

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 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0049	Period: From 01/29/2019 To 04/30/2019	Worksheet S Parts I-III Date/Time Prepared: 9/26/2019 9:20 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 9/26/2019	Time: 9:20 am
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by WEST SUBURBAN HOSP MED CTR (14-0049) for the cost reporting period beginning 01/29/2019 and ending 04/30/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	52,361	4,546	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	-1	0		0	7.00
200.00	Total	0	52,360	4,546	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: 14-0049		Period: From 01/29/2019 To 04/30/2019		Worksheet S-2 Part I Date/Time Prepared: 9/26/2019 9:20 am	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 3 ERIE COURT			PO Box:				1.00		
2.00	City: OAK PARK			State: IL		Zip Code: 60302		County: COOK		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	XIX
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		WEST SUBURBAN HOSP MED CTR	140049	16974	1	07/01/1966	N	P	O
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		WEST SUBURBAN SNF	145743	16974		12/28/1992	N	P	N
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)						01/29/2019	04/30/2019		20.00
21.00	Type of Control (see instructions)						4			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	N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00
				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.			502	111	0	6	1,945	161	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet S-2
Part I
Date/Time Prepared:
9/26/2019 9:20 am

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.00 If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
					Urban/Rural S	Date of Geogr	
					1.00	2.00	
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00
27.00 Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
					Beginning:	Ending:	
					1.00	2.00	
36.00 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01 Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00 If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
					Y/N	Y/N	
					1.00	2.00	
39.00 Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00 Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
					V	XVIII	XIX
					1.00	2.00	3.00
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)					Y	Y	Y
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
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
48.00 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals							
56.00 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y		
57.00 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00 Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code	
				1.00	2.00	3.00	
60.00 Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)				N			60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet S-2
Part I
Date/Time Prepared:
9/26/2019 9:20 am

	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

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Period:
From 01/29/2019
To 04/30/2019Worksheet S-2
Part I
Date/Time Prepared:
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.00	26.00	0.000000	65.00
65.01		INTERNAL MEDICINE	1400	0.00	24.00	0.000000	65.01
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.00	0.00	0.000000	67.00
67.01		INTERNAL MEDICINE	1400	0.00	0.00	0.000000	67.01
67.02		INTERNAL MEDICINE	1400	0.00	0.00	0.000000	67.02
			1.00	2.00	3.00		
	Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N			70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00	
	Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N			75.00	

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			1.00	2.00	3.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
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.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0049		Period: From 01/29/2019 To 04/30/2019		Worksheet S-2 Part I Date/Time Prepared: 9/26/2019 9:20 am	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N					110.00
						1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N					111.00
						1.00	2.00
						1.00	2.00
						3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N					0
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:	659,488		0		0	
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N				N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N					122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N					140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet S-2
Part I
Date/Time Prepared:
9/26/2019 9:20 am

1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00
						1.00	
						2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N	146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
						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)					0	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)				01/29/2019	04/30/2019	170.00
						1.00	
						2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)				N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0049	Period: From 01/29/2019 To 04/30/2019	Worksheet S-2 Part II Date/Time Prepared: 9/26/2019 9:20 am
			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)	Y	01/29/2019	1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N	C	02/01/2020 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.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N		14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N		15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	09/03/2019	Y 09/03/2019 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)	N		N 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: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet S-2
Part II
Date/Time Prepared:
9/26/2019 9:20 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TAD	ERICKSON		41.00
42.00	Enter the employer/company name of the cost report preparer.	TRE REIMBURSEMENT CONSULTING, INC.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	602-799-2223	TAD@TRERCI.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet S-2
Part II
Date/Time Prepared:
9/26/2019 9:20 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PRESIDENT	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: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet S-3
Part I
Date/Time Prepared:
9/26/2019 9:20 am

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	114	10,488	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)		114	10,488	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	21	1,932	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)		135	12,420	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	39	3,588		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		174			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: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet S-3
Part I
Date/Time Prepared:
9/26/2019 9:20 am

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)	1,392	114	4,863			1.00
2.00	HMO and other (see instructions)	1,203	2,223				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)	1,392	114	4,863			7.00
8.00	INTENSIVE CARE UNIT	356	63	941			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		270	982			13.00
14.00	Total (see instructions)	1,748	447	6,786	12.24	748.27	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	1,278	0	2,026	0.00	16.30	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)				12.24	764.57	27.00
28.00	Observation Bed Days		161	565			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	55	239			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: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet S-3
Part I
Date/Time Prepared:
9/26/2019 9:20 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	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	388	90	1,605	1.00
2.00 HMO and other (see instructions)			232	503		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	388	90	1,605	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet S-3
Part II
Date/Time Prepared:
9/26/2019 9:20 am

