

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: 14-0030	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 8/27/2020 12:48 pm
--	-----------------------	---	---

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 8/27/2020	Time: 12:48 pm
	2. ☐ Manually prepared cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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 ADVOCATE SHERMAN HOSPITAL (14-0030) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) MICHAEL VOLANTE

Officer or Administrator of Provider(s)

VICE PRESIDENT, REIMBURSEMENT

Title

(Dated when report is electronically signed.)

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	367,726	-38,275	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing Bed - SNF	0	0	0		0	5.00
6.00	Swing Bed - NF	0				0	6.00
200.00	Total	0	367,726	-38,275	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: 14-0030		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/27/2020 12:48 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 1425 NORTH RANDALL ROAD			PO Box:				1.00	
2.00	City: ELGIN			State: IL		Zip Code: 60123		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			ADVOCATE SHERMAN HOSPITAL	140030	20994	1	07/01/1966	N P P
4.00	Subprovider - IPF								
5.00	Subprovider - IRF								
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								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2019	12/31/2019	20.00
21.00	Type of Control (see instructions)						1		21.00
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) 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	Y	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
				1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,812	3,906	0	0	4,114	364

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0030		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/27/2020 12:48 pm			
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0	25.00		
							Urban/Rural S	Date of Geogr			
							1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.							1	26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.							1	27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							0	35.00		
							Beginning:	Ending:			
							1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.							0	37.00		
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00		
							Y/N	Y/N			
							1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)							N	39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)							N	40.00		
							V	XVIII	XIX		
							1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital											
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)							N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.							N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.							N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.							N	N	N	48.00
Teaching Hospitals											
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.							N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.										57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.										58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.							N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #		Pass-Through Qualification Criterion Code				
				1.00	2.00		3.00				
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.							Y	Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)							23.00	1		60.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
8/27/2020 12:48 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
8/27/2020 12:48 pm

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
			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		
70.00	Inpatient Psychiatric Facility PPS						
	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N			70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
	Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0030	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 8/27/2020 12:48 pm	
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	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.	N	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
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.				
		1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N			110.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0030	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 8/27/2020 12:48 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0115.00
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:	300,033	2,750,000	1,208,963118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H036	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0030		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/27/2020 12:48 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: ADVOCATE HEALTH CARE		Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 06101		141.00		
142.00	Street: 3075 HIGHLAND PARKWAY SUITE 600		PO Box:				142.00		
143.00	City: DOWNERS GROVE		State: IL		Zip Code: 60515		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
							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)								168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99		169.00
						Beginning	Ending		
						1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								170.00
						1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N		0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0030	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 8/27/2020 12:48 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)	Y		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	02/26/2020 4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 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.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		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 16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	06/23/2020	Y 06/23/2020 17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N 18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N 19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
8/27/2020 12:48 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		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JENNIFER	HANES		41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(630)929-5767	JENNIFER.HANES@AAH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
8/27/2020 12:48 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.	SR. REIMB. SPECIALIST	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: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/27/2020 12:48 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	225	82,125	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)		225	82,125	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	30	10,950	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		255	93,075	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		255			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/27/2020 12:48 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)	18,323	872	44,398			1.00
2.00	HMO and other (see instructions)	6,456	5,401				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	18,323	872	44,398			7.00
8.00	INTENSIVE CARE UNIT	2,083	96	5,389			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		2,965	5,894			13.00
14.00	Total (see instructions)	20,406	3,933	55,681	0.00	1,316.04	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,316.04	27.00
28.00	Observation Bed Days		208	6,762			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	364	839			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: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/27/2020 12:48 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	4,645	883	15,884	1.00
2.00 HMO and other (see instructions)			1,518	2,400		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,645	883	15,884	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
8/27/2020 12:48 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	101,066,584	0	101,066,584	2,737,363.20	36.92
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		542,120	-31,595	510,525	25,814.00	19.78
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,100,379	0	1,100,379	13,698.31	80.33
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		110,698	0	110,698	953.50	116.10
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		13,655,972	0	13,655,972	191,655.00	71.25
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		24,410,282	0	24,410,282		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		180,602	0	180,602		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		2,059,066	0	2,059,066		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
8/27/2020 12:48 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	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	1,021,970	-820,950	201,020	5,013.00	40.10	26.00
27.00	Administrative & General	5.00	7,190,897	95,052	7,285,949	148,740.00	48.98	27.00
28.00	Administrative & General under contract (see inst.)		1,010,337	0	1,010,337	5,758.53	175.45	28.00
29.00	Maintenance & Repairs	6.00	0	1,224,108	1,224,108	40,417.00	30.29	29.00
30.00	Operation of Plant	7.00	2,245,081	-1,205,685	1,039,396	34,109.00	30.47	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	2,333,279	19,147	2,352,426	131,331.00	17.91	32.00
33.00	Housekeeping under contract (see instructions)		4,591	0	4,591	12.95	354.52	33.00
34.00	Dietary	10.00	2,495,484	-1,138,639	1,356,845	64,712.00	20.97	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,159,117	1,159,117	55,137.00	21.02	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,245,650	10,222	1,255,872	24,960.00	50.32	38.00
39.00	Central Services and Supply	14.00	1,230,396	-574,474	655,922	29,099.00	22.54	39.00
40.00	Pharmacy	15.00	3,661,927	30,049	3,691,976	77,771.00	47.47	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	1,726,096	14,164	1,740,260	34,216.00	50.86	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part III
Date/Time Prepared:
8/27/2020 12:48 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)	102,081,512	0	102,081,512	2,743,134.68	37.21	1.00
2.00	Excluded area salaries (see instructions)	542,120	-31,595	510,525	25,814.00	19.78	2.00
3.00	Subtotal salaries (line 1 minus line 2)	101,539,392	31,595	101,570,987	2,717,320.68	37.38	3.00
4.00	Subtotal other wages & related costs (see inst.)	14,867,049	0	14,867,049	206,306.81	72.06	4.00
5.00	Subtotal wage-related costs (see inst.)	26,469,348	0	26,469,348	0.00	26.06	5.00
6.00	Total (sum of lines 3 thru 5)	142,875,789	31,595	142,907,384	2,923,627.49	48.88	6.00
7.00	Total overhead cost (see instructions)	24,165,708	-1,187,889	22,977,819	651,276.48	35.28	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0030	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part IV Date/Time Prepared: 8/27/2020 12:48 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		2,156,863	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		2,139,700	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		139,282	6.00
7.00	Employee Managed Care Program Administration Fees		845,357	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)		6,989,999	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		2,174,677	9.00
10.00	Dental, Hearing and Vision Plan		340,800	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		68,812	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)		822,348	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		882,181	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		7,163,996	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		112,890	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		247,208	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		506,771	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		24,590,884	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0030

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

 Worksheet S-3
 Part V
 Date/Time Prepared:
 8/27/2020 12:48 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	1,100,379	24,590,884	1.00
2.00	Hospital	1,100,379	24,410,282	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	180,602	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0030	Period: From 01/01/2019 To 12/31/2019	Worksheet S-10 Date/Time Prepared: 8/27/2020 12:48 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)		0.208365		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		30,386,364		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		105,302		5.00
6.00	Medicaid charges		172,592,039		6.00
7.00	Medicaid cost (line 1 times line 6)		35,962,140		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		5,470,474		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		670,089		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		5,470,474		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)	34,685,027	3,174,316	37,859,343	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	7,227,146	3,174,316	10,401,462	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	7,227,146	3,174,316	10,401,462	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)		18,747,973		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		781,129		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,201,736		27.01
28.00	Non-Medicare bad debt expense (see instructions)		17,546,237		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		4,076,629		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		14,478,091		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		19,948,565		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0030

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

Worksheet A

Date/Time Prepared:
8/27/2020 12:48 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		9,226,704	9,226,704	9,202,145	18,428,849	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	11,007,139	11,007,139	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,021,970	17,999,808	19,021,778	-820,950	18,200,828	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	62	14,051,836	14,051,898	-4,538	14,047,360	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	7,190,835	53,476,347	60,667,182	-2,435,286	58,231,896	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	3,517,579	3,517,579	6.00
7.00	00700	OPERATION OF PLANT	2,245,081	9,726,839	11,971,920	-3,609,271	8,362,649	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,094,750	1,094,750	-627	1,094,123	8.00
9.00	00900	HOUSEKEEPING	2,333,279	1,012,579	3,345,858	-107,608	3,238,250	9.00
10.00	01000	DIETARY	2,495,484	1,587,557	4,083,041	-1,988,032	2,095,009	10.00
11.00	01100	CAFETERIA	0	0	0	1,889,481	1,889,481	11.00
13.00	01300	NURSING ADMINISTRATION	1,245,650	1,872,517	3,118,167	-290,609	2,827,558	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,230,396	2,707,913	3,938,309	-2,798,749	1,139,560	14.00
15.00	01500	PHARMACY	3,661,927	18,168,135	21,830,062	-16,328,768	5,501,294	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	155,489	155,489	0	155,489	16.00
17.00	01700	SOCIAL SERVICE	1,726,096	184,109	1,910,205	14,164	1,924,369	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	205,767	13,840	219,607	-34,356	185,251	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,683,932	4,652,077	28,336,009	-913,918	27,422,091	30.00
31.00	03100	INTENSIVE CARE UNIT	4,783,539	2,231,037	7,014,576	-177,359	6,837,217	31.00
43.00	04300	NURSERY	1,723,717	1,344,257	3,067,974	-36,460	3,031,514	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,791,745	23,938,290	29,730,035	-16,377,966	13,352,069	50.00
51.00	05100	RECOVERY ROOM	4,154,197	752,811	4,907,008	-109,673	4,797,335	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,411,677	2,076,777	6,488,454	-237,841	6,250,613	52.00
53.00	05300	ANESTHESIOLOGY	164,071	1,209,687	1,373,758	-218,750	1,155,008	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,744,524	7,477,730	14,222,254	-4,083,970	10,138,284	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	641,872	1,395,412	2,037,284	-743,652	1,293,632	55.00
57.00	05700	CT SCAN	1,003,868	1,015,309	2,019,177	-811,819	1,207,358	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	401,266	233,442	634,708	-168,817	465,891	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,005,518	5,577,202	6,582,720	-4,681,279	1,901,441	59.00
60.00	06000	LABORATORY	3,955,674	7,623,411	11,579,085	-1,617,282	9,961,803	60.00
64.00	06400	INTRAVENOUS THERAPY	1,461,166	833,783	2,294,949	623,387	2,918,336	64.00
65.00	06500	RESPIRATORY THERAPY	1,920,372	745,600	2,665,972	-372,632	2,293,340	65.00
66.00	06600	PHYSICAL THERAPY	2,996,570	535,448	3,532,018	13,994	3,546,012	66.00
67.00	06700	OCCUPATIONAL THERAPY	610,209	47,957	658,166	4,233	662,399	67.00
68.00	06800	SPEECH PATHOLOGY	153,096	11,305	164,401	839	165,240	68.00
69.00	06900	ELECTROCARDIOLOGY	2,141,258	6,010,971	8,152,229	-5,208,928	2,943,301	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	399,054	204,544	603,598	-50,939	552,659	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,638,781	13,638,781	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,263,060	17,263,060	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	16,213,137	16,213,137	73.00
74.00	07400	RENAL DIALYSIS	0	780,338	780,338	-470	779,868	74.00
76.00	03950	WOUND CARE CENTER	432,603	289,957	722,560	-97,466	625,094	76.00
76.01	03951	DIABETIC CENTER	235,217	25,692	260,909	1,930	262,839	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	282,281	190,085	472,366	-4,672	467,694	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	7,934,651	5,441,515	13,376,166	143,065	13,519,231	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	341,607	77,230	418,837	2,803	421,640	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		9,202,145	9,202,145	-9,202,145	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100,730,231	215,202,435	315,932,666	905	315,933,571	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	227,220	302,699	529,919	-1,002	528,917	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	67,219	65,206	132,425	552	132,977	194.00
194.01	07951	PHYSICIAN REFERRAL	41,914	119,284	161,198	-455	160,743	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	101,066,584	215,689,624	316,756,208	0	316,756,208	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0030

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

Worksheet A

Date/Time Prepared:
8/27/2020 12:48 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	668,627	19,097,476	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,850,330	12,857,469	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,383,285	22,584,113	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-858,927	13,188,433	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	-22,904,875	35,327,021	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	3,517,579	6.00
7.00	00700	OPERATION OF PLANT	-55,288	8,307,361	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,094,123	8.00
9.00	00900	HOUSEKEEPING	0	3,238,250	9.00
10.00	01000	DIETARY	-33,744	2,061,265	10.00
11.00	01100	CAFETERIA	-617,895	1,271,586	11.00
13.00	01300	NURSING ADMINISTRATION	-800,702	2,026,856	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,139,560	14.00
15.00	01500	PHARMACY	-3,000	5,498,294	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	155,489	16.00
17.00	01700	SOCIAL SERVICE	-12,670	1,911,699	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	0	185,251	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,608,542	25,813,549	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,837,217	31.00
43.00	04300	NURSERY	-1,077,722	1,953,792	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-896,018	12,456,051	50.00
51.00	05100	RECOVERY ROOM	0	4,797,335	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-854,870	5,395,743	52.00
53.00	05300	ANESTHESIOLOGY	-755,017	399,991	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-850,648	9,287,636	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	25,990	1,319,622	55.00
57.00	05700	CT SCAN	-6,544	1,200,814	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-209	465,682	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,901,441	59.00
60.00	06000	LABORATORY	-1,089,445	8,872,358	60.00
64.00	06400	INTRAVENOUS THERAPY	-2,695	2,915,641	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,293,340	65.00
66.00	06600	PHYSICAL THERAPY	-96,897	3,449,115	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	662,399	67.00
68.00	06800	SPEECH PATHOLOGY	0	165,240	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,943,301	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	552,659	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,638,781	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,263,060	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,213,137	73.00
74.00	07400	RENAL DIALYSIS	0	779,868	74.00
76.00	03950	WOUND CARE CENTER	0	625,094	76.00
76.01	03951	DIABETIC CENTER	-2,353	260,486	76.01
76.02	03952	CLINICAL NUTRITION	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	467,694	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-1,515,281	12,003,950	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950	ANTICOAGULATION CLINIC	0	421,640	93.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-27,115,110	288,818,461	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-43,501	485,416	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	ACLS	-3,479	129,498	194.00
194.01	07951	PHYSICIAN REFERRAL	-10,856	149,887	194.01
200.00		TOTAL (SUM OF LINES 118 through 199)	-27,172,946	289,583,262	200.00

RECLASSIFICATIONS

Provider CCN: 14-0030

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

Worksheet A-6

Date/Time Prepared:
8/27/2020 12:48 pm

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - BILLABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	13,638,781		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.00	0	57,249		2.00
3.00	PHARMACY	15.00	0	4,285		3.00
4.00	PHYSICIAN REFERRAL	194.01	0	36		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
	0		0	13,700,351		
	B - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	16,213,137		1.00
	0		0	16,213,137		
	C - IMPLANTABLE DEVICES CHARGED TO PATS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	17,263,060		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
	0		0	17,263,060		
	D - MAINTENANCE & REPAIRS					
1.00	MAINTENANCE & REPAIRS	6.00	1,214,145	2,293,471		1.00
	0		1,214,145	2,293,471		
	E - STERILE PROCESSING					
1.00	OPERATING ROOM	50.00	230,723	697,967		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	42,266	127,859		2.00
3.00	ELECTROCARDIOLOGY	69.00	67,171	203,199		3.00
4.00	CARDIAC CATHETERIZATION	59.00	93,492	282,826		4.00
5.00	EMERGENCY	91.00	146,161	442,156		5.00
	0		579,813	1,754,007		
	F - CAFETERIA					
1.00	CAFETERIA	11.00	1,148,060	730,364		1.00
	0		1,148,060	730,364		
	G - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	9,202,145		1.00
	0		0	9,202,145		
	H - DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	11,007,139		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00

