	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	221,324,497	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	6,415,901	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00	
75.01	07501	CARDIAC REHAB	0	0	0	3,406,179	0.000000	75.01	
75.02	07502	HEART SURGERY	0	0	0	0	0.000000	75.02	
75.03	07503	REHAB SERVICES	0	0	0	44,493,702	0.000000	75.03	
75.04	07504	CV SURGERY	0	0	0	0	0.000000	75.04	
75.05	07505	VASCULAR SERVICES	0	0	0	47,221,386	0.000000	75.05	
75.06	07506	YORKVILLE	0	0	0	62,285,528	0.000000	75.06	
75.07	07507	MCAI	0	0	0	26,028,933	0.000000	75.07	
76.00	03020	DIABETIC CENTER	0	0	0	316,520	0.000000	76.00	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00	
90.00	09000	CLINIC	0	0	0	17,047,966	0.000000	90.00	
90.01	09001	WOUND CARE CENTER	0	0	0	5,694,365	0.000000	90.01	
90.02	04950	ENDOCRINOLOGY	0	0	0	1,356,632	0.000000	90.02	
91.00	09100	EMERGENCY	0	0	0	148,519,901	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	19,992,808	0.000000	92.00	
200.00		Total (lines 50 through 199)	0	0	0	1,477,502,594		200.00	

Health Financial Systems		COPLEY MEMORIAL HOSPITAL			In Lieu of Form CMS-2552-10		
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0029		Period: From 07/01/2018 To 06/30/2019	Worksheet D Part IV Date/Time Prepared: 11/19/2019 3:09 pm	
			Title XVIII		Hospital	PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.000000	30,328,363	0	13,986,129	0 50.00
50.01	05001	SAME DAY SURGERY	0.000000	958,859	0	3,255,365	0 50.01
50.02	05002	G. I. LAB	0.000000	966,485	0	3,431,260	0 50.02
51.00	05100	RECOVERY ROOM	0.000000	2,892,330	0	2,062,825	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	30,910	0	15,487	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	3,472,746	0	1,977,540	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	20,463,330	0	30,108,507	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	487,391	0	9,825,375	0 55.00
57.00	05700	CT SCAN	0.000000	0	0	0	0 57.00
58.00	05800	MRI	0.000000	2,841,432	0	4,161,482	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0 59.00
60.00	06000	LABORATORY	0.000000	24,190,231	0	12,096,243	0 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0 60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	10,224,218	0	926,968	0 65.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	5,956,793	0	12,253,223	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	13,430,808	0	9,931,355	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	11,484,380	0	5,255,961	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	30,418,353	0	40,607,374	0 73.00
74.00	07400	RENAL DIALYSIS	0.000000	2,869,667	0	691,405	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
75.01	07501	CARDIAC REHAB	0.000000	1,325	0	1,454,334	0 75.01
75.02	07502	HEART SURGERY	0.000000	0	0	0	0 75.02
75.03	07503	REHAB SERVICES	0.000000	6,181,354	0	304,599	0 75.03
75.04	07504	CV SURGERY	0.000000	0	0	0	0 75.04
75.05	07505	VASCULAR SERVICES	0.000000	7,861,692	0	8,838,688	0 75.05
75.06	07506	YORKVILLE	0.000000	1,396,717	0	9,724,338	0 75.06
75.07	07507	MCAI	0.000000	15,523	0	2,336,753	0 75.07
76.00	03020	DIABETIC CENTER	0.000000	42,553	0	0	0 76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0 89.00
90.00	09000	CLINIC	0.000000	213,704	0	1,757,714	0 90.00
90.01	09001	WOUND CARE CENTER	0.000000	44,506	0	2,687,411	0 90.01
90.02	04950	ENDOCRINOLOGY	0.000000	520	0	160,722	0 90.02
91.00	09100	EMERGENCY	0.000000	11,617,059	0	17,401,662	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	338,222	0	4,530,734	0 92.00
200.00		Total (lines 50 through 199)		188,729,471	0	199,783,454	0 200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0029		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/19/2019 3:09 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.105951	13,986,129	0	0	1,481,844	50.00	
50.01	05001	SAME DAY SURGERY	0.214298	3,255,365	0	0	697,618	50.01	
50.02	05002	G. I. LAB	0.276870	3,431,260	0	0	950,013	50.02	
51.00	05100	RECOVERY ROOM	0.087230	2,062,825	0	0	179,940	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.362226	15,487	0	0	5,610	52.00	
53.00	05300	ANESTHESIOLOGY	0.042168	1,977,540	0	0	83,389	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.069808	30,108,507	0	0	2,101,815	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.324584	9,825,375	0	0	3,189,160	55.00	
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00	
58.00	05800	MRI	0.079900	4,161,482	0	0	332,502	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.096316	12,096,243	0	0	1,165,062	60.00	
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	0.136514	926,968	0	0	126,544	65.00	
69.00	06900	ELECTROCARDIOLOGY	0.069555	12,253,223	0	0	852,273	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.213859	9,931,355	0	0	2,123,910	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.335589	5,255,961	0	0	1,763,843	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.127512	40,607,374	0	147,678	5,177,927	73.00	
74.00	07400	RENAL DIALYSIS	0.189842	691,405	0	0	131,258	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
75.01	07501	CARDIAC REHAB	0.726336	1,454,334	0	0	1,056,335	75.01	
75.02	07502	HEART SURGERY	0.000000	0	0	0	0	75.02	
75.03	07503	REHAB SERVICES	0.159558	304,599	0	0	48,601	75.03	
75.04	07504	CV SURGERY	0.000000	0	0	0	0	75.04	
75.05	07505	VASCULAR SERVICES	0.134709	8,838,688	0	0	1,190,651	75.05	
75.06	07506	YORKVILLE	0.139379	9,724,338	0	0	1,355,369	75.06	
75.07	07507	MCAI	0.201511	2,336,753	0	0	470,881	75.07	
76.00	03020	DIABETIC CENTER	1.433135	0	0	0	0	76.00	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00	
90.00	09000	CLINIC	0.223799	1,757,714	0	558	393,375	90.00	
90.01	09001	WOUND CARE CENTER	0.195243	2,687,411	0	0	524,698	90.01	
90.02	04950	ENDOCRINOLOGY	1.028261	160,722	0	0	165,264	90.02	
91.00	09100	EMERGENCY	0.108812	17,401,662	0	0	1,893,510	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.759020	4,530,734	0	0	3,438,918	92.00	
200.00		Subtotal (see instructions)		199,783,454	0	148,236	30,900,310	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		199,783,454	0	148,236	30,900,310	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/19/2019 3:09 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
50.01	05001	SAME DAY SURGERY	0	0		50.01
50.02	05002	G. I. LAB	0	0		50.02
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,831		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
75.01	07501	CARDIAC REHAB	0	0		75.01
75.02	07502	HEART SURGERY	0	0		75.02
75.03	07503	REHAB SERVICES	0	0		75.03
75.04	07504	CV SURGERY	0	0		75.04
75.05	07505	VASCULAR SERVICES	0	0		75.05
75.06	07506	YORKVILLE	0	0		75.06
75.07	07507	MCAI	0	0		75.07
76.00	03020	DIABETIC CENTER	0	0		76.00
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	125		90.00
90.01	09001	WOUND CARE CENTER	0	0		90.01
90.02	04950	ENDOCRINOLOGY	0	0		90.02
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)	0	18,956		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	18,956		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0029