	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	15,056,679	0	15,056,679	400,623.75	37.58
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	516,230	0	516,230	8,541.42	60.44
10.00	Excluded area salaries (see instructions)		150,473	0	150,473	6,564.12	22.92
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		332,696	0	332,696	7,874.00	42.25
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		0	0	0	0.00	0.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		0	2,955,750	2,955,750		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		0	131,863	131,863		
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)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	120,849	0	120,849	3,411.75	35.42
27.00	Administrative & General	5.00	1,598,781	0	1,598,781	26,358.46	60.66

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet S-3
Part II
Date/Time Prepared:
9/26/2019 9:20 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		31,578	0	31,578	530.00	59.58	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	404,277	0	404,277	16,316.50	24.78	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	381,558	0	381,558	21,752.25	17.54	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	296,973	0	296,973	15,883.00	18.70	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	238,960	0	238,960	6,002.00	39.81	38.00
39.00	Central Services and Supply	14.00	54,562	0	54,562	2,532.50	21.54	39.00
40.00	Pharmacy	15.00	382,589	0	382,589	7,106.25	53.84	40.00
41.00	Medical Records & Medical Records Library	16.00	116,986	0	116,986	3,961.25	29.53	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet S-3
Part III
Date/Time Prepared:
9/26/2019 9:20 am

	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)	15,088,257	0	15,088,257	401,153.75	37.61	1.00
2.00	Excluded area salaries (see instructions)	666,703	0	666,703	15,105.54	44.14	2.00
3.00	Subtotal salaries (line 1 minus line 2)	14,421,554	0	14,421,554	386,048.21	37.36	3.00
4.00	Subtotal other wages & related costs (see inst.)	332,696	0	332,696	7,874.00	42.25	4.00
5.00	Subtotal wage-related costs (see inst.)	0	2,955,750	2,955,750	0.00	20.50	5.00
6.00	Total (sum of lines 3 thru 5)	14,754,250	2,955,750	17,710,000	393,922.21	44.96	6.00
7.00	Total overhead cost (see instructions)	3,627,113	0	3,627,113	103,853.96	34.93	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet S-3
Part IV
Date/Time Prepared:
9/26/2019 9:20 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	370,147	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	978,954	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	48,320	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	287,729	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	790,122	17.00
18.00	Medicare Taxes - Employers Portion Only	194,208	18.00
19.00	Unemployment Insurance	365,463	19.00
20.00	State or Federal Unemployment Taxes	38,789	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	13,881	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	3,087,613	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: 14-0049

 Period:
 From 01/29/2019
 To 04/30/2019

 Worksheet S-3
 Part V
 Date/Time Prepared:
 9/26/2019 9:20 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	332,696	3,087,613	1.00
2.00	Hospital	332,696	3,087,613	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019

Worksheet S-7

Date/Time Prepared:
9/26/2019 9:20 am

		1.00	2.00	3.00	4.00
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N			2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	2	0	2 3.00
4.00		RUL	60	0	60 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	14	0	14 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	50	0	50 12.00
13.00		RUB	60	0	60 13.00
14.00		RUA	969	0	969 14.00
15.00		RVC	0	0	0 15.00
16.00		RVB	0	0	0 16.00
17.00		RVA	34	0	34 17.00
18.00		RHC	0	0	0 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	0	0	0 20.00
21.00		RMC	0	0	0 21.00
22.00		RMB	7	0	7 22.00
23.00		RMA	27	0	27 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	17	0	17 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	0	0	0 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	11	0	11 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	27	0	27 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019

Worksheet S-7

Date/Time Prepared:
9/26/2019 9:20 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		1,278	0	1,278	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).			16974	16974	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		1,320,703			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019

Worksheet S-10

Date/Time Prepared:
9/26/2019 9:20 am

			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)		0.133473	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		3,463,291	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		2,175,735	5.00
6.00	Medicaid charges		73,782,466	6.00
7.00	Medicaid cost (line 1 times line 6)		9,847,967	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)		4,208,941	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		4,208,941	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	
			3.00	
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	9,942,706	94,280	10,036,986
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,327,083	94,280	1,421,363
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	1,327,083	94,280	1,421,363
			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)		3,251,077	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		187,177	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		287,965	27.01
28.00	Non-Medicare bad debt expense (see instructions)		2,963,112	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		496,283	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		1,917,646	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,126,587	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019