RECLASSIFICATIONS

Provider CCN: 14-0030

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

Worksheet A-6

Date/Time Prepared:
8/27/2020 12:48 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
	0		0	11,007,139		
I - PTO/BONUS/INCENTIVE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	8,386	0		1.00
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	1	0		2.00
3.00	ADMINISTRATIVE AND GENERAL	5.06	59,007	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	9,963	0		4.00
5.00	OPERATION OF PLANT	7.00	8,460	0		5.00
6.00	HOUSEKEEPING	9.00	19,147	0		6.00
7.00	DIETARY	10.00	9,421	0		7.00
8.00	CAFETERIA	11.00	11,057	0		8.00
9.00	NURSING ADMINISTRATION	13.00	10,222	0		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	5,339	0		10.00
11.00	PHARMACY	15.00	30,049	0		11.00
12.00	SOCIAL SERVICE	17.00	14,164	0		12.00
13.00	PARAMED ED PRGM- PASTORAL	23.00	1,688	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	194,345	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	39,253	0		15.00
16.00	NURSERY	43.00	14,145	0		16.00
17.00	OPERATING ROOM	50.00	49,419	0		17.00
18.00	RECOVERY ROOM	51.00	34,089	0		18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	36,548	0		19.00
20.00	ANESTHESIOLOGY	53.00	1,346	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	55,344	0		21.00
22.00	RADIOLOGY-THERAPEUTIC	55.00	5,267	0		22.00
23.00	CT SCAN	57.00	8,238	0		23.00
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	3,293	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	9,018	0		25.00
26.00	LABORATORY	60.00	32,460	0		26.00
27.00	INTRAVENOUS THERAPY	64.00	11,990	0		27.00
28.00	RESPIRATORY THERAPY	65.00	15,758	0		28.00
29.00	PHYSICAL THERAPY	66.00	24,589	0		29.00
30.00	OCCUPATIONAL THERAPY	67.00	5,007	0		30.00
31.00	SPEECH PATHOLOGY	68.00	1,256	0		31.00
32.00	ELECTROCARDIOLOGY	69.00	18,122	0		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	3,275	0		33.00
34.00	WOUND CARE CENTER	76.00	3,550	0		34.00
35.00	DIABETIC CENTER	76.01	1,930	0		35.00
36.00	CARDIAC REHABILITATION	76.97	2,316	0		36.00
37.00	EMERGENCY	91.00	66,310	0		37.00
38.00	ANTICOAGULATION CLINIC	93.00	2,803	0		38.00
39.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,865	0		39.00
40.00	ACLS	194.00	552	0		40.00

RECLASSIFICATIONS

Provider CCN: 14-0030

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

Worksheet A-6

Date/Time Prepared:
8/27/2020 12:48 pm

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
41.00	PHYSICIAN REFERRAL	194.01	344	0		41.00
			829,336	0		
	J - RECLASS OP PROCEDURE COSTS					
1.00	INTRAVENOUS THERAPY	64.00	672,171	132,030		1.00
			672,171	132,030		
	K - RECLASS PASTORAL CARE COSTS					
1.00	PARAMED ED PRGM- PASTORAL	23.00	10,357	0		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.06	46,401	0		2.00
	TOTALS		56,758	0		
500.00	Grand Total: Increases		4,500,283	72,295,704		500.00

RECLASSIFICATIONS

Provider CCN: 14-0030

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

Worksheet A-6

Date/Time Prepared:
8/27/2020 12:48 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - BILLABLE MEDICAL SUPPLIES						
1.00	OPERATION OF PLANT	7.00	0	115	0		1.00
2.00	HOUSEKEEPING	9.00	0	484	0		2.00
3.00	DIETARY	10.00	0	173	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	9,367	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	333,711	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	183,635	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	159,196	0		7.00
8.00	NURSERY	43.00	0	18,175	0		8.00
9.00	OPERATING ROOM	50.00	0	4,998,965	0		9.00
10.00	RECOVERY ROOM	51.00	0	96,274	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	304,149	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	217,902	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,055,122	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,257	0		14.00
15.00	CT SCAN	57.00	0	274,796	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	110,330	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	1,367,236	0		17.00
18.00	LABORATORY	60.00	0	830,827	0		18.00
19.00	INTRAVENOUS THERAPY	64.00	0	174,319	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	304,416	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	441	0		21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	774	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	1,893,132	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	24,720	0		24.00
25.00	RENAL DIALYSIS	74.00	0	470	0		25.00
26.00	WOUND CARE CENTER	76.00	0	27,593	0		26.00
27.00	CARDIAC REHABILITATION	76.97	0	135	0		27.00
28.00	EMERGENCY	91.00	0	312,637	0		28.00
			0	13,700,351			
	B - DRUGS CHARGED TO PATIENTS						
1.00	PHARMACY	15.00	0	16,213,137	0		1.00
			0	16,213,137			
	C - IMPLANTABLE DEVICES CHARGED TO PATS						
1.00	NURSING ADMINISTRATION	13.00	0	15	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	11,668	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	16	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	5,594	0		4.00
5.00	OPERATING ROOM	50.00	0	10,462,592	0		5.00
6.00	RECOVERY ROOM	51.00	0	102	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	15,986	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	1,727	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	553,180	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	3,060,056	0		10.00
11.00	LABORATORY	60.00	0	136,914	0		11.00
12.00	INTRAVENOUS THERAPY	64.00	0	80	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	750	0		13.00
14.00	SPEECH PATHOLOGY	68.00	0	417	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	2,935,214	0		15.00
16.00	WOUND CARE CENTER	76.00	0	66,320	0		16.00
17.00	EMERGENCY	91.00	0	12,429	0		17.00
			0	17,263,060			
	D - MAINTENANCE & REPAIRS						
1.00	OPERATION OF PLANT	7.00	1,214,145	2,293,471	0		1.00
			1,214,145	2,293,471			
	E - STERILE PROCESSING						
1.00	CENTRAL SERVICES & SUPPLY	14.00	579,813	1,754,007	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
			579,813	1,754,007			
	F - CAFETERIA						
1.00	DIETARY	10.00	1,148,060	730,364	0		1.00
			1,148,060	730,364			
	G - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	9,202,145	11		1.00
			0	9,202,145			
	H - DEPRECIATION						
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	4,539	9		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.06	0	2,587,586	0		2.00
3.00	OPERATION OF PLANT	7.00	0	110,000	0		3.00

RECLASSIFICATIONS

Provider CCN: 14-0030

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

Worksheet A-6

Date/Time Prepared:
8/27/2020 12:48 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	627	0	4.00
5.00	HOUSEKEEPING	9.00	0	126,271	0	5.00
6.00	DIETARY	10.00	0	118,856	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	291,449	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	124,889	0	8.00
9.00	PHARMACY	15.00	0	149,965	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	120,411	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	51,822	0	11.00
12.00	NURSERY	43.00	0	32,430	0	12.00
13.00	OPERATING ROOM	50.00	0	1,894,518	0	13.00
14.00	RECOVERY ROOM	51.00	0	47,386	0	14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	124,379	0	15.00
16.00	ANESTHESIOLOGY	53.00	0	467	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,531,012	0	17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	747,662	0	18.00
19.00	CT SCAN	57.00	0	545,261	0	19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	61,780	0	20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	639,323	0	21.00
22.00	LABORATORY	60.00	0	682,001	0	22.00
23.00	INTRAVENOUS THERAPY	64.00	0	18,405	0	23.00
24.00	RESPIRATORY THERAPY	65.00	0	83,224	0	24.00
25.00	PHYSICAL THERAPY	66.00	0	10,154	0	25.00
26.00	ELECTROCARDIOLOGY	69.00	0	669,074	0	26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	29,494	0	27.00
28.00	WOUND CARE CENTER	76.00	0	7,103	0	28.00
29.00	CARDIAC REHABILITATION	76.97	0	6,853	0	29.00
30.00	EMERGENCY	91.00	0	186,496	0	30.00
31.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,867	0	31.00
32.00	PHYSICIAN REFERRAL	194.01	0	835	0	32.00
			0	11,007,139		
I - PTO/BONUS/INCENTIVE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	829,336	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
36.00		0.00	0	0	0	36.00
37.00		0.00	0	0	0	37.00
38.00		0.00	0	0	0	38.00
39.00		0.00	0	0	0	39.00
40.00		0.00	0	0	0	40.00
41.00		0.00	0	0	0	41.00

RECLASSIFICATIONS

Provider CCN: 14-0030

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

Worksheet A-6

Date/Time Prepared:
8/27/2020 12:48 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	0		829,336	0		
	J - RECLASS OP PROCEDURE COSTS					
1.00	ADULTS & PEDIATRICS	30.00	672,171	132,030	0	1.00
	0		672,171	132,030		
	K - RECLASS PASTORAL CARE COSTS					
1.00	ADMINISTRATIVE AND GENERAL	5.00	10,357	0	0	1.00
2.00	PARAMED ED PRGM- PASTORAL	23.00	46,401	0	0	2.00
	TOTALS		56,758	0		
500.00	Grand Total: Decreases		4,500,283	72,295,704		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part I
Date/Time Prepared:
8/27/2020 12:48 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	8,720,000	0	0	0	0	1.00	
2.00	Land Improvements	7,041,387	268,003	0	268,003	0	2.00	
3.00	Buildings and Fixtures	226,294,943	6,996,154	0	6,996,154	0	3.00	
4.00	Building Improvements	3,757,995	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	89,120,531	6,840,511	-1,643,001	5,197,510	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	334,934,856	14,104,668	-1,643,001	12,461,667	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	334,934,856	14,104,668	-1,643,001	12,461,667	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,720,000	0					1.00
2.00	Land Improvements	7,309,390	19,250					2.00
3.00	Buildings and Fixtures	233,291,097	9,321,062					3.00
4.00	Building Improvements	3,757,995	44,528					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	94,318,041	29,316,143					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	347,396,523	38,700,983					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	347,396,523	38,700,983					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part II
Date/Time Prepared:
8/27/2020 12:48 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	9,226,704	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,226,704	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	9,226,704				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	9,226,704				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part III
Date/Time Prepared:
8/27/2020 12:48 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	244,358,482	0	244,358,482	0.721510	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	94,318,041	0	94,318,041	0.278490	0	2.00
3.00	Total (sum of lines 1-2)	338,676,523	0	338,676,523	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	10,653,428	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	11,068,645	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	21,722,073	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	8,300,691	0	0	143,357	19,097,476	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,788,824	12,857,469	2.00
3.00	Total (sum of lines 1-2)	8,300,691	0	0	1,932,181	31,954,945	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0030

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

Worksheet A-8

Date/Time Prepared:
8/27/2020 12:48 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		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-901,454	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-44,000	ADMINISTRATIVE AND GENERAL	5.06	0	7.00
8.00	Television and radio service (chapter 21)	A	-54,000	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	-7,898,933			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	1,988,530			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-617,895	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		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-135,348	ADMINISTRATIVE AND GENERAL	5.06	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	1,426,724	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	61,506	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)	B	-711,856	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MEDICAID TAX/ASSESSMENT FEE	A	-15,192,642	ADMINISTRATIVE AND GENERAL	5.06	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0030

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

Worksheet A-8

Date/Time Prepared:
8/27/2020 12:48 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	
33.01	ANSWERING SERVICE INCOME		0		0.00	0	33.01
33.02	BILLING SERVICE INCOME	B	-858,927	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.02
33.03	MANAGEMENT SERVICE INCOME	B	-974,933	ADMINISTRATIVE AND GENERAL	5.06	0	33.03
33.04	LAB SERVICE INCOME	B	-802,542	LABORATORY	60.00	0	33.04
33.05	MISC OPERATION OF PLANT	B	-1,007	OPERATION OF PLANT	7.00	0	33.05
33.06	MISC A&G INCOME	B	-494,755	ADMINISTRATIVE AND GENERAL	5.06	0	33.06
33.09	MISC DIETARY INCOME	B	-33,744	DIETARY	10.00	0	33.09
33.10	MISC OPERATING ROOM	B		OPERATING ROOM	50.00	0	33.10
33.11	MISC NURSING ADMIN INCOME	B		NURSING ADMINISTRATION	13.00	0	33.11
33.12	MISC PHARMACY INCOME	B	-3,000	PHARMACY	15.00	0	33.12
33.13	MISC ADULT & PEDI INCOME	B	-16,342	ADULTS & PEDIATRICS	30.00	0	33.13
33.15	MISC RADIOLOGY INCOME	B	-5,485	RADIOLOGY-DIAGNOSTIC	54.00	0	33.15
33.16	MISC LAB REVENUE	B	-29,385	LABORATORY	60.00	0	33.16
33.17	MISC RAD ONCOLOGY REVENUE	B		INTRAVENOUS THERAPY	64.00	0	33.17
33.18	MISC PT REVENUE	B	-171	PHYSICAL THERAPY	66.00	0	33.18
33.19	MISC PARAMED EDUCATION REVENUE	B	-50,260	EMERGENCY	91.00	0	33.19
33.20	MISC EDUCATION INCOME	B		ADMINISTRATIVE AND GENERAL	5.06	0	33.20
33.21	MISC CARDIAC REHAB REVENUE	B		CARDIAC REHABILITATION	76.97	0	33.21
33.22	MISC ER REVENUE	B	-65,111	EMERGENCY	91.00	0	33.22
33.23	MISC DIABETES REVENUE	B	-5,200	DIABETIC CENTER	76.01	0	33.23
33.26	MISC EMPLOYEE BENEFIT REVENUE	B	213,100	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.26
34.00	MISC NON-ALLOW EXP - RAD DIAG	A	-26	RADIOLOGY-DIAGNOSTIC	54.00	0	34.00
34.01	MISC NON-ALLOW EXP - A&G	A	-1,867,364	ADMINISTRATIVE AND GENERAL	5.06	0	34.01
34.02	MISC NON-ALLOW EXP - OPERATING ROOM	A	-423	ADULTS & PEDIATRICS	30.00	0	34.02
34.03	MISC NON-ALLOW EXP -NURSING ADMIN	A	-3,550	NURSING ADMINISTRATION	13.00	0	34.03
34.04	MISC NON-ALLOW EXP -OPERATION OF PLA	A	-281	OPERATION OF PLANT	7.00	0	34.04
34.05	MISC NON-ALLOW EXP - PT	A	-166	PHYSICAL THERAPY	66.00	0	34.05
34.06	MISC NON-ALLOW EXP -DIABETES CENTER	A	2,847	DIABETIC CENTER	76.01	0	34.06
34.07	MISC NON-ALLOW EXP -ONCOLOGY	A	-163	INTRAVENOUS THERAPY	64.00	0	34.07
34.08	MISC NON-ALLOW EXP - SOCIAL SERVICE	A	-12,670	SOCIAL SERVICE	17.00	0	34.08
34.09	MISC NON-ALLOW EXP - ER	A	-26,184	EMERGENCY	91.00	0	34.09
34.10	MISC NON-ALLOW EXP - PHYS REFERRAL	A	-10,856	PHYSICIAN REFERRAL	194.01	0	34.10
34.11	MISC NON-ALLOW EXP -CARDIAC REHAB	A		CARDIAC REHABILITATION	76.97	0	34.11
34.14	MISC NON-ALLOW EXP -GIFT	A	-43,501	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	34.14
34.15	MISC NON-ALLOW EXP -ACLS	A	-3,479	ACLS	194.00	0	34.15
34.16	LOBBYING FEES	A		ADMINISTRATIVE AND GENERAL	5.06	0	34.16
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-27,172,946				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0030