Period:

Worksheet D

Component CCN: 14-T029

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
11/19/2019 3:09 pm

			Title XVIII		Subprovider - IRF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	695,868	164,501,156	0.004230	18,277	77
50.01	05001	SAME DAY SURGERY	296,627	19,875,378	0.014924	767	11
50.02	05002	G. I. LAB	54,104	18,015,232	0.003003	0	0
51.00	05100	RECOVERY ROOM	59,963	20,734,584	0.002892	3,421	10
52.00	05200	DELIVERY ROOM & LABOR ROOM	259,258	31,510,580	0.008228	0	0
53.00	05300	ANESTHESIOLOGY	20,431	22,880,216	0.000893	3,828	3
54.00	05400	RADIOLOGY-DIAGNOSTIC	590,078	201,189,328	0.002933	218,086	640
55.00	05500	RADIOLOGY-THERAPEUTIC	949,368	28,943,360	0.032801	0	0
57.00	05700	CT SCAN	0	0	0.000000	0	0
58.00	05800	MRI	161,032	23,423,218	0.006875	13,219	91
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0
60.00	06000	LABORATORY	244,490	139,476,897	0.001753	1,063,437	1,864
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	60,195	30,363,427	0.001982	422,127	837
69.00	06900	ELECTROCARDIOLOGY	115,237	47,335,297	0.002434	18,849	46
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	96,617	83,339,288	0.001159	111,111	129
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	70,000	41,810,315	0.001674	4,680	8
73.00	07300	DRUGS CHARGED TO PATIENTS	191,581	221,324,497	0.000866	1,635,659	1,416
74.00	07400	RENAL DIALYSIS	6,076	6,415,901	0.000947	238,554	226
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0
75.01	07501	CARDIAC REHAB	76,364	3,406,179	0.022419	0	0
75.02	07502	HEART SURGERY	0	0	0.000000	0	0
75.03	07503	REHAB SERVICES	107,267	44,493,702	0.002411	7,046,674	16,990
75.04	07504	CV SURGERY	0	0	0.000000	0	0
75.05	07505	VASCULAR SERVICES	84,137	47,221,386	0.001782	20,263	36
75.06	07506	YORKVILLE	43,865	62,285,528	0.000704	0	0
75.07	07507	MCAI	29,413	26,028,933	0.001130	0	0
76.00	03020	DIABETIC CENTER	2,785	316,520	0.008799	3,287	29
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0
90.00	09000	CLINIC	25,519	17,047,966	0.001497	2,710	4
90.01	09001	WOUND CARE CENTER	6,270	5,694,365	0.001101	0	0
90.02	04950	ENDOCRINOLOGY	6,960	1,356,632	0.005130	0	0
91.00	09100	EMERGENCY	536,492	148,519,901	0.003612	4,125	15
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	19,992,808	0.000000	19,098	0
200.00		Total (lines 50 through 199)	4,789,997	1,477,502,594		10,848,172	22,432