Worksheet A

Date/Time Prepared:
9/26/2019 9:20 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	2,827,898	2,827,898	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR		0	0	401,562	401,562	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	683,277	683,277	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	120,849	2,166,387	2,287,236	0	2,287,236	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,598,781	7,776,745	9,375,526	-3,706,436	5,669,090	5.00
7.00	00700	OPERATION OF PLANT	404,277	1,451,996	1,856,273	0	1,856,273	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	191,520	191,520	1,272	192,792	8.00
9.00	00900	HOUSEKEEPING	381,558	370,878	752,436	-1,225	751,211	9.00
10.00	01000	DIETARY	296,973	189,859	486,832	-4,322	482,510	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	238,960	20,992	259,952	0	259,952	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	54,562	424,303	478,865	-43,164	435,701	14.00
15.00	01500	PHARMACY	382,589	490,868	873,457	-606,912	266,545	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	116,986	68,019	185,005	0	185,005	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,273,206	571,004	1,844,210	0	1,844,210	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,389,095	828,410	3,217,505	-59,466	3,158,039	30.00
31.00	03100	INTENSIVE CARE UNIT	570,549	422,477	993,026	-40,038	952,988	31.00
43.00	04300	NURSERY	208,765	28,622	237,387	-6,218	231,169	43.00
44.00	04400	SKILLED NURSING FACILITY	516,230	81,181	597,411	-17,978	579,433	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	901,400	1,178,749	2,080,149	-689,414	1,390,735	50.00
51.00	05100	RECOVERY ROOM	184,565	33,381	217,946	-15,697	202,249	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	507,309	120,768	628,077	-38,749	589,328	52.00
53.00	05300	ANESTHESIOLOGY	28,021	317,633	345,654	-10,715	334,939	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	713,194	427,246	1,140,440	-72,701	1,067,739	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	191,089	116,642	307,731	-69,268	238,463	55.01
55.02	03630	ULTRA SOUND	207,699	30,462	238,161	-750	237,411	55.02
56.00	05600	RADIOISOTOPE	63,866	71,451	135,317	-51,734	83,583	56.00
57.00	05700	CT SCAN	191,319	87,370	278,689	-19,099	259,590	57.00
58.00	05800	MRI	80,640	43,988	124,628	-7,125	117,503	58.00
59.00	05900	CARDIAC CATHETERIZATION	153,467	257,374	410,841	-102,917	307,924	59.00
60.00	06000	LABORATORY	479,245	624,356	1,103,601	-1,979	1,101,622	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	105,859	105,859	-1,925	103,934	63.00
65.00	06500	RESPIRATORY THERAPY	275,867	86,797	362,664	-44,382	318,282	65.00
66.00	06600	PHYSICAL THERAPY	538,937	37,623	576,560	-3,247	573,313	66.00
67.00	06700	OCCUPATIONAL THERAPY	67,973	6,394	74,367	0	74,367	67.00
68.00	06800	SPEECH PATHOLOGY	42,841	4,811	47,652	-236	47,416	68.00
69.00	06900	ELECTROCARDIOLOGY	146,909	69,374	216,283	-1,208	215,075	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	639,219	639,219	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	414,141	414,141	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,283,717	1,283,717	73.00
74.00	07400	RENAL DIALYSIS	3,210	180,166	183,376	-1,881	181,495	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	149,881	412,494	562,375	-91,944	470,431	90.00
90.01	04950	DIABETOLOGY	22,964	1,710	24,674	0	24,674	90.01
90.02	04951	CANCER CENTER	145,134	1,942,240	2,087,374	-459,190	1,628,184	90.02
90.03	09001	WOUND CARE	18,914	158,070	176,984	-3,234	173,750	90.03
91.00	09100	EMERGENCY	1,238,382	1,415,050	2,653,432	-62,142	2,591,290	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,906,206	22,813,269	37,719,475	15,790	37,735,265	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	53	53	0	53	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MARKETING	33,676	-16,956	16,720	0	16,720	194.00
194.01	07951	HOSPITALIST	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	73,131	231,401	304,532	-15,782	288,750	194.02
194.03	07953	COMMUNITY RELATIONS	20,894	6,760	27,654	0	27,654	194.03
194.04	07954	PHYSICIAN CLINICS	22,772	862	23,634	-8	23,626	194.04
194.05	07955	GUEST MEALS	0	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	0	0	0	0	0	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	15,056,679	23,035,389	38,092,068	0	38,092,068	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019