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

Worksheet A-8-1

Date/Time Prepared:
8/27/2020 12:48 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		1.00	CAP REL COSTS-BLDG & FIXT	CAPITAL - BUILDING & FIXTURE	143,357	0 1.00
2.00		2.00	CAP REL COSTS-MVBLE EQUIP	CAPITAL - EQUIPMENT	1,788,824	0 2.00
3.00		4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	4,170,185	0 3.00
4.00		5.06	ADMINISTRATIVE AND GENERAL	DATA PROCESSING	14,308,559	12,387,460 4.00
4.01		5.06	ADMINISTRATIVE AND GENERAL	OTHER ADMINISTRATIVE & GENER	6,393,478	12,428,413 4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				26,804,403	24,815,873 5.00

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

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

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

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

6.00	G		0.00	ADVOCATE HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	SOLE COPR BD MB				100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 14-0030	Period: From 01/01/2019 To 12/31/2019	Worksheet A-8-1 Date/Time Prepared: 8/27/2020 12:48 pm
---	-----------------------	---	--

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	143,357	14		1.00
2.00	1,788,824	14		2.00
3.00	4,170,185	0		3.00
4.00	1,921,099	0		4.00
4.01	-6,034,935	0		4.01
5.00	1,988,530			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0030

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

Worksheet A-8-2

Date/Time Prepared:
8/27/2020 12:48 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	AGGREGATE-ADMINISTRATIVE AND GENERAL	81,997	81,997	0	211,500	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	879,921	879,921	0	211,500	0	2.00
3.00	43.00	AGGREGATE-NURSERY	1,077,722	1,077,722	0	211,500	0	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	896,018	896,018	0	246,400	0	4.00
5.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	854,870	854,870	0	237,100	0	5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	755,017	755,017	0	239,400	0	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	845,137	845,137	0	271,900	0	7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	-25,990	-25,990	0	271,900	0	8.00
9.00	57.00	AGGREGATE-CT SCAN	6,544	6,544	0	271,900	0	9.00
10.00	60.00	AGGREGATE-LABORATORY	257,518	257,518	0	260,300	0	10.00
11.00	64.00	AGGREGATE-INTRAVENOUS THERAPY	2,532	2,532	0	211,500	0	11.00
12.00	91.00	AGGREGATE-EMERGENCY	1,373,726	1,373,726	0	211,500	0	12.00
13.00	13.00	AGGREGATE-NURSING ADMINISTRATION	797,152	797,152	0	211,500	0	13.00
14.00	66.00	AGGREGATE-PHYSICAL THERAPY	96,560	96,560	0	211,500	0	14.00
15.00	58.00	AGGREGATE-MAGNETIC RESONANCE IMAGING	209	209	0	271,900	0	15.00
200.00			7,898,933	7,898,933	0		0	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	AGGREGATE-ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	43.00	AGGREGATE-NURSERY	0	0	0	0	0	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	4.00
5.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	0	0	8.00
9.00	57.00	AGGREGATE-CT SCAN	0	0	0	0	0	9.00
10.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	10.00
11.00	64.00	AGGREGATE-INTRAVENOUS THERAPY	0	0	0	0	0	11.00
12.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	12.00
13.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	0	0	14.00
15.00	58.00	AGGREGATE-MAGNETIC RESONANCE IMAGING	0	0	0	0	0	15.00
200.00			0	0	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	AGGREGATE-ADMINISTRATIVE AND GENERAL	0	0	0	81,997		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	879,921		2.00
3.00	43.00	AGGREGATE-NURSERY	0	0	0	1,077,722		3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	896,018		4.00
5.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	0	0	854,870		5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	0	0	755,017		6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	845,137		7.00
8.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	0	0	-25,990		8.00
9.00	57.00	AGGREGATE-CT SCAN	0	0	0	6,544		9.00
10.00	60.00	AGGREGATE-LABORATORY	0	0	0	257,518		10.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0030

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

Worksheet A-8-2

Date/Time Prepared:
8/27/2020 12:48 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		
11.00	64.00	AGGREGATE-INTRAVENOUS THERAPY	0	0	0	2,532		11.00
12.00	91.00	AGGREGATE-EMERGENCY	0	0	0	1,373,726		12.00
13.00	13.00	AGGREGATE-NURSING ADMINISTRATION	0	0	0	797,152		13.00
14.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	96,560		14.00
15.00	58.00	AGGREGATE-MAGNETIC RESONANCE IMAGING	0	0	0	209		15.00
200.00			0	0	0	7,898,933		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/27/2020 12:48 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACC OUNTS RECEIVABLE	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	5.05
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	19,097,476	19,097,476			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	12,857,469		12,857,469		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	22,584,113	146,337	294	22,730,744	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	13,188,433	0	7,976	14	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	35,327,021	1,301,786	2,870,760	1,641,925	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,517,579	338,435	62,425	275,861	6.00
7.00	00700	OPERATION OF PLANT	8,307,361	2,775,213	78,713	234,235	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,094,123	183,585	1,976	0	8.00
9.00	00900	HOUSEKEEPING	3,238,250	219,084	193,304	530,136	9.00
10.00	01000	DIETARY	2,061,265	335,406	82,764	305,775	10.00
11.00	01100	CAFETERIA	1,271,586	248,897	70,532	261,215	11.00
13.00	01300	NURSING ADMINISTRATION	2,026,856	73,555	339,334	283,020	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,139,560	357,783	170,709	147,817	14.00
15.00	01500	PHARMACY	5,498,294	210,201	176,909	832,013	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	155,489	56,899	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,911,699	0	0	392,180	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	185,251	1,548	0	38,629	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	25,813,549	4,754,475	162,528	5,229,641	30.00
31.00	03100	INTENSIVE CARE UNIT	6,837,217	743,359	60,989	1,086,850	31.00
43.00	04300	NURSERY	1,953,792	238,398	34,736	391,639	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,456,051	1,359,056	2,215,497	1,368,342	50.00
51.00	05100	RECOVERY ROOM	4,797,335	372,050	55,870	943,860	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,395,743	620,206	150,722	1,011,964	52.00
53.00	05300	ANESTHESIOLOGY	399,991	0	541	37,278	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,287,636	814,088	1,794,156	1,532,398	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,319,622	305,056	869,729	145,837	55.00
57.00	05700	CT SCAN	1,200,814	115,717	632,223	228,085	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	465,682	111,477	71,832	91,170	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,901,441	473,196	744,099	249,702	59.00
60.00	06000	LABORATORY	8,872,358	547,256	797,769	898,754	60.00
64.00	06400	INTRAVENOUS THERAPY	2,915,641	376,693	24,926	483,464	64.00
65.00	06500	RESPIRATORY THERAPY	2,293,340	156,128	109,857	436,320	65.00
66.00	06600	PHYSICAL THERAPY	3,449,115	173,188	17,478	680,839	66.00
67.00	06700	OCCUPATIONAL THERAPY	662,399	5,316	255	138,643	67.00
68.00	06800	SPEECH PATHOLOGY	165,240	29,072	14	34,784	68.00
69.00	06900	ELECTROCARDIOLOGY	2,943,301	190,315	773,064	501,769	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	552,659	234,091	35,227	90,668	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,638,781	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,263,060	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,213,137	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	779,868	30,687	0	0	74.00
76.00	03950	WOUND CARE CENTER	625,094	28,567	8,530	98,290	76.00
76.01	03951	DIABETIC CENTER	260,486	0	0	53,443	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	467,694	0	7,940	64,136	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	12,003,950	1,056,995	228,050	1,836,011	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	04950	ANTICOAGULATION CLINIC	421,640	0	0	77,615	93.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	288,818,461	18,984,115	12,851,728	22,654,322	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	485,416	113,361	3,322	51,626	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	ACLS	129,498	0	0	15,273	194.00
194.01	07951	PHYSICIAN REFERRAL	149,887	0	2,419	9,523	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		TOTAL (sum lines 118 through 201)	289,583,262	19,097,476	12,857,469	22,730,744	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/27/2020 12:48 pm

Cost Center Description			Subtotal	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5A.05	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	41,141,492	41,141,492				5.06
6.00	00600	MAINTENANCE & REPAIRS	4,194,300	694,568	4,888,868			6.00
7.00	00700	OPERATION OF PLANT	11,395,522	1,887,076	783,763	14,066,361		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,279,684	211,913	51,847	177,657	1,721,101	8.00
9.00	00900	HOUSEKEEPING	4,180,774	692,328	61,873	212,010	0	9.00
10.00	01000	DIETARY	2,785,210	461,225	94,724	324,577	0	10.00
11.00	01100	CAFETERIA	1,852,230	306,726	70,292	240,860	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,722,765	450,884	20,773	71,180	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,815,869	300,704	101,043	346,230	0	14.00
15.00	01500	PHARMACY	6,717,417	1,112,391	59,364	203,414	170	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	212,388	35,171	16,069	55,062	0	16.00
17.00	01700	SOCIAL SERVICE	2,303,879	381,518	0	0	0	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	225,428	37,330	437	1,498	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37,683,818	6,240,395	1,342,737	4,600,959	616,042	30.00
31.00	03100	INTENSIVE CARE UNIT	9,123,952	1,510,908	209,936	719,356	106,489	31.00
43.00	04300	NURSERY	2,740,341	453,795	67,327	230,701	8,857	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,446,337	3,054,677	383,818	1,315,173	215,091	50.00
51.00	05100	RECOVERY ROOM	6,655,494	1,102,136	105,072	360,036	56,792	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,488,146	1,240,022	175,156	600,180	131,796	52.00
53.00	05300	ANESTHESIOLOGY	728,831	120,693	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,506,727	2,402,285	229,911	787,801	95,428	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,908,877	481,704	86,152	295,206	0	55.00
57.00	05700	CT SCAN	3,118,935	516,489	32,680	111,980	57,474	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	915,684	151,635	31,483	107,877	20,454	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,681,384	609,630	133,638	457,917	38,042	59.00
60.00	06000	LABORATORY	12,545,114	2,077,446	154,554	529,586	128	60.00
64.00	06400	INTRAVENOUS THERAPY	3,917,720	648,767	106,384	364,530	21,488	64.00
65.00	06500	RESPIRATORY THERAPY	3,215,270	532,442	44,093	151,087	0	65.00
66.00	06600	PHYSICAL THERAPY	4,510,644	746,954	48,911	167,596	103,375	66.00
67.00	06700	OCCUPATIONAL THERAPY	847,225	140,299	1,501	5,145	0	67.00
68.00	06800	SPEECH PATHOLOGY	238,546	39,503	8,210	28,133	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,940,534	818,143	53,748	184,170	13,461	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	954,662	158,090	66,111	226,533	5,520	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,006,215	2,319,401	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,677,284	2,927,323	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,818,307	2,950,676	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	833,634	138,048	8,667	29,696	0	74.00
76.00	03950	WOUND CARE CENTER	778,131	128,857	8,068	27,645	1,832	76.00
76.01	03951	DIABETIC CENTER	317,775	52,623	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	551,391	91,309	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	16,121,605	2,669,706	298,511	1,022,865	228,662	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	ANTICOAGULATION CLINIC	523,396	86,673	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	288,622,937	40,982,463	4,856,853	13,956,660	1,721,101	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	653,725	108,256	32,015	109,701	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	144,771	23,974	0	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	161,829	26,799	0	0	0	194.01
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)	289,583,262	41,141,492	4,888,868	14,066,361	1,721,101	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/27/2020 12:48 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	5,146,985					9.00
10.00	01000	DIETARY	122,149	3,787,885				10.00
11.00	01100	CAFETERIA	90,643	0	2,560,751			11.00
13.00	01300	NURSING ADMINISTRATION	26,787	0	28,308	3,320,697		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	130,298	0	33,002	0	2,727,146	14.00
15.00	01500	PHARMACY	76,551	0	88,202	0	2,325	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	20,722	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	38,805	0	0	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	564	0	9,839	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,731,490	3,469,230	728,479	1,378,385	72,125	30.00
31.00	03100	INTENSIVE CARE UNIT	270,717	235,161	133,660	252,905	41,323	31.00
43.00	04300	NURSERY	86,820	0	43,807	82,889	2,951	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	494,942	0	179,556	339,747	113,788	50.00
51.00	05100	RECOVERY ROOM	135,493	0	118,705	224,606	6,390	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	225,867	0	118,748	224,688	16,293	52.00
53.00	05300	ANESTHESIOLOGY	0	0	6,581	0	4,261	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	296,475	0	188,837	0	24,167	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	111,096	0	15,663	0	1,086	55.00
57.00	05700	CT SCAN	42,142	0	26,161	0	956	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	40,598	0	10,686	0	1,022	58.00
59.00	05900	CARDIAC CATHETERIZATION	172,329	0	26,317	49,796	13,860	59.00
60.00	06000	LABORATORY	199,300	0	151,895	0	10,452	60.00
64.00	06400	INTRAVENOUS THERAPY	137,184	0	59,801	113,153	5,986	64.00
65.00	06500	RESPIRATORY THERAPY	56,859	0	59,069	111,767	1,495	65.00
66.00	06600	PHYSICAL THERAPY	63,072	0	76,667	0	1,771	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,936	0	15,687	0	112	67.00
68.00	06800	SPEECH PATHOLOGY	10,588	0	3,562	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	69,309	0	58,316	0	7,992	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	85,252	0	13,966	0	196	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,041,716	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,318,551	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	11,176	0	0	0	2	74.00
76.00	03950	WOUND CARE CENTER	10,404	0	13,446	0	6,650	76.00
76.01	03951	DIABETIC CENTER	0	0	6,699	0	2	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	6,771	12,811	263	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	384,938	83,494	270,949	512,675	31,188	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	9,130	17,275	24	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,105,701	3,787,885	2,541,314	3,320,697	2,726,947	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	41,284	0	16,111	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	0	1,863	0	199	194.00
194.01	07951	PHYSICIAN REFERRAL	0	0	1,463	0	0	194.01
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)	5,146,985	3,787,885	2,560,751	3,320,697	2,727,146	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/27/2020 12:48 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- PASTORAL	Subtotal	
			15.00	16.00	17.00	23.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	8,259,834					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	339,412				16.00
17.00	01700	SOCIAL SERVICE	0	0	2,724,202			17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	0	0	0	275,096		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	44,744	2,546,125	220,315	60,674,844	30.00
31.00	03100	INTENSIVE CARE UNIT	0	10,159	123,054	9,924	12,747,544	31.00
43.00	04300	NURSERY	0	3,128	37,016	0	3,757,632	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,509	26,901	0	0	24,574,539	50.00
51.00	05100	RECOVERY ROOM	0	12,492	1,000	0	8,778,216	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,949	12,005	0	10,240,850	52.00
53.00	05300	ANESTHESIOLOGY	50,705	7,475	0	0	918,546	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	27,699	0	0	18,559,330	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,900	0	0	3,906,684	55.00
57.00	05700	CT SCAN	0	24,197	0	0	3,931,014	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,508	0	0	1,283,947	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	8,038	0	0	5,190,951	59.00
60.00	06000	LABORATORY	0	36,702	0	0	15,705,177	60.00
64.00	06400	INTRAVENOUS THERAPY	0	3,005	0	0	5,378,018	64.00
65.00	06500	RESPIRATORY THERAPY	0	5,641	0	0	4,177,723	65.00
66.00	06600	PHYSICAL THERAPY	0	4,881	0	0	5,723,871	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,043	0	0	1,012,948	67.00
68.00	06800	SPEECH PATHOLOGY	0	242	0	0	328,784	68.00
69.00	06900	ELECTROCARDIOLOGY	52,331	13,666	0	0	6,211,670	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,079	0	0	1,511,409	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,437	0	0	17,376,769	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,639	0	0	21,933,797	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,010,876	41,227	0	0	28,821,086	73.00
74.00	07400	RENAL DIALYSIS	0	593	0	0	1,021,816	74.00
76.00	03950	WOUND CARE CENTER	13,269	453	0	0	988,755	76.00
76.01	03951	DIABETIC CENTER	0	99	0	0	377,198	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	298	0	0	662,843	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	128,144	25,597	5,002	44,857	21,828,193	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	0	620	0	0	637,118	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,259,834	339,412	2,724,202	275,096	288,261,272	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	961,092	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	0	0	0	170,807	194.00
194.01	07951	PHYSICIAN REFERRAL	0	0	0	0	190,091	194.01
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)	8,259,834	339,412	2,724,202	275,096	289,583,262	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/27/2020 12:48 pm