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0029
Component CCN: 14-T029

Period:
From 07/01/2018
To 06/30/2019

Worksheet D
Part IV
Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
50.02	05002	G. I. LAB	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0	0	0	0	0	75.01
75.02	07502	HEART SURGERY	0	0	0	0	0	75.02
75.03	07503	REHAB SERVICES	0	0	0	0	0	75.03
75.04	07504	CV SURGERY	0	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	0	0	0	75.05
75.06	07506	YORKVILLE	0	0	0	0	0	75.06
75.07	07507	MCAI	0	0	0	0	0	75.07
76.00	03020	DIABETIC CENTER	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND CARE CENTER	0	0	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0	0	0	0	0	90.02
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: 14-0029 Component CCN: 14-T029		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/19/2019 3:09 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	164,501,156	0.000000	50.00
50.01	05001	SAME DAY SURGERY		0	0	0	19,875,378	0.000000	50.01
50.02	05002	G. I. LAB		0	0	0	18,015,232	0.000000	50.02
51.00	05100	RECOVERY ROOM		0	0	0	20,734,584	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	31,510,580	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	22,880,216	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	201,189,328	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	28,943,360	0.000000	55.00
57.00	05700	CT SCAN		0	0	0	0	0.000000	57.00
58.00	05800	MRI		0	0	0	23,423,218	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	139,476,897	0.000000	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0.000000	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	30,363,427	0.000000	65.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	47,335,297	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	83,339,288	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	41,810,315	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	221,324,497	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	6,415,901	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	0	0.000000	75.00
75.01	07501	CARDIAC REHAB		0	0	0	3,406,179	0.000000	75.01
75.02	07502	HEART SURGERY		0	0	0	0	0.000000	75.02
75.03	07503	REHAB SERVICES		0	0	0	44,493,702	0.000000	75.03
75.04	07504	CV SURGERY		0	0	0	0	0.000000	75.04
75.05	07505	VASCULAR SERVICES		0	0	0	47,221,386	0.000000	75.05
75.06	07506	YORKVILLE		0	0	0	62,285,528	0.000000	75.06
75.07	07507	MCAI		0	0	0	26,028,933	0.000000	75.07
76.00	03020	DIABETIC CENTER		0	0	0	316,520	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0.000000	89.00
90.00	09000	CLINIC		0	0	0	17,047,966	0.000000	90.00
90.01	09001	WOUND CARE CENTER		0	0	0	5,694,365	0.000000	90.01
90.02	04950	ENDOCRINOLOGY		0	0	0	1,356,632	0.000000	90.02
91.00	09100	EMERGENCY		0	0	0	148,519,901	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	19,992,808	0.000000	92.00
200.00		Total (lines 50 through 199)		0	0	0	1,477,502,594		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0029 Component CCN: 14-T029		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/19/2019 3:09 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	18,277	0	0	0	50.00
50.01	05001	SAME DAY SURGERY		0.000000	767	0	0	0	50.01
50.02	05002	G. I. LAB		0.000000	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM		0.000000	3,421	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	3,828	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	218,086	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MRI		0.000000	13,219	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	1,063,437	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.		0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY		0.000000	422,127	0	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	18,849	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	111,111	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	4,680	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	1,635,659	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	238,554	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0.000000	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB		0.000000	0	0	0	0	75.01
75.02	07502	HEART SURGERY		0.000000	0	0	0	0	75.02
75.03	07503	REHAB SERVICES		0.000000	7,046,674	0	0	0	75.03
75.04	07504	CV SURGERY		0.000000	0	0	0	0	75.04
75.05	07505	VASCULAR SERVICES		0.000000	20,263	0	0	0	75.05
75.06	07506	YORKVILLE		0.000000	0	0	0	0	75.06
75.07	07507	MCAI		0.000000	0	0	0	0	75.07
76.00	03020	DIABETIC CENTER		0.000000	3,287	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000	0	0	0	0	89.00
90.00	09000	CLINIC		0.000000	2,710	0	459	0	90.00
90.01	09001	WOUND CARE CENTER		0.000000	0	0	0	0	90.01
90.02	04950	ENDOCRINOLOGY		0.000000	0	0	0	0	90.02
91.00	09100	EMERGENCY		0.000000	4,125	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	19,098	0	0	0	92.00
200.00		Total (lines 50 through 199)			10,848,172	0	459	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0029

Period:

Worksheet D

Component CCN: 14-T029

From 07/01/2018

Part V

To 06/30/2019

Date/Time Prepared:

11/19/2019 3:09 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description			Charges				IRF		Costs	
			Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
			1.00	2.00	3.00	4.00	5.00			
	ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.105951	0	0	0	0	0	50.00	
50.01	05001	SAME DAY SURGERY	0.214298	0	0	0	0	0	50.01	
50.02	05002	G. I. LAB	0.276870	0	0	0	0	0	50.02	
51.00	05100	RECOVERY ROOM	0.087230	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.362226	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.042168	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.069808	0	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.324584	0	0	0	0	0	55.00	
57.00	05700	CT SCAN	0.000000	0	0	0	0	0	57.00	
58.00	05800	MRI	0.079900	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.096316	0	0	0	0	0	60.00	
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	0	60.01	
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	0.136514	0	0	0	0	0	65.00	
69.00	06900	ELECTROCARDIOLOGY	0.069555	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.213859	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.335589	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.127512	0	0	1,505	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0.189842	0	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	0	75.00	
75.01	07501	CARDIAC REHAB	0.726336	0	0	0	0	0	75.01	
75.02	07502	HEART SURGERY	0.000000	0	0	0	0	0	75.02	
75.03	07503	REHAB SERVICES	0.159558	0	0	0	0	0	75.03	
75.04	07504	CV SURGERY	0.000000	0	0	0	0	0	75.04	
75.05	07505	VASCULAR SERVICES	0.134709	0	0	0	0	0	75.05	
75.06	07506	YORKVILLE	0.139379	0	0	0	0	0	75.06	
75.07	07507	MCAI	0.201511	0	0	0	0	0	75.07	
76.00	03020	DIABETIC CENTER	1.433135	0	0	0	0	0	76.00	
	OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000					0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					0	89.00	
90.00	09000	CLINIC	0.223799	459	0	0	103	0	90.00	
90.01	09001	WOUND CARE CENTER	0.195243	0	0	0	0	0	90.01	
90.02	04950	ENDOCRINOLOGY	1.028261	0	0	0	0	0	90.02	
91.00	09100	EMERGENCY	0.108812	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.759020	0	0	0	0	0	92.00	
200.00		Subtotal (see instructions)		459	0	1,505	103	200.00		
201.00		Less PBP Clinic Lab. Services-Program			0	0		201.00		
		Only Charges								
202.00		Net Charges (line 200 - line 201)		459	0	1,505	103	202.00		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0029

Period:

Worksheet D

Component CCN: 14-T029

From 07/01/2018
To 06/30/2019Part V
Date/Time Prepared:
11/19/2019 3:09 pm

Title XVIII

Subprovider -
IRF

PPS

	Cost Center Description	Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	SAME DAY SURGERY	0	0	50.01
50.02	05002	G. I. LAB	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	192	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC REHAB	0	0	75.01
75.02	07502	HEART SURGERY	0	0	75.02
75.03	07503	REHAB SERVICES	0	0	75.03
75.04	07504	CV SURGERY	0	0	75.04
75.05	07505	VASCULAR SERVICES	0	0	75.05
75.06	07506	YORKVILLE	0	0	75.06
75.07	07507	MCAI	0	0	75.07
76.00	03020	DIABETIC CENTER	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	WOUND CARE CENTER	0	0	90.01
90.02	04950	ENDOCRINOLOGY	0	0	90.02
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)	0	192	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	192	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0029	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/19/2019 3:09 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		40,108	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		40,108	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)		28,229	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)		12,941	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)		51,236,282	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)		51,236,282	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)		51,236,282	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)		1,277.46	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,531,610	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)		16,531,610	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019

Worksheet D-1

Date/Time Prepared:
11/19/2019 3:09 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	8,263,777	5,561	1,486.02	1,428	2,122,037
43.01	NICU	6,841,696	1,920	3,563.38	0	0
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					25,088,756
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					43,742,403
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					846,335
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					477,497
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,323,832
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					42,418,571
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)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					11,879
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,277.46
89.00	Observation bed cost (line 87 x line 88) (see instructions)					15,174,947

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019

Worksheet D-1

Date/Time Prepared:
11/19/2019 3:09 pm

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	2,208,332	51,236,282	0.043101	15,174,947	654,055	90.00
91.00 Nursing School cost	0	51,236,282	0.000000	15,174,947	0	91.00
92.00 Allied health cost	0	51,236,282	0.000000	15,174,947	0	92.00
93.00 All other Medical Education	0	51,236,282	0.000000	15,174,947	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0029 Component CCN: 14-T029	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/19/2019 3:09 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,352	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,352	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)		4,352	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)		2,589	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)		3,862,107	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,862,107	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)		3,862,107	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)		887.43	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,297,556	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,297,556	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0029	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1
				Component CCN: 14-T029		Date/Time Prepared: 11/19/2019 3:09 pm
				Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0
43.01	NICU	0	0	0.00	0	0
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,606,789
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,904,345
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					76,168
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					22,432
52.00	Total Program excludable cost (sum of lines 50 and 51)					98,600
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,805,745
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					0
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0029

Period:

Worksheet D-1

Component CCN: 14-T029

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/19/2019 3:09 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	128,032	3,862,107	0.033151	0	0	90.00
91.00	Nursing School cost	0	3,862,107	0.000000	0	0	91.00
92.00	Allied health cost	0	3,862,107	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,862,107	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0029	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/19/2019 3:09 pm
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		29,561,914	30.00
31.00	03100	INTENSIVE CARE UNIT		6,321,648	31.00
31.01	03101	NICU		0	31.01
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.106038	30,328,363	3,215,959 50.00
50.01	05001	SAME DAY SURGERY	0.214298	958,859	205,482 50.01
50.02	05002	G. I. LAB	0.276870	966,485	267,591 50.02
51.00	05100	RECOVERY ROOM	0.087230	2,892,330	252,298 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.362433	30,910	11,203 52.00
53.00	05300	ANESTHESIOLOGY	0.042587	3,472,746	147,894 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.069808	20,463,330	1,428,504 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.324584	487,391	158,199 55.00
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MRI	0.079900	2,841,432	227,030 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.096316	24,190,231	2,329,906 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.30	06250	BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.136634	10,224,218	1,396,976 65.00
69.00	06900	ELECTROCARDIOLOGY	0.069555	5,956,793	414,325 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.213859	13,430,808	2,872,299 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.335589	11,484,380	3,854,032 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.127512	30,418,353	3,878,705 73.00
74.00	07400	RENAL DIALYSIS	0.189842	2,869,667	544,783 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
75.01	07501	CARDIAC REHAB	0.729170	1,325	966 75.01
75.02	07502	HEART SURGERY	0.000000	0	0 75.02
75.03	07503	REHAB SERVICES	0.159558	6,181,354	986,284 75.03
75.04	07504	CV SURGERY	0.000000	0	0 75.04
75.05	07505	VASCULAR SERVICES	0.134709	7,861,692	1,059,041 75.05
75.06	07506	YORKVILLE	0.139379	1,396,717	194,673 75.06
75.07	07507	MCAI	0.201511	15,523	3,128 75.07
76.00	03020	DIABETIC CENTER	1.433135	42,553	60,984 76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.223799	213,704	47,827 90.00
90.01	09001	WOUND CARE CENTER	0.195243	44,506	8,689 90.01
90.02	04950	ENDOCRINOLOGY	1.028261	520	535 90.02
91.00	09100	EMERGENCY	0.108868	11,617,059	1,264,726 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.759020	338,222	256,717 92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		188,729,471	25,088,756 200.00
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)		188,729,471	25,088,756 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0029 Component CCN: 14-T029	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/19/2019 3:09 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	03101 NICU		0		31.01
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		5,046,910		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.106038	18,277	1,938	50.00
50.01	05001 SAME DAY SURGERY	0.214298	767	164	50.01
50.02	05002 G. I. LAB	0.276870	0	0	50.02
51.00	05100 RECOVERY ROOM	0.087230	3,421	298	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.362433	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.042587	3,828	163	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.069808	218,086	15,224	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.324584	0	0	55.00
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.079900	13,219	1,056	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.096316	1,063,437	102,426	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.30	06250 BLOOD CLOTTING FACTORS FOR HEMOPH.	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.136634	422,127	57,677	65.00
69.00	06900 ELECTROCARDIOLOGY	0.069555	18,849	1,311	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.213859	111,111	23,762	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.335589	4,680	1,571	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.127512	1,635,659	208,566	73.00
74.00	07400 RENAL DIALYSIS	0.189842	238,554	45,288	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	07501 CARDIAC REHAB	0.729170	0	0	75.01
75.02	07502 HEART SURGERY	0.000000	0	0	75.02
75.03	07503 REHAB SERVICES	0.159558	7,046,674	1,124,353	75.03
75.04	07504 CV SURGERY	0.000000	0	0	75.04
75.05	07505 VASCULAR SERVICES	0.134709	20,263	2,730	75.05
75.06	07506 YORKVILLE	0.139379	0	0	75.06
75.07	07507 MCAI	0.201511	0	0	75.07
76.00	03020 DIABETIC CENTER	1.433135	3,287	4,711	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.223799	2,710	606	90.00
90.01	09001 WOUND CARE CENTER	0.195243	0	0	90.01
90.02	04950 ENDOCRINOLOGY	1.028261	0	0	90.02
91.00	09100 EMERGENCY	0.108868	4,125	449	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.759020	19,098	14,496	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		10,848,172	1,606,789	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)		10,848,172		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0029	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/19/2019 3:09 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			7,277,682	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			25,062,097	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)			303,654	2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
3.00	Managed Care Simulated Payments			7,045,429	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			159.45	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)			12.00	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)			0.27	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)			11.73	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			11.73	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)			11.73	12.00
13.00	Total allowable FTE count for the prior year.			11.53	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.			11.73	14.00
15.00	Sum of lines 12 through 14 divided by 3.			11.66	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			11.66	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.073126	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.073604	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.073126	21.00
22.00	IME payment adjustment (see instructions)			1,265,941	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			275,793	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)			1,265,941	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			275,793	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			3.10	30.00
31.00	Percentage of Medicaid patient days (see instructions)			25.15	31.00
32.00	Sum of lines 30 and 31			28.25	32.00
33.00	Allowable disproportionate share percentage (see instructions)			12.52	33.00
34.00	Disproportionate share adjustment (see instructions)			1,012,236	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0029	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/19/2019 3:09 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)		6,766,695,164	8,272,872,447
35.01	Factor 3 (see instructions)		0.000339465	0.000363952
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,297,053	3,010,929
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		578,984	2,252,009
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,830,993	
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	
			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
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		37,752,603	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		38,028,396	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,871,957	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).		324,194	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)		41,224,547	59.00
60.00	Primary payer payments		23,269	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		41,201,278	61.00
62.00	Deductibles billed to program beneficiaries		3,310,388	62.00
63.00	Coinsurance billed to program beneficiaries		65,099	63.00
64.00	Allowable bad debts (see instructions)		342,078	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		222,351	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		341,010	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		38,048,142	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)		59,183	70.93
70.94	HRR adjustment amount (see instructions)		-62,655	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A
Date/Time Prepared:
11/19/2019 3:09 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	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	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		38,044,670	71.00	
71.01	Sequestration adjustment (see instructions)		760,893	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		37,402,572	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)		-118,795	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,341,889	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	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00	