Worksheet A

Date/Time Prepared:
9/26/2019 9:20 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	2,827,898	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR	0	401,562	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-281	682,996	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-6,861	2,280,375	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-104,266	5,564,824	5.00
7.00	00700	OPERATION OF PLANT	-6,068	1,850,205	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	192,792	8.00
9.00	00900	HOUSEKEEPING	-23,587	727,624	9.00
10.00	01000	DIETARY	-81,051	401,459	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	259,952	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-367	435,334	14.00
15.00	01500	PHARMACY	0	266,545	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,713	182,292	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-450,298	1,393,912	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-437,366	2,720,673	30.00
31.00	03100	INTENSIVE CARE UNIT	-34,937	918,051	31.00
43.00	04300	NURSERY	0	231,169	43.00
44.00	04400	SKILLED NURSING FACILITY	-5,882	573,551	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-4,311	1,386,424	50.00
51.00	05100	RECOVERY ROOM	0	202,249	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-10,350	578,978	52.00
53.00	05300	ANESTHESIOLOGY	-280,266	54,673	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-17,369	1,050,370	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	-105	238,358	55.01
55.02	03630	ULTRA SOUND	0	237,411	55.02
56.00	05600	RADIOISOTOPE	395	83,978	56.00
57.00	05700	CT SCAN	0	259,590	57.00
58.00	05800	MRI	0	117,503	58.00
59.00	05900	CARDIAC CATHETERIZATION	-3,320	304,604	59.00
60.00	06000	LABORATORY	0	1,101,622	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	103,934	63.00
65.00	06500	RESPIRATORY THERAPY	-3,688	314,594	65.00
66.00	06600	PHYSICAL THERAPY	-134	573,179	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	74,367	67.00
68.00	06800	SPEECH PATHOLOGY	0	47,416	68.00
69.00	06900	ELECTROCARDIOLOGY	-46,582	168,493	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	639,219	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	414,141	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,283,717	73.00
74.00	07400	RENAL DIALYSIS	0	181,495	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-71	470,360	90.00
90.01	04950	DIABETOLOGY	0	24,674	90.01
90.02	04951	CANCER CENTER	-2,473	1,625,711	90.02
90.03	09001	WOUND CARE	-4,495	169,255	90.03
91.00	09100	EMERGENCY	-1,019,241	1,572,049	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-2,545,687	35,189,578	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	53	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00
194.00	07950	MARKETING	0	16,720	194.00
194.01	07951	HOSPITALIST	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	288,750	194.02
194.03	07953	COMMUNITY RELATIONS	0	27,654	194.03
194.04	07954	PHYSICIAN CLINICS	0	23,626	194.04
194.05	07955	GUEST MEALS	0	0	194.05
194.06	07956	CATERING MEALS	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	0	0	194.07
200.00		TOTAL (SUM OF LINES 118 through 199)	-2,545,687	35,546,381	200.00

RECLASSIFICATIONS

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019

Worksheet A-6

Date/Time Prepared:
9/26/2019 9:20 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CAPITAL DEPRECIATION COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,044,807		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	478,873		2.00
	TOTALS		0	1,523,680		
	B - CAPITAL RENTAL COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,022,315		1.00
2.00	CAP REL COSTS-BLDG & FIXT RIVER FOR	1.01	0	401,562		2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	200,908		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
	TOTALS		0	1,624,785		
	C - CAPITAL PROPERTY TAXES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	760,776		1.00
	TOTALS		0	760,776		
	D - CAPITAL PROPERTY INSURANCE COSTS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,496		1.00
	TOTALS		0	3,496		
	E - CHARGEABLE PHARMACEUTICAL COSTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,283,717		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
	TOTALS		0	1,283,717		
	F - LAUNDRY & LINEN COSTS					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,272		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
	TOTALS		0	1,272		
	G - CHARGEABLE MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	639,219		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