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
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	00590	ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
23.00	02300	PARAMED ED PRGM- PASTORAL			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	60,674,844	30.00
31.00	03100	INTENSIVE CARE UNIT	0	12,747,544	31.00
43.00	04300	NURSERY	0	3,757,632	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	24,574,539	50.00
51.00	05100	RECOVERY ROOM	0	8,778,216	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,240,850	52.00
53.00	05300	ANESTHESIOLOGY	0	918,546	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	18,559,330	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,906,684	55.00
57.00	05700	CT SCAN	0	3,931,014	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,283,947	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,190,951	59.00
60.00	06000	LABORATORY	0	15,705,177	60.00
64.00	06400	INTRAVENOUS THERAPY	0	5,378,018	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,177,723	65.00
66.00	06600	PHYSICAL THERAPY	0	5,723,871	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,012,948	67.00
68.00	06800	SPEECH PATHOLOGY	0	328,784	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,211,670	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,511,409	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,376,769	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,933,797	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	28,821,086	73.00
74.00	07400	RENAL DIALYSIS	0	1,021,816	74.00
76.00	03950	WOUND CARE CENTER	0	988,755	76.00
76.01	03951	DIABETIC CENTER	0	377,198	76.01
76.02	03952	CLINICAL NUTRITION	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	662,843	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	21,828,193	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
93.00	04950	ANTICOAGULATION CLINIC	0	637,118	93.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	288,261,272	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	961,092	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	ACLS	0	170,807	194.00
194.01	07951	PHYSICIAN REFERRAL	0	190,091	194.01
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)	0	289,583,262	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/27/2020 12:48 pm

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	MOVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	146,337	294	146,631	4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	86,973	0	7,976	94,949	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	346,721	1,301,786	2,870,760	4,519,267	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	338,435	62,425	400,860	6.00
7.00	00700	OPERATION OF PLANT	3,188	2,775,213	78,713	2,857,114	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	183,585	1,976	185,561	8.00
9.00	00900	HOUSEKEEPING	0	219,084	193,304	412,388	9.00
10.00	01000	DIETARY	7,881	335,406	82,764	426,051	10.00
11.00	01100	CAFETERIA	0	248,897	70,532	319,429	11.00
13.00	01300	NURSING ADMINISTRATION	227,820	73,555	339,334	640,709	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	325	357,783	170,709	528,817	14.00
15.00	01500	PHARMACY	0	210,201	176,909	387,110	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	56,899	0	56,899	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	0	1,548	0	1,548	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	21,572	4,754,475	162,528	4,938,575	30.00
31.00	03100	INTENSIVE CARE UNIT	826	743,359	60,989	805,174	31.00
43.00	04300	NURSERY	0	238,398	34,736	273,134	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	21,103	1,359,056	2,215,497	3,595,656	50.00
51.00	05100	RECOVERY ROOM	0	372,050	55,870	427,920	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	620,206	150,722	770,928	52.00
53.00	05300	ANESTHESIOLOGY	0	0	541	541	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	127,551	814,088	1,794,156	2,735,795	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	305,056	869,729	1,174,785	55.00
57.00	05700	CT SCAN	0	115,717	632,223	747,940	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	111,477	71,832	183,309	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	473,196	744,099	1,217,295	59.00
60.00	06000	LABORATORY	0	547,256	797,769	1,345,025	60.00
64.00	06400	INTRAVENOUS THERAPY	2,915	376,693	24,926	404,534	64.00
65.00	06500	RESPIRATORY THERAPY	13,127	156,128	109,857	279,112	65.00
66.00	06600	PHYSICAL THERAPY	3,362	173,188	17,478	194,028	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,316	255	5,571	67.00
68.00	06800	SPEECH PATHOLOGY	0	29,072	14	29,086	68.00
69.00	06900	ELECTROCARDIOLOGY	0	190,315	773,064	963,379	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,887	234,091	35,227	272,205	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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	30,687	0	30,687	74.00
76.00	03950	WOUND CARE CENTER	32,323	28,567	8,530	69,420	76.00
76.01	03951	DIABETIC CENTER	0	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	56,631	0	7,940	64,571	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	157,244	1,056,995	228,050	1,442,289	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	0	501	93.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,112,449	18,984,115	12,851,728	32,948,292	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	468	113,361	3,322	117,151	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	ACLS	0	0	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	37,874	0	2,419	40,293	194.01
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers				0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,150,791	19,097,476	12,857,469	33,105,736	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/27/2020 12:48 pm

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE	ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.05	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	94,949					5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	0	4,529,861				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	76,475	479,115			6.00
7.00	00700	OPERATION OF PLANT	0	207,775	76,810	3,143,210		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	23,332	5,081	39,699	253,673	8.00
9.00	00900	HOUSEKEEPING	0	76,228	6,064	47,375	0	9.00
10.00	01000	DIETARY	0	50,783	9,283	72,529	0	10.00
11.00	01100	CAFETERIA	0	33,772	6,889	53,822	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	49,644	2,036	15,906	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	33,109	9,902	77,367	0	14.00
15.00	01500	PHARMACY	0	122,479	5,818	45,454	25	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,872	1,575	12,304	0	16.00
17.00	01700	SOCIAL SERVICE	0	42,007	0	0	0	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	0	4,110	43	335	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,959	687,108	131,589	1,028,110	90,798	30.00
31.00	03100	INTENSIVE CARE UNIT	2,861	166,357	20,574	160,744	15,695	31.00
43.00	04300	NURSERY	881	49,965	6,598	51,551	1,305	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,576	336,332	37,615	293,883	31,702	50.00
51.00	05100	RECOVERY ROOM	3,518	121,350	10,297	80,452	8,371	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,239	136,531	17,165	134,114	19,425	52.00
53.00	05300	ANESTHESIOLOGY	2,105	13,289	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,801	264,501	22,532	176,039	14,065	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,943	53,038	8,443	65,965	0	55.00
57.00	05700	CT SCAN	6,815	56,868	3,203	25,023	8,471	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,270	16,696	3,085	24,106	3,015	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,264	67,123	13,097	102,324	5,607	59.00
60.00	06000	LABORATORY	10,336	228,735	15,146	118,339	19	60.00
64.00	06400	INTRAVENOUS THERAPY	846	71,432	10,426	81,456	3,167	64.00
65.00	06500	RESPIRATORY THERAPY	1,589	58,624	4,321	33,761	0	65.00
66.00	06600	PHYSICAL THERAPY	1,375	82,243	4,793	37,450	15,237	66.00
67.00	06700	OCCUPATIONAL THERAPY	294	15,447	147	1,150	0	67.00
68.00	06800	SPEECH PATHOLOGY	68	4,349	805	6,287	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,849	90,081	5,267	41,154	1,984	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	304	17,406	6,479	50,620	814	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,658	255,375	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,996	322,310	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,611	324,881	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	167	15,200	849	6,636	0	74.00
76.00	03950	WOUND CARE CENTER	128	14,188	791	6,177	270	76.00
76.01	03951	DIABETIC CENTER	28	5,794	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	84	10,054	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	7,209	293,945	29,254	228,565	33,703	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	175	9,543	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	94,949	4,512,351	475,977	3,118,697	253,673	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,919	3,138	24,513	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	2,640	0	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	2,951	0	0	0	194.01
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)	94,949	4,529,861	479,115	3,143,210	253,673	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/27/2020 12:48 pm

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	545,475					9.00
10.00	01000	DIETARY	12,945	573,564				10.00
11.00	01100	CAFETERIA	9,606	0	425,203			11.00
13.00	01300	NURSING ADMINISTRATION	2,839	0	4,700	717,660		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,809	0	5,480	0	669,438	14.00
15.00	01500	PHARMACY	8,113	0	14,646	0	571	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,196	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	6,443	0	0	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	60	0	1,634	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	183,504	525,313	120,960	297,893	17,705	30.00
31.00	03100	INTENSIVE CARE UNIT	28,690	35,608	22,194	54,657	10,144	31.00
43.00	04300	NURSERY	9,201	0	7,274	17,914	724	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	52,454	0	29,815	73,425	27,932	50.00
51.00	05100	RECOVERY ROOM	14,360	0	19,710	48,541	1,568	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,937	0	19,718	48,559	4,000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,093	0	1,046	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,420	0	31,356	0	5,932	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	11,774	0	2,601	0	267	55.00
57.00	05700	CT SCAN	4,466	0	4,344	0	235	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,303	0	1,774	0	251	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,263	0	4,370	10,762	3,402	59.00
60.00	06000	LABORATORY	21,122	0	25,222	0	2,566	60.00
64.00	06400	INTRAVENOUS THERAPY	14,539	0	9,930	24,454	1,469	64.00
65.00	06500	RESPIRATORY THERAPY	6,026	0	9,808	24,155	367	65.00
66.00	06600	PHYSICAL THERAPY	6,684	0	12,730	0	435	66.00
67.00	06700	OCCUPATIONAL THERAPY	205	0	2,605	0	28	67.00
68.00	06800	SPEECH PATHOLOGY	1,122	0	592	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,345	0	9,683	0	1,962	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,035	0	2,319	0	48	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	255,714	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	323,664	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,184	0	0	0	0	74.00
76.00	03950	WOUND CARE CENTER	1,103	0	2,233	0	1,632	76.00
76.01	03951	DIABETIC CENTER	0	0	1,112	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	1,124	2,769	65	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	40,795	12,643	44,990	110,798	7,656	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	1,516	3,733	6	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	541,100	573,564	421,976	717,660	669,389	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,375	0	2,675	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	0	309	0	49	194.00
194.01	07951	PHYSICIAN REFERRAL	0	0	243	0	0	194.01
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)	545,475	573,564	425,203	717,660	669,438	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/27/2020 12:48 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM- PASTORAL	Subtotal	
			15.00	16.00	17.00	23.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	589,584					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	76,846				16.00
17.00	01700	SOCIAL SERVICE	0	0	50,980			17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	0	0	0	7,979		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	9,494	47,646		8,124,368	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,322	2,303		1,334,335	31.00
43.00	04300	NURSERY	0	715	693		422,482	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	322	6,149	0		4,501,690	50.00
51.00	05100	RECOVERY ROOM	0	2,855	19		745,051	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,817	225		1,185,187	52.00
53.00	05300	ANESTHESIOLOGY	3,619	1,708	0		23,642	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,331	0		3,305,659	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,577	0		1,321,334	55.00
57.00	05700	CT SCAN	0	5,531	0		864,368	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,030	0		239,427	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,837	0		1,447,955	59.00
60.00	06000	LABORATORY	0	8,389	0		1,780,698	60.00
64.00	06400	INTRAVENOUS THERAPY	0	687	0		626,059	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,289	0		421,867	65.00
66.00	06600	PHYSICAL THERAPY	0	1,116	0		360,484	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	238	0		26,580	67.00
68.00	06800	SPEECH PATHOLOGY	0	55	0		42,588	68.00
69.00	06900	ELECTROCARDIOLOGY	3,735	3,124	0		1,134,800	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	247	0		360,062	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,157	0		515,904	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,432	0		651,402	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	571,814	9,423	0		917,729	73.00
74.00	07400	RENAL DIALYSIS	0	135	0		54,858	74.00
76.00	03950	WOUND CARE CENTER	947	104	0		97,627	76.00
76.01	03951	DIABETIC CENTER	0	23	0		7,302	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0		0	76.02
76.97	07697	CARDIAC REHABILITATION	0	68	0		79,149	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	9,147	5,851	94		2,278,785	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	0	142	0		15,616	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	589,584	76,846	50,980	0	32,887,008	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		164,104	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0		0	192.01
193.00	19300	NONPAID WORKERS	0	0	0		0	193.00
194.00	07950	ACLS	0	0	0		3,097	194.00
194.01	07951	PHYSICIAN REFERRAL	0	0	0		43,548	194.01
200.00		Cross Foot Adjustments				7,979	7,979	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	589,584	76,846	50,980	7,979	33,105,736	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/27/2020 12:48 pm

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
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	00590	ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
23.00	02300	PARAMED ED PRGM- PASTORAL			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	8,124,368	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,334,335	31.00
43.00	04300	NURSERY	0	422,482	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	4,501,690	50.00
51.00	05100	RECOVERY ROOM	0	745,051	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,185,187	52.00
53.00	05300	ANESTHESIOLOGY	0	23,642	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,305,659	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,321,334	55.00
57.00	05700	CT SCAN	0	864,368	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	239,427	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,447,955	59.00
60.00	06000	LABORATORY	0	1,780,698	60.00
64.00	06400	INTRAVENOUS THERAPY	0	626,059	64.00
65.00	06500	RESPIRATORY THERAPY	0	421,867	65.00
66.00	06600	PHYSICAL THERAPY	0	360,484	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	26,580	67.00
68.00	06800	SPEECH PATHOLOGY	0	42,588	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,134,800	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	360,062	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	515,904	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	651,402	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	917,729	73.00
74.00	07400	RENAL DIALYSIS	0	54,858	74.00
76.00	03950	WOUND CARE CENTER	0	97,627	76.00
76.01	03951	DIABETIC CENTER	0	7,302	76.01
76.02	03952	CLINICAL NUTRITION	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	79,149	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	2,278,785	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
93.00	04950	ANTICOAGULATION CLINIC	0	15,616	93.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	32,887,008	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	164,104	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	ACLS	0	3,097	194.00
194.01	07951	PHYSICIAN REFERRAL	0	43,548	194.01
200.00		Cross Foot Adjustments	0	7,979	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	33,105,736	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