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00	
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00	
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00	
202.00	Medicare discharges (see instructions)			202.00	
203.00	Case-mix adjustment factor (see instructions)			203.00	
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount			204.00	
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00	
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00	
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00	
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00	
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00	
210.00	Reserved for future use			210.00	
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00	
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	
213.00	Low-volume adjustment (see instructions)			213.00	
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/19/2019 3:09 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	7,277,682	0	7,277,682		7,277,682
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	25,062,097	0		25,062,097	25,062,097
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00	303,654	0	91,899	211,755	303,654
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	7,045,429	0	1,081,199	5,964,230	7,045,429
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.073126	0.073126	0.073126	0.073126	
6.00	IME payment adjustment (see instructions)	22.00	1,265,941	0	284,885	981,056	1,265,941
6.01	IME payment adjustment for managed care (see instructions)	22.01	275,793	0	0	275,793	275,793
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,265,941	0	284,885	981,056	1,265,941
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	275,793	0	0	275,793	275,793
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1252	0.1252	0.1252	0.1252	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,012,236	0	227,792	784,444	1,012,236
11.01	Uncompensated care payments	36.00	2,830,993	0	578,984	2,252,009	2,830,993
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	37,752,603	0	8,461,242	29,291,361	37,752,603
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	38,028,396	0	8,461,242	29,567,154	38,028,396
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,871,957	0	647,060	2,224,897	2,871,957
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/19/2019 3:09 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	9,108,302	31,792,051	40,900,353
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	2,631,609	0	592,836	2,038,773	2,631,609
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	608	0	217	391	608
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0322	0.0322	0.0322	0.0322	
23.00	Indirect medical education adjustment (see instructions)	6.00	84,738	0	19,089	65,649	84,738
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0589	0.0589	0.0589	0.0589	
25.00	Disproportionate share adjustment (see instructions)	11.00	155,002	0	34,918	120,084	155,002
26.00	Total prospective capital payments (see instructions)	12.00	2,871,957	0	647,060	2,224,897	2,871,957
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/19/2019 3:09 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	7,277,682	7,277,682		7,277,682	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	25,062,097		25,062,097	25,062,097	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	303,654	91,899	211,755	303,654	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	7,045,429	1,081,199	5,964,230	7,045,429	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.073126	0.073126	0.073126		5.00
6.00	IME payment adjustment (see instructions)	22.00	1,265,941	284,885	981,056	1,265,941	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	275,793	42,324	233,469	275,793	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1,265,941	284,885	981,056	1,265,941	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	275,793	42,324	233,469	275,793	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1252	0.1252	0.1252		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,012,236	227,792	784,444	1,012,236	11.00
11.01	Uncompensated care payments	36.00	2,830,993	578,984	2,252,009	2,830,993	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	37,752,603	8,461,242	29,291,361	37,752,603	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	38,028,396	8,503,566	29,524,830	38,028,396	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,871,957	647,060	2,224,897	2,871,957	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			9,150,626	31,749,727	40,900,353	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/19/2019 3:09 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	2,631,609	592,836	2,038,773	2,631,609	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	608	217	391	608	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0322	0.0322	0.0322		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	84,738	19,089	65,649	84,738	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0589	0.0589	0.0589		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	155,002	34,918	120,084	155,002	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,871,957	647,060	2,224,897	2,871,957	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	59,183	-9,251	68,434	59,183	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-62,655	0	-62,655	-62,655	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0029	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/19/2019 3:09 pm
		Title XVIII	Hospital	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		18,956	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		30,900,310	2.00
3.00	OPPS payments		25,309,029	3.00
4.00	Outlier payment (see instructions)		82,667	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)		18,956	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		148,236	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)		148,236	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 chargebasis 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)		148,236	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		129,280	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)		18,956	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)		25,391,696	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		4,702,203	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)		20,708,449	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		210,472	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)		20,918,921	30.00
31.00	Primary payer payments		1,484	31.00
32.00	Subtotal (line 30 minus line 31)		20,917,437	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)		249,104	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		161,918	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		248,286	36.00
37.00	Subtotal (see instructions)		21,079,355	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-236	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		21,079,591	40.00
40.01	Sequestration adjustment (see instructions)		421,592	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		20,786,179	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-128,180	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		442,557	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0029	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/19/2019 3:09 pm
		Component CCN: 14-T029		
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		192	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		103	2.00
3.00	OPPS payments		186	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		192	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,505	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)		1,505	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)		1,505	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,313	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)		192	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)		186	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		378	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)		378	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		378	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		378	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		378	40.00
40.01	Sequestration adjustment (see instructions)		8	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		300	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		70	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: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/19/2019 3:09 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		37,772,124		20,739,218	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0	01/28/2019	42,599	3.01
3.02			0	06/19/2019	4,362	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	01/28/2019	280,909		0	3.50
3.51		06/19/2019	88,643		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)		-369,552		46,961	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)		37,402,572		20,786,179	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		118,795		128,180	6.02
7.00	Total Medicare program liability (see instructions)		37,283,777		20,657,999	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: 14-0029

Period:

Worksheet E-1

Component CCN: 14-T029

From 07/01/2018
To 06/30/2019Part I
Date/Time Prepared:
11/19/2019 3:09 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,866,294		300	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)		4,866,294		300	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		62,810		70	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,929,104		370	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: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part II
Date/Time Prepared:
11/19/2019 3:09 pm

		Title XVIII	Hospital	11/19/2019 3:09 pm
				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: 14-0029

Period:

Worksheet E-3

Component CCN: 14-T029

From 07/01/2018
To 06/30/2019Part III
Date/Time Prepared:
11/19/2019 3:09 pm

Title XVIII

Subprovider -
IRF

PPS

		1.00	
PART III - MEDICARE PART A SERVICES - IRF PPS			
1.00	Net Federal PPS Payment (see instructions)	4,526,455	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0264	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	162,047	3.00
4.00	Outlier Payments	0	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	1.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)	1.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	1.00	9.00
10.00	Average Daily Census (see instructions)	11.923288	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.085293	11.00
12.00	Teaching Adjustment (see instructions)	386,075	12.00
13.00	Total PPS Payment (see instructions)	5,074,577	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)	0	15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	5,074,577	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	5,074,577	19.00
20.00	Deductibles	40,512	20.00
21.00	Subtotal (line 19 minus line 20)	5,034,065	21.00
22.00	Coinsurance	4,367	22.00
23.00	Subtotal (line 21 minus line 22)	5,029,698	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	26.00
27.00	Subtotal (sum of lines 23 and 25)	5,029,698	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	0	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	31.50
31.99	Demonstration payment adjustment amount before sequestration	0	31.99
32.00	Total amount payable to the provider (see instructions)	5,029,698	32.00
32.01	Sequestration adjustment (see instructions)	100,594	32.01
32.02	Demonstration payment adjustment amount after sequestration	0	32.02
33.00	Interim payments	4,866,294	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)	62,810	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	36.00
TO BE COMPLETED BY CONTRACTOR			
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0029	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/19/2019 3:09 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			12.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.27	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			11.73	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			12.73	6.00
7.00	Enter the lesser of line 5 or line 6			11.73	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	11.73	1.00	12.73	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	10.81	0.92	11.73	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	10.81	0.92		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	10.79	0.94		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	10.82	0.91		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	10.81	0.92		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	10.81	0.92		17.00
18.00	Per resident amount	98,270.86	98,270.86		18.00
19.00	Approved amount for resident costs	1,062,308	90,409	1,152,717	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			1.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,152,717	25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	16,958	3,045		26.00
27.00	Total Inpatient Days (see instructions)	42,198	42,198		27.00
28.00	Ratio of inpatient days to total inpatient days	0.401867	0.072160		28.00
29.00	Program direct GME amount	463,239	83,180		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		11,753		30.00
31.00	Net Program direct GME amount			534,666	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0029	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/19/2019 3:09 pm
		Title XVIII	Hospital	PPS
			1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		6,415,901	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		47,646,748	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		23,269	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		47,623,479	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		30,919,561	42.00
43.00	Primary payer payments (see instructions)		1,484	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		30,918,077	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		78,541,556	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.606348	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.393652	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		534,666	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		324,194	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		210,472	50.00

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

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019

Worksheet G

Date/Time Prepared:
11/19/2019 3:09 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	17,995,000	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	51,864,000	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00 Inventory	0	0	0	0	7.00
8.00 Prepaid expenses	0	0	0	0	8.00
9.00 Other current assets	14,251,000	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)	84,110,000	0	0	0	11.00
FIXED ASSETS					
12.00 Land	11,236,794	0	0	0	12.00
13.00 Land improvements	26,607,790	0	0	0	13.00
14.00 Accumulated depreciation	-18,275,300	0	0	0	14.00
15.00 Buildings	274,440,704	0	0	0	15.00
16.00 Accumulated depreciation	-123,933,016	0	0	0	16.00
17.00 Leasehold improvements	18,654,430	0	0	0	17.00
18.00 Accumulated depreciation	-10,570,855	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	0	0	0	0	23.00
24.00 Accumulated depreciation	0	0	0	0	24.00
25.00 Minor equipment depreciable	193,683,870	0	0	0	25.00
26.00 Accumulated depreciation	-130,425,417	0	0	0	26.00
27.00 HIT designated Assets	0	0	0	0	27.00
28.00 Accumulated depreciation	0	0	0	0	28.00
29.00 Minor equipment-nondepreciable	0	0	0	0	29.00
30.00 Total fixed assets (sum of lines 12-29)	241,419,000	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	277,499,000	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	56,732,000	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	334,231,000	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	659,760,000	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	35,817,000	0	0	0	37.00
38.00 Salaries, wages, and fees payable	0	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	0	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	36,633,000	0	0	0	43.00
44.00 Other current liabilities	30,280,000	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	102,730,000	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	95,416,000	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	65,487,000	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	160,903,000	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	263,633,000	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	396,127,000	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	396,127,000	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	659,760,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019