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

Worksheet B-1

Date/Time Prepared:
8/27/2020 12:48 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.05	5A.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	567,561				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		11,096,904			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,349	254	100,865,564		4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	6,884	63	1,383,442,072	5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	38,688	2,477,670	7,285,886	0	-41,141,492
6.00	00600	MAINTENANCE & REPAIRS	10,058	53,877	1,224,108	0	0
7.00	00700	OPERATION OF PLANT	82,477	67,935	1,039,396	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	5,456	1,705	0	0	0
9.00	00900	HOUSEKEEPING	6,511	166,835	2,352,426	0	0
10.00	01000	DIETARY	9,968	71,431	1,356,845	0	0
11.00	01100	CAFETERIA	7,397	60,874	1,159,117	0	0
13.00	01300	NURSING ADMINISTRATION	2,186	292,869	1,255,872	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	10,633	147,334	655,922	0	0
15.00	01500	PHARMACY	6,247	152,685	3,691,976	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,691	0	0	0	0
17.00	01700	SOCIAL SERVICE	0	0	1,740,260	0	0
23.00	02300	PARAMED ED PRGM- PASTORAL	46	0	171,411	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	141,299	140,273	23,206,106	180,716,484	0
31.00	03100	INTENSIVE CARE UNIT	22,092	52,638	4,822,792	41,465,276	0
43.00	04300	NURSERY	7,085	29,980	1,737,862	12,766,156	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	40,390	1,912,130	6,071,887	109,800,939	0
51.00	05100	RECOVERY ROOM	11,057	48,220	4,188,286	50,988,440	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	18,432	130,084	4,490,491	32,446,908	0
53.00	05300	ANESTHESIOLOGY	0	467	165,417	30,508,584	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,194	1,548,483	6,799,868	113,056,850	0
55.00	05500	RADIOLOGY-THERAPEUTIC	9,066	750,637	647,139	28,161,569	0
57.00	05700	CT SCAN	3,439	545,653	1,012,106	98,762,572	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,313	61,996	404,559	18,400,549	0
59.00	05900	CARDIAC CATHETERIZATION	14,063	642,210	1,108,028	32,806,996	0
60.00	06000	LABORATORY	16,264	688,531	3,988,134	149,803,598	0
64.00	06400	INTRAVENOUS THERAPY	11,195	21,513	2,145,327	12,265,059	0
65.00	06500	RESPIRATORY THERAPY	4,640	94,814	1,936,130	23,023,918	0
66.00	06600	PHYSICAL THERAPY	5,147	15,085	3,021,159	19,920,773	0
67.00	06700	OCCUPATIONAL THERAPY	158	220	615,216	4,257,466	0
68.00	06800	SPEECH PATHOLOGY	864	12	154,352	989,224	0
69.00	06900	ELECTROCARDIOLOGY	5,656	667,209	2,226,551	55,779,933	0
70.00	07000	ELECTROENCEPHALOGRAPHY	6,957	30,403	402,329	4,404,783	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	38,519,138	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	43,424,226	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	168,274,487	0
74.00	07400	RENAL DIALYSIS	912	0	0	2,419,400	0
76.00	03950	WOUND CARE CENTER	849	7,362	436,153	1,850,329	0
76.01	03951	DIABETIC CENTER	0	0	237,147	403,141	0
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	6,853	284,597	1,218,242	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	31,413	196,823	8,147,122	104,476,289	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
93.00	04950	ANTICOAGULATION CLINIC	0	0	344,410	2,530,743	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	564,192	11,091,949	100,526,450	1,383,442,072	-41,141,492
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,369	2,867	229,085	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07950	ACLS	0	0	67,771	0	0
194.01	07951	PHYSICIAN REFERRAL	0	2,088	42,258	0	0
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)	19,097,476	12,857,469	22,730,744	13,196,423	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	33.648323	1.158654	0.225357	0.009539	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			146,631	94,949	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

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

Worksheet B-1

Date/Time Prepared:
8/27/2020 12:48 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.05	5A.06	
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001454	0.000069		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: 14-0030

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

Worksheet B-1

Date/Time Prepared:
8/27/2020 12:48 pm

Cost Center Description			ADMINISTRATIVE AND GENERAL (ACCUMULATED COSTS)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL	248,441,770					5.06
6.00	00600	MAINTENANCE & REPAIRS	4,194,300	514,466				6.00
7.00	00700	OPERATION OF PLANT	11,395,522	82,477	431,989			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,279,684	5,456	5,456	1,555,819		8.00
9.00	00900	HOUSEKEEPING	4,180,774	6,511	6,511	0	420,022	9.00
10.00	01000	DIETARY	2,785,210	9,968	9,968	0	9,968	10.00
11.00	01100	CAFETERIA	1,852,230	7,397	7,397	0	7,397	11.00
13.00	01300	NURSING ADMINISTRATION	2,722,765	2,186	2,186	0	2,186	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,815,869	10,633	10,633	0	10,633	14.00
15.00	01500	PHARMACY	6,717,417	6,247	6,247	154	6,247	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	212,388	1,691	1,691	0	1,691	16.00
17.00	01700	SOCIAL SERVICE	2,303,879	0	0	0	0	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	225,428	46	46	0	46	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37,683,818	141,299	141,299	556,881	141,299	30.00
31.00	03100	INTENSIVE CARE UNIT	9,123,952	22,092	22,092	96,263	22,092	31.00
43.00	04300	NURSERY	2,740,341	7,085	7,085	8,006	7,085	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,446,337	40,390	40,390	194,435	40,390	50.00
51.00	05100	RECOVERY ROOM	6,655,494	11,057	11,057	51,338	11,057	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,488,146	18,432	18,432	119,139	18,432	52.00
53.00	05300	ANESTHESIOLOGY	728,831	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,506,727	24,194	24,194	86,264	24,194	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,908,877	9,066	9,066	0	9,066	55.00
57.00	05700	CT SCAN	3,118,935	3,439	3,439	51,955	3,439	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	915,684	3,313	3,313	18,490	3,313	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,681,384	14,063	14,063	34,389	14,063	59.00
60.00	06000	LABORATORY	12,545,114	16,264	16,264	116	16,264	60.00
64.00	06400	INTRAVENOUS THERAPY	3,917,720	11,195	11,195	19,424	11,195	64.00
65.00	06500	RESPIRATORY THERAPY	3,215,270	4,640	4,640	0	4,640	65.00
66.00	06600	PHYSICAL THERAPY	4,510,644	5,147	5,147	93,448	5,147	66.00
67.00	06700	OCCUPATIONAL THERAPY	847,225	158	158	0	158	67.00
68.00	06800	SPEECH PATHOLOGY	238,546	864	864	0	864	68.00
69.00	06900	ELECTROCARDIOLOGY	4,940,534	5,656	5,656	12,168	5,656	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	954,662	6,957	6,957	4,990	6,957	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,006,215	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,677,284	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,818,307	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	833,634	912	912	0	912	74.00
76.00	03950	WOUND CARE CENTER	778,131	849	849	1,656	849	76.00
76.01	03951	DIABETIC CENTER	317,775	0	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	551,391	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	16,121,605	31,413	31,413	206,703	31,413	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	ANTICOAGULATION CLINIC	523,396	0	0	0	0	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	247,481,445	511,097	428,620	1,555,819	416,653	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	653,725	3,369	3,369	0	3,369	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	144,771	0	0	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	161,829	0	0	0	0	194.01
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)	41,141,492	4,888,868	14,066,361	1,721,101	5,146,985	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.165598	9.502801	32.561850	1.106235	12.254084	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	4,529,861	479,115	3,143,210	253,673	545,475	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.018233	0.931286	7.276134	0.163048	1.298682	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

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

Worksheet B-1

Date/Time Prepared:
8/27/2020 12:48 pm

Cost Center Description			ADMINISTRATIVE AND GENERAL (ACCUMULATED COSTS)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
			5.06	6.00	7.00	8.00	9.00	
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: 14-0030

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

Worksheet B-1

Date/Time Prepared:
8/27/2020 12:48 pm

Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	177,522					10.00
11.00	01100	CAFETERIA	0	2,257,903				11.00
13.00	01300	NURSING ADMINISTRATION	0	24,960	1,547,436			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	29,099	0	35,705,215		14.00
15.00	01500	PHARMACY	0	77,771	0	30,437	16,717,000	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	34,216	0	0	0	17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	0	8,675	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	162,588	642,324	642,324	944,310	0	30.00
31.00	03100	INTENSIVE CARE UNIT	11,021	117,853	117,853	541,029	0	31.00
43.00	04300	NURSERY	0	38,626	38,626	38,635	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	158,321	158,321	1,489,778	9,125	50.00
51.00	05100	RECOVERY ROOM	0	104,666	104,666	83,657	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	104,704	104,704	213,321	0	52.00
53.00	05300	ANESTHESIOLOGY	0	5,803	0	55,783	102,621	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	166,504	0	316,411	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	13,811	0	14,222	0	55.00
57.00	05700	CT SCAN	0	23,067	0	12,513	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,422	0	13,377	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	23,205	23,205	181,458	0	59.00
60.00	06000	LABORATORY	0	133,931	0	136,843	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	52,729	52,729	78,368	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	52,083	52,083	19,569	0	65.00
66.00	06600	PHYSICAL THERAPY	0	67,600	0	23,186	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	13,832	0	1,470	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,141	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	51,419	0	104,635	105,913	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	12,314	0	2,564	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	13,638,781	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,263,060	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	16,213,137	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	20	0	74.00
76.00	03950	WOUND CARE CENTER	0	11,856	0	87,067	26,854	76.00
76.01	03951	DIABETIC CENTER	0	5,907	0	20	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	5,970	5,970	3,449	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,913	238,905	238,905	408,335	259,350	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	ANTICOAGULATION CLINIC	0	8,050	8,050	310	0	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	177,522	2,240,764	1,547,436	35,702,608	16,717,000	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14,206	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	ACLS	0	1,643	0	2,607	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	1,290	0	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,787,885	2,560,751	3,320,697	2,727,146	8,259,834	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	21.337553	1.134128	2.145935	0.076379	0.494098	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	573,564	425,203	717,660	669,438	589,584	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.230946	0.188318	0.463774	0.018749	0.035269	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

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

Worksheet B-1

Date/Time Prepared:
8/27/2020 12:48 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
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: 14-0030

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

Worksheet B-1

Date/Time Prepared:
8/27/2020 12:48 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	PARAMED ED PRGM- PASTORAL (ASSIGNED TIME)	
			16.00	17.00	23.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,383,442,072			16.00
17.00	01700	SOCIAL SERVICE	0	2,723		17.00
23.00	02300	PARAMED ED PRGM- PASTORAL	0	0	693	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	180,716,484	2,545	555	30.00
31.00	03100	INTENSIVE CARE UNIT	41,465,276	123	25	31.00
43.00	04300	NURSERY	12,766,156	37	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	109,800,939	0	0	50.00
51.00	05100	RECOVERY ROOM	50,988,440	1	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,446,908	12	0	52.00
53.00	05300	ANESTHESIOLOGY	30,508,584	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	113,056,850	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	28,161,569	0	0	55.00
57.00	05700	CT SCAN	98,762,572	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	18,400,549	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	32,806,996	0	0	59.00
60.00	06000	LABORATORY	149,803,598	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	12,265,059	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	23,023,918	0	0	65.00
66.00	06600	PHYSICAL THERAPY	19,920,773	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,257,466	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	989,224	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	55,779,933	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,404,783	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	38,519,138	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	43,424,226	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	168,274,487	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,419,400	0	0	74.00
76.00	03950	WOUND CARE CENTER	1,850,329	0	0	76.00
76.01	03951	DIABETIC CENTER	403,141	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	1,218,242	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	104,476,289	5	113	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
93.00	04950	ANTICOAGULATION CLINIC	2,530,743	0	0	93.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,383,442,072	2,723	693	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
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	ACLS	0	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	0	0	194.01
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)	339,412	2,724,202	275,096	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000245	1,000.441425	396.963925	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	76,846	50,980	7,979	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000056	18.721998	11.513709	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0030

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

Worksheet B-1

Date/Time Prepared:
8/27/2020 12:48 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	PARAMED ED PRGM- PASTORAL (ASSIGNED TIME)		
206.00		16.00	17.00	23.00	0	206.00
207.00	NAHE adjustment amount to be allocated (per Wkst. B-2) NAHE unit cost multiplier (Wkst. D, Parts III and IV)			0.000000		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/27/2020 12:48 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total 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	60,674,844		60,674,844	0	60,674,844	30.00
31.00	03100	INTENSIVE CARE UNIT	12,747,544		12,747,544	0	12,747,544	31.00
43.00	04300	NURSERY	3,757,632		3,757,632	0	3,757,632	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,574,539		24,574,539	0	24,574,539	50.00
51.00	05100	RECOVERY ROOM	8,778,216		8,778,216	0	8,778,216	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,240,850		10,240,850	0	10,240,850	52.00
53.00	05300	ANESTHESIOLOGY	918,546		918,546	0	918,546	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,559,330		18,559,330	0	18,559,330	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,906,684		3,906,684	0	3,906,684	55.00
57.00	05700	CT SCAN	3,931,014		3,931,014	0	3,931,014	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,283,947		1,283,947	0	1,283,947	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,190,951		5,190,951	0	5,190,951	59.00
60.00	06000	LABORATORY	15,705,177		15,705,177	0	15,705,177	60.00
64.00	06400	INTRAVENOUS THERAPY	5,378,018		5,378,018	0	5,378,018	64.00
65.00	06500	RESPIRATORY THERAPY	4,177,723	0	4,177,723	0	4,177,723	65.00
66.00	06600	PHYSICAL THERAPY	5,723,871	0	5,723,871	0	5,723,871	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,012,948	0	1,012,948	0	1,012,948	67.00
68.00	06800	SPEECH PATHOLOGY	328,784	0	328,784	0	328,784	68.00
69.00	06900	ELECTROCARDIOLOGY	6,211,670		6,211,670	0	6,211,670	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,511,409		1,511,409	0	1,511,409	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,376,769		17,376,769	0	17,376,769	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,933,797		21,933,797	0	21,933,797	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,821,086		28,821,086	0	28,821,086	73.00
74.00	07400	RENAL DIALYSIS	1,021,816		1,021,816	0	1,021,816	74.00
76.00	03950	WOUND CARE CENTER	988,755		988,755	0	988,755	76.00
76.01	03951	DIABETIC CENTER	377,198		377,198	0	377,198	76.01
76.02	03952	CLINICAL NUTRITION	0		0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	662,843		662,843	0	662,843	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	21,828,193		21,828,193	0	21,828,193	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,019,597		8,019,597	0	8,019,597	92.00
93.00	04950	ANTICOAGULATION CLINIC	637,118		637,118	0	637,118	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	296,280,869	0	296,280,869	0	296,280,869	200.00
201.00		Less Observation Beds	8,019,597		8,019,597	0	8,019,597	201.00
202.00		Total (see instructions)	288,261,272	0	288,261,272	0	288,261,272	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0030		Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 8/27/2020 12:48 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			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	147,004,663		147,004,663			30.00
31.00	03100	INTENSIVE CARE UNIT	41,465,276		41,465,276			31.00
43.00	04300	NURSERY	12,766,156		12,766,156			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	41,929,230	67,871,709	109,800,939	0.223810	0.000000	50.00
51.00	05100	RECOVERY ROOM	11,233,110	39,755,330	50,988,440	0.172161	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,414,029	10,032,879	32,446,908	0.315619	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	11,845,490	18,663,094	30,508,584	0.030108	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,464,377	92,592,473	113,056,850	0.164159	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	829,633	27,331,936	28,161,569	0.138724	0.000000	55.00
57.00	05700	CT SCAN	32,732,110	66,030,462	98,762,572	0.039803	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,913,093	11,487,456	18,400,549	0.069778	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,220,718	15,586,278	32,806,996	0.158227	0.000000	59.00
60.00	06000	LABORATORY	59,263,435	90,540,163	149,803,598	0.104838	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	654,359	11,610,700	12,265,059	0.438483	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	20,240,543	2,783,375	23,023,918	0.181451	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,368,281	14,552,492	19,920,773	0.287332	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,962,502	1,294,964	4,257,466	0.237923	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	705,717	283,507	989,224	0.332366	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	17,580,063	38,199,870	55,779,933	0.111360	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	135,710	4,269,073	4,404,783	0.343129	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,136,080	18,383,058	38,519,138	0.451120	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,672,092	19,752,134	43,424,226	0.505105	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	82,631,983	85,642,504	168,274,487	0.171274	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,419,400	0	2,419,400	0.422343	0.000000	74.00
76.00	03950	WOUND CARE CENTER	65,579	1,784,750	1,850,329	0.534367	0.000000	76.00
76.01	03951	DIABETIC CENTER	966	402,175	403,141	0.935648	0.000000	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0.000000	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	562	1,217,680	1,218,242	0.544098	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	23,970,171	80,506,118	104,476,289	0.208930	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,177,864	24,533,957	33,711,821	0.237887	0.000000	92.00
93.00	04950	ANTICOAGULATION CLINIC	7,929	2,522,814	2,530,743	0.251751	0.000000	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	635,811,121	747,630,951	1,383,442,072			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	635,811,121	747,630,951	1,383,442,072			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0030	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 8/27/2020 12:48 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.223810		50.00
51.00	05100	RECOVERY ROOM	0.172161		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.315619		52.00
53.00	05300	ANESTHESIOLOGY	0.030108		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.164159		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.138724		55.00
57.00	05700	CT SCAN	0.039803		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.069778		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.158227		59.00
60.00	06000	LABORATORY	0.104838		60.00
64.00	06400	INTRAVENOUS THERAPY	0.438483		64.00
65.00	06500	RESPIRATORY THERAPY	0.181451		65.00
66.00	06600	PHYSICAL THERAPY	0.287332		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.237923		67.00
68.00	06800	SPEECH PATHOLOGY	0.332366		68.00
69.00	06900	ELECTROCARDIOLOGY	0.111360		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.343129		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.451120		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.505105		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171274		73.00
74.00	07400	RENAL DIALYSIS	0.422343		74.00
76.00	03950	WOUND CARE CENTER	0.534367		76.00
76.01	03951	DIABETIC CENTER	0.935648		76.01
76.02	03952	CLINICAL NUTRITION	0.000000		76.02
76.97	07697	CARDIAC REHABILITATION	0.544098		76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.208930		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.237887		92.00
93.00	04950	ANTICOAGULATION CLINIC	0.251751		93.00
SPECIAL PURPOSE COST CENTERS					
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: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/27/2020 12:48 pm

			Title XIX		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total 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	60,674,844		60,674,844	0	60,674,844	30.00
31.00	03100	INTENSIVE CARE UNIT	12,747,544		12,747,544	0	12,747,544	31.00
43.00	04300	NURSERY	3,757,632		3,757,632	0	3,757,632	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,574,539		24,574,539	0	24,574,539	50.00
51.00	05100	RECOVERY ROOM	8,778,216		8,778,216	0	8,778,216	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,240,850		10,240,850	0	10,240,850	52.00
53.00	05300	ANESTHESIOLOGY	918,546		918,546	0	918,546	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,559,330		18,559,330	0	18,559,330	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,906,684		3,906,684	0	3,906,684	55.00
57.00	05700	CT SCAN	3,931,014		3,931,014	0	3,931,014	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,283,947		1,283,947	0	1,283,947	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,190,951		5,190,951	0	5,190,951	59.00
60.00	06000	LABORATORY	15,705,177		15,705,177	0	15,705,177	60.00
64.00	06400	INTRAVENOUS THERAPY	5,378,018		5,378,018	0	5,378,018	64.00
65.00	06500	RESPIRATORY THERAPY	4,177,723	0	4,177,723	0	4,177,723	65.00
66.00	06600	PHYSICAL THERAPY	5,723,871	0	5,723,871	0	5,723,871	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,012,948	0	1,012,948	0	1,012,948	67.00
68.00	06800	SPEECH PATHOLOGY	328,784	0	328,784	0	328,784	68.00
69.00	06900	ELECTROCARDIOLOGY	6,211,670		6,211,670	0	6,211,670	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,511,409		1,511,409	0	1,511,409	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,376,769		17,376,769	0	17,376,769	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,933,797		21,933,797	0	21,933,797	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,821,086		28,821,086	0	28,821,086	73.00
74.00	07400	RENAL DIALYSIS	1,021,816		1,021,816	0	1,021,816	74.00
76.00	03950	WOUND CARE CENTER	988,755		988,755	0	988,755	76.00
76.01	03951	DIABETIC CENTER	377,198		377,198	0	377,198	76.01
76.02	03952	CLINICAL NUTRITION	0		0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	662,843		662,843	0	662,843	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	21,828,193		21,828,193	0	21,828,193	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,019,597		8,019,597	0	8,019,597	92.00
93.00	04950	ANTICOAGULATION CLINIC	637,118		637,118	0	637,118	93.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	296,280,869	0	296,280,869	0	296,280,869	200.00
201.00		Less Observation Beds	8,019,597		8,019,597	0	8,019,597	201.00
202.00		Total (see instructions)	288,261,272	0	288,261,272	0	288,261,272	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/27/2020 12:48 pm

			Title XIX			Hospital	PPS		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	147,004,663		147,004,663			30.00	
31.00	03100	INTENSIVE CARE UNIT	41,465,276		41,465,276			31.00	
43.00	04300	NURSERY	12,766,156		12,766,156			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	41,929,230	67,871,709	109,800,939	0.223810	0.000000	50.00	
51.00	05100	RECOVERY ROOM	11,233,110	39,755,330	50,988,440	0.172161	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,414,029	10,032,879	32,446,908	0.315619	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	11,845,490	18,663,094	30,508,584	0.030108	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,464,377	92,592,473	113,056,850	0.164159	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	829,633	27,331,936	28,161,569	0.138724	0.000000	55.00	
57.00	05700	CT SCAN	32,732,110	66,030,462	98,762,572	0.039803	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,913,093	11,487,456	18,400,549	0.069778	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	17,220,718	15,586,278	32,806,996	0.158227	0.000000	59.00	
60.00	06000	LABORATORY	59,263,435	90,540,163	149,803,598	0.104838	0.000000	60.00	
64.00	06400	INTRAVENOUS THERAPY	654,359	11,610,700	12,265,059	0.438483	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	20,240,543	2,783,375	23,023,918	0.181451	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	5,368,281	14,552,492	19,920,773	0.287332	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	2,962,502	1,294,964	4,257,466	0.237923	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	705,717	283,507	989,224	0.332366	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	17,580,063	38,199,870	55,779,933	0.111360	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	135,710	4,269,073	4,404,783	0.343129	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,136,080	18,383,058	38,519,138	0.451120	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	23,672,092	19,752,134	43,424,226	0.505105	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	82,631,983	85,642,504	168,274,487	0.171274	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	2,419,400	0	2,419,400	0.422343	0.000000	74.00	
76.00	03950	WOUND CARE CENTER	65,579	1,784,750	1,850,329	0.534367	0.000000	76.00	
76.01	03951	DIABETIC CENTER	966	402,175	403,141	0.935648	0.000000	76.01	
76.02	03952	CLINICAL NUTRITION	0	0	0	0.000000	0.000000	76.02	
76.97	07697	CARDIAC REHABILITATION	562	1,217,680	1,218,242	0.544098	0.000000	76.97	
	OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	23,970,171	80,506,118	104,476,289	0.208930	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,177,864	24,533,957	33,711,821	0.237887	0.000000	92.00	
93.00	04950	ANTICOAGULATION CLINIC	7,929	2,522,814	2,530,743	0.251751	0.000000	93.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	635,811,121	747,630,951	1,383,442,072			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	635,811,121	747,630,951	1,383,442,072			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0030	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 8/27/2020 12:48 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.223810		50.00
51.00	05100	RECOVERY ROOM	0.172161		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.315619		52.00
53.00	05300	ANESTHESIOLOGY	0.030108		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.164159		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.138724		55.00
57.00	05700	CT SCAN	0.039803		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.069778		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.158227		59.00
60.00	06000	LABORATORY	0.104838		60.00
64.00	06400	INTRAVENOUS THERAPY	0.438483		64.00
65.00	06500	RESPIRATORY THERAPY	0.181451		65.00
66.00	06600	PHYSICAL THERAPY	0.287332		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.237923		67.00
68.00	06800	SPEECH PATHOLOGY	0.332366		68.00
69.00	06900	ELECTROCARDIOLOGY	0.111360		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.343129		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.451120		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.505105		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171274		73.00
74.00	07400	RENAL DIALYSIS	0.422343		74.00
76.00	03950	WOUND CARE CENTER	0.534367		76.00
76.01	03951	DIABETIC CENTER	0.935648		76.01
76.02	03952	CLINICAL NUTRITION	0.000000		76.02
76.97	07697	CARDIAC REHABILITATION	0.544098		76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.208930		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.237887		92.00
93.00	04950	ANTICOAGULATION CLINIC	0.251751		93.00
SPECIAL PURPOSE COST CENTERS					
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

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part II
Date/Time Prepared:
8/27/2020 12:48 pm

Cost Center Description			Title XIX		Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
			1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	24,574,539	4,501,690	20,072,849	0	0
51.00	05100	RECOVERY ROOM	8,778,216	745,051	8,033,165	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,240,850	1,185,187	9,055,663	0	0
53.00	05300	ANESTHESIOLOGY	918,546	23,642	894,904	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,559,330	3,305,659	15,253,671	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	3,906,684	1,321,334	2,585,350	0	0
57.00	05700	CT SCAN	3,931,014	864,368	3,066,646	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,283,947	239,427	1,044,520	0	0
59.00	05900	CARDIAC CATHETERIZATION	5,190,951	1,447,955	3,742,996	0	0
60.00	06000	LABORATORY	15,705,177	1,780,698	13,924,479	0	0
64.00	06400	INTRAVENOUS THERAPY	5,378,018	626,059	4,751,959	0	0
65.00	06500	RESPIRATORY THERAPY	4,177,723	421,867	3,755,856	0	0
66.00	06600	PHYSICAL THERAPY	5,723,871	360,484	5,363,387	0	0
67.00	06700	OCCUPATIONAL THERAPY	1,012,948	26,580	986,368	0	0
68.00	06800	SPEECH PATHOLOGY	328,784	42,588	286,196	0	0
69.00	06900	ELECTROCARDIOLOGY	6,211,670	1,134,800	5,076,870	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,511,409	360,062	1,151,347	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,376,769	515,904	16,860,865	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,933,797	651,402	21,282,395	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	28,821,086	917,729	27,903,357	0	0
74.00	07400	RENAL DIALYSIS	1,021,816	54,858	966,958	0	0
76.00	03950	WOUND CARE CENTER	988,755	97,627	891,128	0	0
76.01	03951	DIABETIC CENTER	377,198	7,302	369,896	0	0
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	662,843	79,149	583,694	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	21,828,193	2,278,785	19,549,408	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,019,597	1,073,824	6,945,773	0	0
93.00	04950	ANTICOAGULATION CLINIC	637,118	15,616	621,502	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
200.00		Subtotal (sum of lines 50 thru 199)	219,100,849	24,079,647	195,021,202	0	0
201.00		Less Observation Beds	8,019,597	1,073,824	6,945,773	0	0
202.00		Total (line 200 minus line 201)	211,081,252	23,005,823	188,075,429	0	0

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part II
Date/Time Prepared:
8/27/2020 12:48 pm