Worksheet G-1

Date/Time Prepared:
11/19/2019 3:09 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		386,245,000		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		35,945,000				2.00
3.00	Total (sum of line 1 and line 2)		422,190,000		0		3.00
4.00	NET ASSETS WITHOUT DONOR RESTRICTION	3,000		0		0	4.00
5.00	CONTRIBUTIONS AND RESTRICTED INCOME	1,846,000		0		0	5.00
6.00	ENDOWMENT CONTRIBUTIONS	36,000		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		1,885,000		0		10.00
11.00	Subtotal (line 3 plus line 10)		424,075,000		0		11.00
12.00	NI OF OTHER ENTITIES	23,316,000		0		0	12.00
13.00	PRIOR PERIOD ADJUSTMENT	3,765,000		0		0	13.00
14.00	NET ASSETS RELEASED FROM RESTRICTION	867,000		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		27,948,000		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		396,127,000		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	NET ASSETS WITHOUT DONOR RESTRICTION		0				4.00
5.00	CONTRIBUTIONS AND RESTRICTED INCOME		0				5.00
6.00	ENDOWMENT CONTRIBUTIONS		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	NI OF OTHER ENTITIES		0				12.00
13.00	PRIOR PERIOD ADJUSTMENT		0				13.00
14.00	NET ASSETS RELEASED FROM RESTRICTION		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: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/19/2019 3:09 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	78,345,769		78,345,769	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	9,112,910		9,112,910	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	87,458,679		87,458,679	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	15,239,108		15,239,108	11.00
11.01	NICU	18,619,582		18,619,582	11.01
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)	33,858,690		33,858,690	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	121,317,369		121,317,369	17.00
18.00	Ancillary services	472,399,695	878,504,200	1,350,903,895	18.00
19.00	Outpatient services	0	128,120,528	128,120,528	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		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	DIETARY REVENUE	99,483	122,626	222,109	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	593,816,547	1,006,747,354	1,600,563,901	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		337,061,207		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	BAD DEBTS	25,148,000			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)		25,148,000		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		311,913,207		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019

Worksheet G-3

Date/Time Prepared:
11/19/2019 3:09 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,600,563,901	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,300,948,862	2.00
3.00	Net patient revenues (line 1 minus line 2)	299,615,039	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	311,913,207	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-12,298,168	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	4,382,246	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	135,746	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	3,810	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	450,861	20.00
21.00	Rental of vending machines	15,375	21.00
22.00	Rental of hospital space	926,479	22.00
23.00	Governmental appropriations	0	23.00
24.00	CONTRA REV	-44,723	24.00
24.01	340B REVENUE	267,682	24.01
24.02	OTHER OP MISC REVENUE	126,125	24.02
24.03	GARNISHMENT FEE REVENUE	1,413	24.03
24.04	OUTSIDE SVC REVENUE	1,666,334	24.04
24.05	MCD ASSESSMENT & EXPANSION REVENUE	31,096,000	24.05
24.06	GAIN/LOSS ON INVESTMENTS	11,340,480	24.06
24.07	GAIN/LOSS ON ASSETS	239,133	24.07
24.08	RENT REVENUE	50,280	24.08
24.09	MARK TO MARKET	-1,504,073	24.09
24.10	GAIN ON SALE POB 1	1,344,000	24.10
25.00	Total other income (sum of lines 6-24)	50,497,168	25.00
26.00	Total (line 5 plus line 25)	38,199,000	26.00
27.00	CHANGE IN FAIR MARKET VALUE OF INTER	2,254,000	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	2,254,000	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	35,945,000	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0029

Period:
From 07/01/2018
To 06/30/2019Worksheet L
Parts I-III
Date/Time Prepared:
11/19/2019 3:09 pm

Title XVIII		Hospital	PPS
			1.00
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	2,631,609	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	608	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)	103.69	3.00
4.00	Number of interns & residents (see instructions)	11.66	4.00
5.00	Indirect medical education percentage (see instructions)	3.22	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)	84,738	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	3.10	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	25.15	8.00
9.00	Sum of lines 7 and 8	28.25	9.00
10.00	Allowable disproportionate share percentage (see instructions)	5.89	10.00
11.00	Disproportionate share adjustment (see instructions)	155,002	11.00
12.00	Total prospective capital payments (see instructions)	2,871,957	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