			Title XIX		Hospital	PPS
Cost Center Description			Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
			6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	24,574,539	109,800,939	0.223810	50.00
51.00	05100	RECOVERY ROOM	8,778,216	50,988,440	0.172161	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,240,850	32,446,908	0.315619	52.00
53.00	05300	ANESTHESIOLOGY	918,546	30,508,584	0.030108	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,559,330	113,056,850	0.164159	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,906,684	28,161,569	0.138724	55.00
57.00	05700	CT SCAN	3,931,014	98,762,572	0.039803	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,283,947	18,400,549	0.069778	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,190,951	32,806,996	0.158227	59.00
60.00	06000	LABORATORY	15,705,177	149,803,598	0.104838	60.00
64.00	06400	INTRAVENOUS THERAPY	5,378,018	12,265,059	0.438483	64.00
65.00	06500	RESPIRATORY THERAPY	4,177,723	23,023,918	0.181451	65.00
66.00	06600	PHYSICAL THERAPY	5,723,871	19,920,773	0.287332	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,012,948	4,257,466	0.237923	67.00
68.00	06800	SPEECH PATHOLOGY	328,784	989,224	0.332366	68.00
69.00	06900	ELECTROCARDIOLOGY	6,211,670	55,779,933	0.111360	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,511,409	4,404,783	0.343129	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,376,769	38,519,138	0.451120	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,933,797	43,424,226	0.505105	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,821,086	168,274,487	0.171274	73.00
74.00	07400	RENAL DIALYSIS	1,021,816	2,419,400	0.422343	74.00
76.00	03950	WOUND CARE CENTER	988,755	1,850,329	0.534367	76.00
76.01	03951	DIABETIC CENTER	377,198	403,141	0.935648	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	662,843	1,218,242	0.544098	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	21,828,193	104,476,289	0.208930	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,019,597	33,711,821	0.237887	92.00
93.00	04950	ANTICOAGULATION CLINIC	637,118	2,530,743	0.251751	93.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (sum of lines 50 thru 199)	219,100,849	1,182,205,977		200.00
201.00		Less Observation Beds	8,019,597	0		201.00
202.00		Total (line 200 minus line 201)	211,081,252	1,182,205,977		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
8/27/2020 12:48 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	8,124,368	0	8,124,368	51,160	158.80	30.00
31.00	INTENSIVE CARE UNIT	1,334,335		1,334,335	5,389	247.60	31.00
43.00	NURSERY	422,482		422,482	5,894	71.68	43.00
200.00	Total (lines 30 through 199)	9,881,185		9,881,185	62,443		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	18,323	2,909,692				30.00
31.00	INTENSIVE CARE UNIT	2,083	515,751				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	20,406	3,425,443				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0030	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 8/27/2020 12:48 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	4,501,690	109,800,939	0.040999	14,980,218	614,174	50.00
51.00	05100	RECOVERY ROOM	745,051	50,988,440	0.014612	4,309,335	62,968	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,185,187	32,446,908	0.036527	44,259	1,617	52.00
53.00	05300	ANESTHESIOLOGY	23,642	30,508,584	0.000775	3,788,655	2,936	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,305,659	113,056,850	0.029239	8,750,173	255,846	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,321,334	28,161,569	0.046920	477,857	22,421	55.00
57.00	05700	CT SCAN	864,368	98,762,572	0.008752	11,825,723	103,499	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	239,427	18,400,549	0.013012	2,209,139	28,745	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,447,955	32,806,996	0.044136	7,251,627	320,058	59.00
60.00	06000	LABORATORY	1,780,698	149,803,598	0.011887	23,407,227	278,242	60.00
64.00	06400	INTRAVENOUS THERAPY	626,059	12,265,059	0.051044	337,456	17,225	64.00
65.00	06500	RESPIRATORY THERAPY	421,867	23,023,918	0.018323	9,938,732	182,107	65.00
66.00	06600	PHYSICAL THERAPY	360,484	19,920,773	0.018096	2,743,003	49,637	66.00
67.00	06700	OCCUPATIONAL THERAPY	26,580	4,257,466	0.006243	1,556,095	9,715	67.00
68.00	06800	SPEECH PATHOLOGY	42,588	989,224	0.043052	374,829	16,137	68.00
69.00	06900	ELECTROCARDIOLOGY	1,134,800	55,779,933	0.020344	8,926,285	181,596	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	360,062	4,404,783	0.081743	53,970	4,412	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	515,904	38,519,138	0.013393	9,046,508	121,160	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	651,402	43,424,226	0.015001	11,620,886	174,325	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	917,729	168,274,487	0.005454	33,568,922	183,085	73.00
74.00	07400	RENAL DIALYSIS	54,858	2,419,400	0.022674	1,156,190	26,215	74.00
76.00	03950	WOUND CARE CENTER	97,627	1,850,329	0.052762	35,859	1,892	76.00
76.01	03951	DIABETIC CENTER	7,302	403,141	0.018113	138	2	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0.000000	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	79,149	1,218,242	0.064970	318	21	76.97
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	2,278,785	104,476,289	0.021812	9,868,600	215,254	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,073,824	33,711,821	0.031853	3,720,390	118,506	92.00
93.00	04950	ANTICOAGULATION CLINIC	15,616	2,530,743	0.006171	4,917	30	93.00
200.00		Total (lines 50 through 199)	24,079,647	1,182,205,977		169,997,311	2,991,825	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0030		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 8/27/2020 12:48 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	220,315	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	9,924	0	31.00	
43.00	04300	NURSERY		0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)		0	0	0	230,239	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	220,315	51,160	4.31	18,323	30.00	
31.00	03100	INTENSIVE CARE UNIT			9,924	5,389	1.84	2,083	31.00	
43.00	04300	NURSERY			0	5,894	0.00	0	43.00	
200.00		Total (lines 30 through 199)			230,239	62,443		20,406	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		78,972						30.00
31.00	03100	INTENSIVE CARE UNIT		3,833						31.00
43.00	04300	NURSERY		0						43.00
200.00		Total (lines 30 through 199)		82,805						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0030		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/27/2020 12:48 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03950	WOUND CARE CENTER		0	0	0	0	0	76.00
76.01	03951	DIABETIC CENTER		0	0	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION		0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	0	44,857	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	29,119	92.00
93.00	04950	ANTICOAGULATION CLINIC		0	0	0	0	0	93.00
200.00		Total (lines 50 through 199)		0	0	0	0	73,976	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/27/2020 12:48 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) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	109,800,939	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	50,988,440	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	32,446,908	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	30,508,584	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	113,056,850	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	28,161,569	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	98,762,572	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	18,400,549	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	32,806,996	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	149,803,598	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	12,265,059	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	23,023,918	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	19,920,773	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,257,466	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	989,224	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	55,779,933	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,404,783	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	38,519,138	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	43,424,226	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	168,274,487	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,419,400	0.000000	74.00
76.00	03950	WOUND CARE CENTER	0	0	0	1,850,329	0.000000	76.00
76.01	03951	DIABETIC CENTER	0	0	0	403,141	0.000000	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,218,242	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	44,857	44,857	104,476,289	0.000429	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	29,119	29,119	33,711,821	0.000864	92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	0	2,530,743	0.000000	93.00
200.00		Total (lines 50 through 199)	0	73,976	73,976	1,182,205,977		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/27/2020 12:48 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	14,980,218	0	18,981,137	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	4,309,335	0	13,013,370	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	44,259	0	23,048	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	3,788,655	0	5,028,186	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	8,750,173	0	27,172,446	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	477,857	0	9,972,751	0	55.00
57.00	05700	CT SCAN	0.000000	11,825,723	0	13,698,541	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	2,209,139	0	3,080,162	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	7,251,627	0	7,714,525	0	59.00
60.00	06000	LABORATORY	0.000000	23,407,227	0	17,242,371	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	337,456	0	4,512,482	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	9,938,732	0	891,610	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	2,743,003	0	197,777	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	1,556,095	0	33,098	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	374,829	0	12,852	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	8,926,285	0	14,252,294	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	53,970	0	1,261,613	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	9,046,508	0	6,342,696	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	11,620,886	0	8,315,775	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	33,568,922	0	35,078,828	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	1,156,190	0	0	0	74.00
76.00	03950	WOUND CARE CENTER	0.000000	35,859	0	1,073,611	0	76.00
76.01	03951	DIABETIC CENTER	0.000000	138	0	492	0	76.01
76.02	03952	CLINICAL NUTRITION	0.000000	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.000000	318	0	604,463	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0.000429	9,868,600	4,234	11,322,879	4,858	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000864	3,720,390	3,214	6,248,803	5,399	92.00
93.00	04950	ANTICOAGULATION CLINIC	0.000000	4,917	0	1,275,759	0	93.00
200.00		Total (lines 50 through 199)		169,997,311	7,448	207,351,569	10,257	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0030		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 8/27/2020 12:48 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.223810	18,981,137	0	0	4,248,168	50.00
51.00	05100	RECOVERY ROOM		0.172161	13,013,370	0	0	2,240,395	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.315619	23,048	0	0	7,274	52.00
53.00	05300	ANESTHESIOLOGY		0.030108	5,028,186	0	0	151,389	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.164159	27,172,446	0	0	4,460,602	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.138724	9,972,751	0	0	1,383,460	55.00
57.00	05700	CT SCAN		0.039803	13,698,541	0	0	545,243	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0.069778	3,080,162	0	0	214,928	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.158227	7,714,525	0	0	1,220,646	59.00
60.00	06000	LABORATORY		0.104838	17,242,371	0	0	1,807,656	60.00
64.00	06400	INTRAVENOUS THERAPY		0.438483	4,512,482	0	13	1,978,647	64.00
65.00	06500	RESPIRATORY THERAPY		0.181451	891,610	0	0	161,784	65.00
66.00	06600	PHYSICAL THERAPY		0.287332	197,777	0	0	56,828	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.237923	33,098	0	0	7,875	67.00
68.00	06800	SPEECH PATHOLOGY		0.332366	12,852	0	0	4,272	68.00
69.00	06900	ELECTROCARDIOLOGY		0.111360	14,252,294	0	0	1,587,135	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.343129	1,261,613	0	0	432,896	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		0.451120	6,342,696	0	0	2,861,317	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.505105	8,315,775	12,555	0	4,200,340	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.171274	35,078,828	0	135,022	6,008,091	73.00
74.00	07400	RENAL DIALYSIS		0.422343	0	0	0	0	74.00
76.00	03950	WOUND CARE CENTER		0.534367	1,073,611	0	0	573,702	76.00
76.01	03951	DIABETIC CENTER		0.935648	492	0	0	460	76.01
76.02	03952	CLINICAL NUTRITION		0.000000	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION		0.544098	604,463	0	0	328,887	76.97
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.208930	11,322,879	0	309	2,365,689	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0.237887	6,248,803	0	0	1,486,509	92.00
93.00	04950	ANTICOAGULATION CLINIC		0.251751	1,275,759	0	0	321,174	93.00
200.00		Subtotal (see instructions)			207,351,569	12,555	135,344	38,655,367	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			207,351,569	12,555	135,344	38,655,367	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0030		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 8/27/2020 12:48 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
60.00	06000	LABORATORY	0	0					60.00
64.00	06400	INTRAVENOUS THERAPY	0	6					64.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0					67.00
68.00	06800	SPEECH PATHOLOGY	0	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,342	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,126					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.00	03950	WOUND CARE CENTER	0	0					76.00
76.01	03951	DIABETIC CENTER	0	0					76.01
76.02	03952	CLINICAL NUTRITION	0	0					76.02
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	65					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0					93.00
200.00		Subtotal (see instructions)	6,342	23,197					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	6,342	23,197					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
8/27/2020 12:48 pm

			Title XIX		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	8,124,368	0	8,124,368	51,160	158.80	30.00
31.00	INTENSIVE CARE UNIT	1,334,335		1,334,335	5,389	247.60	31.00
43.00	NURSERY	422,482		422,482	5,894	71.68	43.00
200.00	Total (lines 30 through 199)	9,881,185		9,881,185	62,443		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	872	138,474				30.00
31.00	INTENSIVE CARE UNIT	96	23,770				31.00
43.00	NURSERY	2,965	212,531				43.00
200.00	Total (lines 30 through 199)	3,933	374,775				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0030	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 8/27/2020 12:48 pm			
				Title XIX		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	4,501,690	109,800,939	0.040999	574,860	23,569		50.00
51.00	05100	RECOVERY ROOM	745,051	50,988,440	0.014612	198,480	2,900		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,185,187	32,446,908	0.036527	1,319,176	48,186		52.00
53.00	05300	ANESTHESIOLOGY	23,642	30,508,584	0.000775	254,934	198		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,305,659	113,056,850	0.029239	573,392	16,765		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,321,334	28,161,569	0.046920	1,875	88		55.00
57.00	05700	CT SCAN	864,368	98,762,572	0.008752	737,723	6,457		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	239,427	18,400,549	0.013012	195,100	2,539		58.00
59.00	05900	CARDIAC CATHETERIZATION	1,447,955	32,806,996	0.044136	315,180	13,911		59.00
60.00	06000	LABORATORY	1,780,698	149,803,598	0.011887	1,898,780	22,571		60.00
64.00	06400	INTRAVENOUS THERAPY	626,059	12,265,059	0.051044	4,564	233		64.00
65.00	06500	RESPIRATORY THERAPY	421,867	23,023,918	0.018323	275,816	5,054		65.00
66.00	06600	PHYSICAL THERAPY	360,484	19,920,773	0.018096	67,284	1,218		66.00
67.00	06700	OCCUPATIONAL THERAPY	26,580	4,257,466	0.006243	66,263	414		67.00
68.00	06800	SPEECH PATHOLOGY	42,588	989,224	0.043052	13,445	579		68.00
69.00	06900	ELECTROCARDIOLOGY	1,134,800	55,779,933	0.020344	256,578	5,220		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	360,062	4,404,783	0.081743	322	26		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	515,904	38,519,138	0.013393	427,014	5,719		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	651,402	43,424,226	0.015001	284,203	4,263		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	917,729	168,274,487	0.005454	2,036,843	11,109		73.00
74.00	07400	RENAL DIALYSIS	54,858	2,419,400	0.022674	49,170	1,115		74.00
76.00	03950	WOUND CARE CENTER	97,627	1,850,329	0.052762	415	22		76.00
76.01	03951	DIABETIC CENTER	7,302	403,141	0.018113	0	0		76.01
76.02	03952	CLINICAL NUTRITION	0	0	0.000000	0	0		76.02
76.97	07697	CARDIAC REHABILITATION	79,149	1,218,242	0.064970	0	0		76.97
	OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,278,785	104,476,289	0.021812	582,131	12,697		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,073,824	33,711,821	0.031853	255,009	8,123		92.00
93.00	04950	ANTICOAGULATION CLINIC	15,616	2,530,743	0.006171	0	0		93.00
200.00		Total (lines 50 through 199)	24,079,647	1,182,205,977		10,388,557	192,976		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0030		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 8/27/2020 12:48 pm		
					Title XIX		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	220,315	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	9,924	0	0	31.00	
43.00	04300	NURSERY		0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)		0	0	0	230,239	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	220,315	51,160	4.31	872	0	30.00	
31.00	03100	INTENSIVE CARE UNIT			9,924	5,389	1.84	96	0	31.00	
43.00	04300	NURSERY			0	5,894	0.00	2,965	0	43.00	
200.00		Total (lines 30 through 199)			230,239	62,443		3,933	0	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		3,758						30.00	
31.00	03100	INTENSIVE CARE UNIT		177						31.00	
43.00	04300	NURSERY		0						43.00	
200.00		Total (lines 30 through 199)		3,935						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/27/2020 12:48 pm

Cost Center Description		Title XIX		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (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
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	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
76.00	03950	WOUND CARE CENTER	0	0	0	0	76.00
76.01	03951	DIABETIC CENTER	0	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	44,857	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	0	0	93.00
200.00		Total (lines 50 through 199)	0	0	0	44,857	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/27/2020 12:48 pm

			Title XIX		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) (see instructions)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	109,800,939	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	50,988,440	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	32,446,908	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	30,508,584	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	113,056,850	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	28,161,569	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	98,762,572	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	18,400,549	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	32,806,996	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	149,803,598	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	12,265,059	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	23,023,918	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	19,920,773	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	4,257,466	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	989,224	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	55,779,933	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,404,783	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	38,519,138	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	43,424,226	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	168,274,487	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	2,419,400	0.000000	74.00
76.00	03950	WOUND CARE CENTER	0	0	0	1,850,329	0.000000	76.00
76.01	03951	DIABETIC CENTER	0	0	0	403,141	0.000000	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,218,242	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	44,857	44,857	104,476,289	0.000429	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	33,711,821	0.000000	92.00
93.00	04950	ANTICOAGULATION CLINIC	0	0	0	2,530,743	0.000000	93.00
200.00		Total (lines 50 through 199)	0	44,857	44,857	1,182,205,977		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/27/2020 12:48 pm

					Title XIX		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	574,860	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	198,480	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	1,319,176	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	254,934	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	573,392	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	1,875	0	0	0	55.00	
57.00	05700	CT SCAN	0.000000	737,723	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	195,100	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	315,180	0	0	0	59.00	
60.00	06000	LABORATORY	0.000000	1,898,780	0	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	4,564	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	275,816	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	67,284	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	66,263	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	13,445	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	256,578	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	322	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	427,014	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	284,203	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	2,036,843	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	49,170	0	0	0	74.00	
76.00	03950	WOUND CARE CENTER	0.000000	415	0	0	0	76.00	
76.01	03951	DIABETIC CENTER	0.000000	0	0	0	0	76.01	
76.02	03952	CLINICAL NUTRITION	0.000000	0	0	0	0	76.02	
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97	
	OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.000429	582,131	250	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	255,009	0	0	0	92.00	
93.00	04950	ANTICOAGULATION CLINIC	0.000000	0	0	0	0	93.00	
200.00		Total (lines 50 through 199)		10,388,557	250	0	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0030		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 8/27/2020 12:48 pm	
			Title XIX		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.223810	0	0	731,483	0	50.00
51.00	05100	RECOVERY ROOM	0.172161	0	0	343,275	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.315619	0	0	1,242,919	0	52.00
53.00	05300	ANESTHESIOLOGY	0.030108	0	0	191,818	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.164159	0	0	1,540,441	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.138724	0	0	155,825	0	55.00
57.00	05700	CT SCAN	0.039803	0	0	1,778,810	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.069778	0	0	169,114	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.158227	0	0	22,270	0	59.00
60.00	06000	LABORATORY	0.104838	0	0	2,096,389	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.438483	0	0	328,440	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.181451	0	0	76,766	0	65.00
66.00	06600	PHYSICAL THERAPY	0.287332	0	0	181,229	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.237923	0	0	37,178	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.332366	0	0	6,271	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.111360	0	0	498,534	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.343129	0	0	29,520	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.451120	0	0	154,200	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.505105	0	0	109,619	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171274	0	0	3,194,399	0	73.00
74.00	07400	RENAL DIALYSIS	0.422343	0	0	0	0	74.00
76.00	03950	WOUND CARE CENTER	0.534367	0	0	3,170	0	76.00
76.01	03951	DIABETIC CENTER	0.935648	0	0	21,516	0	76.01
76.02	03952	CLINICAL NUTRITION	0.000000	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.544098	0	0	4,540	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.208930	0	0	3,290,001	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.237887	0	0	592,382	0	92.00
93.00	04950	ANTICOAGULATION CLINIC	0.251751	0	0	7,870	0	93.00
200.00		Subtotal (see instructions)		0	0	16,807,979	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		0	0	16,807,979	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0030		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 8/27/2020 12:48 pm	
				Title XIX		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	163,713					50.00
51.00	05100	RECOVERY ROOM	0	59,099					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	392,289					52.00
53.00	05300	ANESTHESIOLOGY	0	5,775					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	252,877					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	21,617					55.00
57.00	05700	CT SCAN	0	70,802					57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,800					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,524					59.00
60.00	06000	LABORATORY	0	219,781					60.00
64.00	06400	INTRAVENOUS THERAPY	0	144,015					64.00
65.00	06500	RESPIRATORY THERAPY	0	13,929					65.00
66.00	06600	PHYSICAL THERAPY	0	52,073					66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,846					67.00
68.00	06800	SPEECH PATHOLOGY	0	2,084					68.00
69.00	06900	ELECTROCARDIOLOGY	0	55,517					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	10,129					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	69,563					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	55,369					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	547,117					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.00	03950	WOUND CARE CENTER	0	1,694					76.00
76.01	03951	DIABETIC CENTER	0	20,131					76.01
76.02	03952	CLINICAL NUTRITION	0	0					76.02
76.97	07697	CARDIAC REHABILITATION	0	2,470					76.97
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	687,380					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	140,920					92.00
93.00	04950	ANTICOAGULATION CLINIC	0	1,981					93.00
200.00		Subtotal (see instructions)	0	3,014,495					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	3,014,495					202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0030	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/27/2020 12:48 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)		51,160	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		51,160	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)		44,398	4.00	
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00	
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00	
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00	
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00	
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		18,323	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)		60,674,844	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)		60,674,844	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)		60,674,844	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)		1,185.98	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)		21,730,712	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)		21,730,712	41.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0030

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

Worksheet D-1

Date/Time Prepared:
8/27/2020 12:48 pm

Cost Center Description		Title XVIII		Hospital		PPS
		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	12,747,544	5,389	2,365.47	2,083	4,927,274
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)					33,354,667
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					60,012,653
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					3,508,248
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,999,273
52.00	Total Program excludable cost (sum of lines 50 and 51)					6,507,521
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					53,505,132
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)					6,762
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,185.98
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,019,597

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0030

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

Worksheet D-1

Date/Time Prepared:
8/27/2020 12:48 pm

Cost Center Description		Title XVIII		Hospital		PPS	
		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	8,124,368	60,674,844	0.133900	8,019,597	1,073,824	90.00
91.00	Nursing School cost	0	60,674,844	0.000000	8,019,597	0	91.00
92.00	Allied health cost	220,315	60,674,844	0.003631	8,019,597	29,119	92.00
93.00	All other Medical Education	0	60,674,844	0.000000	8,019,597	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0030	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/27/2020 12:48 pm
Cost Center Description		Title XIX	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		51,160	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		51,160	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)		44,398	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		872	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		5,894	15.00
16.00	Nursery days (title V or XIX only)		2,965	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)		60,674,844	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)		60,674,844	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)		60,674,844	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)		1,185.98	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,034,175	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)		1,034,175	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0030

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

Worksheet D-1

Date/Time Prepared:
8/27/2020 12:48 pm

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	Program Cost (col. 3 x col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	3,757,632	5,894	637.54	2,965	1,890,306	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	12,747,544	5,389	2,365.47	96	227,085	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,981,782	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,133,348	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					378,710	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					193,226	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					571,936	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,561,412	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					6,762	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,185.98	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,019,597	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0030

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

Worksheet D-1

Date/Time Prepared:
8/27/2020 12:48 pm

Cost Center Description		Title XIX		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	8,124,368	60,674,844	0.133900	8,019,597	1,073,824
91.00	Nursing School cost	0	60,674,844	0.000000	8,019,597	0
92.00	Allied health cost	220,315	60,674,844	0.003631	8,019,597	29,119
93.00	All other Medical Education	0	60,674,844	0.000000	8,019,597	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0030	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/27/2020 12:48 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		61,343,297		30.00
31.00	03100	INTENSIVE CARE UNIT		18,396,181		31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.223810	14,980,218	3,352,723	50.00
51.00	05100	RECOVERY ROOM	0.172161	4,309,335	741,899	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.315619	44,259	13,969	52.00
53.00	05300	ANESTHESIOLOGY	0.030108	3,788,655	114,069	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.164159	8,750,173	1,436,420	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.138724	477,857	66,290	55.00
57.00	05700	CT SCAN	0.039803	11,825,723	470,699	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.069778	2,209,139	154,149	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.158227	7,251,627	1,147,403	59.00
60.00	06000	LABORATORY	0.104838	23,407,227	2,453,967	60.00
64.00	06400	INTRAVENOUS THERAPY	0.438483	337,456	147,969	64.00
65.00	06500	RESPIRATORY THERAPY	0.181451	9,938,732	1,803,393	65.00
66.00	06600	PHYSICAL THERAPY	0.287332	2,743,003	788,153	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.237923	1,556,095	370,231	67.00
68.00	06800	SPEECH PATHOLOGY	0.332366	374,829	124,580	68.00
69.00	06900	ELECTROCARDIOLOGY	0.111360	8,926,285	994,031	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.343129	53,970	18,519	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.451120	9,046,508	4,081,061	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.505105	11,620,886	5,869,768	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171274	33,568,922	5,749,484	73.00
74.00	07400	RENAL DIALYSIS	0.422343	1,156,190	488,309	74.00
76.00	03950	WOUND CARE CENTER	0.534367	35,859	19,162	76.00
76.01	03951	DIABETIC CENTER	0.935648	138	129	76.01
76.02	03952	CLINICAL NUTRITION	0.000000	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.544098	318	173	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.208930	9,868,600	2,061,847	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.237887	3,720,390	885,032	92.00
93.00	04950	ANTICOAGULATION CLINIC	0.251751	4,917	1,238	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		169,997,311	33,354,667	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)		169,997,311		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0030	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/27/2020 12:48 pm
			Title XIX	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		4,973,818	30.00
31.00	03100	INTENSIVE CARE UNIT		849,768	31.00
43.00	04300	NURSERY		3,144,575	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.223810	574,860	50.00
51.00	05100	RECOVERY ROOM	0.172161	198,480	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.315619	1,319,176	52.00
53.00	05300	ANESTHESIOLOGY	0.030108	254,934	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.164159	573,392	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.138724	1,875	55.00
57.00	05700	CT SCAN	0.039803	737,723	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.069778	195,100	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.158227	315,180	59.00
60.00	06000	LABORATORY	0.104838	1,898,780	60.00
64.00	06400	INTRAVENOUS THERAPY	0.438483	4,564	64.00
65.00	06500	RESPIRATORY THERAPY	0.181451	275,816	65.00
66.00	06600	PHYSICAL THERAPY	0.287332	67,284	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.237923	66,263	67.00
68.00	06800	SPEECH PATHOLOGY	0.332366	13,445	68.00
69.00	06900	ELECTROCARDIOLOGY	0.111360	256,578	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.343129	322	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.451120	427,014	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.505105	284,203	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171274	2,036,843	73.00
74.00	07400	RENAL DIALYSIS	0.422343	49,170	74.00
76.00	03950	WOUND CARE CENTER	0.534367	415	76.00
76.01	03951	DIABETIC CENTER	0.935648	0	76.01
76.02	03952	CLINICAL NUTRITION	0.000000	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.544098	0	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.208930	582,131	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.237887	255,009	92.00
93.00	04950	ANTICOAGULATION CLINIC	0.251751	0	93.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		10,388,557	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)		10,388,557	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A
Date/Time Prepared:
8/27/2020 12:48 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)			34,372,812	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			12,266,078	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)				2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)			481,625	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			233,394	2.04
3.00	Managed Care Simulated Payments			0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			236.47	4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)			0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.00	11.00
12.00	Current year allowable FTE (see instructions)			0.00	12.00
13.00	Total allowable FTE count for the prior year.			0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.			0.00	15.00
16.00	Adjustment for residents in initial years of the program			0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure			0.00	17.00
18.00	Adjusted rolling average FTE count			0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.000000	21.00
22.00	IME payment adjustment (see instructions)			0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).			0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)			0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)			0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			0	28.01
29.00	Total IME payment (sum of lines 22 and 28)			0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			0	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			2.37	30.00
31.00	Percentage of Medicaid patient days (see instructions)			18.04	31.00
32.00	Sum of lines 30 and 31			20.41	32.00
33.00	Allowable disproportionate share percentage (see instructions)			6.05	33.00
34.00	Disproportionate share adjustment (see instructions)			705,414	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0030	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/27/2020 12:48 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,272,872,447	8,350,599,096	35.00
35.01	Factor 3 (see instructions)	0.000401041	0.000314651	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,317,761	2,627,523	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,481,503	660,470	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,141,973		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.0000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	51,201,296		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions))	0		48.00
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		51,201,296	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,044,192	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		82,805	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		7,448	58.00
59.00	Total (sum of amounts on lines 49 through 58)		55,335,741	59.00
60.00	Primary payer payments		41,812	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		55,293,929	61.00
62.00	Deductibles billed to program beneficiaries		4,376,044	62.00
63.00	Coinurance billed to program beneficiaries		103,323	63.00
64.00	Allowable bad debts (see instructions)		589,429	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		383,129	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		545,983	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		51,197,691	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)		327,527	70.93
70.94	HRR adjustment amount (see instructions)		-192,689	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0030	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/27/2020 12:48 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		51,332,529	71.00
71.01	Sequestration adjustment (see instructions)		1,026,651	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		49,938,152	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		367,726	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		611,696	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)	1.0077791800	1.0049023892	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)	0.9960	0.9955	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0030	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 8/27/2020 12:48 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		29,539	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		38,645,110	2.00
3.00	OPPS payments		37,194,224	3.00
4.00	Outlier payment (see instructions)		69,093	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		10,257	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		29,539	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		147,899	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)		147,899	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)		147,899	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		118,360	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)		29,539	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)		37,273,574	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)		6,785,145	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)		30,517,968	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)		30,517,968	30.00
31.00	Primary payer payments		2,661	31.00
32.00	Subtotal (line 30 minus line 31)		30,515,307	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)		612,307	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		398,000	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		599,216	36.00
37.00	Subtotal (see instructions)		30,913,307	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-18	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		30,913,325	40.00
40.01	Sequestration adjustment (see instructions)		618,267	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		30,333,333	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-38,275	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part I
Date/Time Prepared:
8/27/2020 12:48 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		50,011,578		30,297,808	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	08/07/2019	35,525	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	08/07/2019	73,426		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)		-73,426		35,525	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)		49,938,152		30,333,333	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		367,726		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		38,275	6.02
7.00	Total Medicare program liability (see instructions)		50,305,878		30,295,058	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: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part II
Date/Time Prepared:
8/27/2020 12:48 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	8.00
9.00	Sequestration adjustment amount (see instructions)	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	30.00
31.00	Other Adjustment (specify)	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	32.00

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

Provider CCN: 14-0030

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

Worksheet G

Date/Time Prepared:
8/27/2020 12:48 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	449,712,000	0	0	0	1.00
2.00	Temporary investments	106,529,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	1,620,938,000	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	637,826,000	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)	2,815,005,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	497,363,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	7,875,340,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	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	2,496,988,000	0	0	0	23.00
24.00	Accumulated depreciation	-4,967,768,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	5,901,923,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	9,140,565,000	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	1,075,876,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	10,216,441,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	18,933,369,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,863,035,000	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)	77,957,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	767,958,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	2,708,950,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	2,729,366,000	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,796,389,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	4,525,755,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	7,234,705,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	11,698,664,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	11,698,664,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	18,933,369,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0030

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

Worksheet G-1

Date/Time Prepared:
8/27/2020 12:48 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		10,242,977,000		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		11,907,142				2.00
3.00	Total (sum of line 1 and line 2)		10,254,884,142		0		3.00
4.00	ADJUSTMENT TO FUND BALANCE	1,443,779,858		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		1,443,779,858		0		10.00
11.00	Subtotal (line 3 plus line 10)		11,698,664,000		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		11,698,664,000		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	ADJUSTMENT TO FUND BALANCE		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0030

Period:
From 01/01/2019
To 12/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
8/27/2020 12:48 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	159,770,819		159,770,819	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	159,770,819		159,770,819	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	41,465,276		41,465,276	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	41,465,276		41,465,276	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	201,236,095		201,236,095	17.00
18.00	Ancillary services	435,257,989	600,701,975	1,035,959,964	18.00
19.00	Outpatient services	0	146,957,869	146,957,869	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	636,494,084	747,659,844	1,384,153,928	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		316,756,208		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		316,756,208		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0030

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

Worksheet G-3

Date/Time Prepared:
8/27/2020 12:48 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,384,153,928	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,061,393,657	2.00
3.00	Net patient revenues (line 1 minus line 2)	322,760,271	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	316,756,208	4.00
5.00	Net income from service to patients (line 3 minus line 4)	6,004,063	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	617,895	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	5,314	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	101,124	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	612,356	23.00
24.00	CAPITATION REVENUE AND OTHER	4,566,390	24.00
25.00	Total other income (sum of lines 6-24)	5,903,079	25.00
26.00	Total (line 5 plus line 25)	11,907,142	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	11,907,142	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0030	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 8/27/2020 12:48 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,774,236	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		110,683	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)		138.70	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.37	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		18.04	8.00
9.00	Sum of lines 7 and 8		20.41	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.22	10.00
11.00	Disproportionate share adjustment (see instructions)		159,273	11.00
12.00	Total prospective capital payments (see instructions)		4,044,192	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