RECLASSIFICATIONS

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019

Worksheet A-6

Date/Time Prepared:
9/26/2019 9:20 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	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
	TOTALS		0	639,219		
	H - CHARGEABLE IMPLANT/DEVICE COSTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	414,141		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
	TOTALS		0	414,141		
500.00	Grand Total: Increases		0	6,251,086		500.00

RECLASSIFICATIONS

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019

Worksheet A-6

Date/Time Prepared:
9/26/2019 9:20 am

	Decreases							9/26/2019 9:26 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - CAPITAL DEPRECIATION COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,523,680	9			1.00
2.00		0.00	0	0	9			2.00
	TOTALS		0	1,523,680				
	B - CAPITAL RENTAL COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,418,364	10			1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	41,394	10			2.00
3.00	PHARMACY	15.00	0	49,721	10			3.00
4.00	ADULTS & PEDIATRICS	30.00	0	11,604	0			4.00
5.00	INTENSIVE CARE UNIT	31.00	0	6,559	0			5.00
6.00	SKILLED NURSING FACILITY	44.00	0	8,232	0			6.00
7.00	OPERATING ROOM	50.00	0	44,054	0			7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,985	0			8.00
9.00	RESPIRATORY THERAPY	65.00	0	29,953	0			9.00
10.00	CLINIC	90.00	0	5,888	0			10.00
11.00	CANCER CENTER	90.02	0	31	0			11.00
	TOTALS		0	1,624,785				
	C - CAPITAL PROPERTY TAXES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	760,776	13			1.00
	TOTALS		0	760,776				
	D - CAPITAL PROPERTY INSURANCE COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,496	12			1.00
	TOTALS		0	3,496				
	E - CHARGEABLE PHARMACEUTICAL COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	48	0			1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	458	0			2.00
3.00	PHARMACY	15.00	0	557,182	0			3.00
4.00	ADULTS & PEDIATRICS	30.00	0	17,272	0			4.00
5.00	INTENSIVE CARE UNIT	31.00	0	9,771	0			5.00
6.00	NURSERY	43.00	0	3,762	0			6.00
7.00	SKILLED NURSING FACILITY	44.00	0	755	0			7.00
8.00	OPERATING ROOM	50.00	0	12,802	0			8.00
9.00	RECOVERY ROOM	51.00	0	2,219	0			9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	9,607	0			10.00
11.00	ANESTHESIOLOGY	53.00	0	8,292	0			11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,897	0			12.00
13.00	GASTRO INTESTINAL SERVICES	55.01	0	5,403	0			13.00
14.00	RADIOISOTOPE	56.00	0	51,719	0			14.00
15.00	CT SCAN	57.00	0	12,856	0			15.00
16.00	MRI	58.00	0	6,975	0			16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	3,544	0			17.00
18.00	LABORATORY	60.00	0	10	0			18.00
19.00	BLOOD STORING PROCESSING & TRANS.	63.00	0	1,925	0			19.00
20.00	RESPIRATORY THERAPY	65.00	0	45	0			20.00
21.00	ELECTROCARDIOLOGY	69.00	0	48	0			21.00
22.00	RENAL DIALYSIS	74.00	0	1,334	0			22.00
23.00	CLINIC	90.00	0	73,649	0			23.00
24.00	CANCER CENTER	90.02	0	458,916	0			24.00
25.00	WOUND CARE	90.03	0	2,137	0			25.00
26.00	EMERGENCY	91.00	0	25,301	0			26.00
27.00	RETAIL PHARMACY	194.02	0	15,782	0			27.00
28.00	PHYSICIAN CLINICS	194.04	0	8	0			28.00
	TOTALS		0	1,283,717				
	F - LAUNDRY & LINEN COSTS							
1.00	ADULTS & PEDIATRICS	30.00	0	267	0			1.00
2.00	NURSERY	43.00	0	78	0			2.00
3.00	INTENSIVE CARE UNIT	31.00	0	264	0			3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	51	0			4.00
5.00	OPERATING ROOM	50.00	0	45	0			5.00
6.00	LABORATORY	60.00	0	110	0			6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	15	0			7.00
8.00	GASTRO INTESTINAL SERVICES	55.01	0	71	0			8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	29	0			9.00
10.00	RADIOISOTOPE	56.00	0	10	0			10.00
11.00	EMERGENCY	91.00	0	332	0			11.00
	TOTALS		0	1,272				
	G - CHARGEABLE MEDICAL SUPPLIES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	72	0			1.00
2.00	HOUSEKEEPING	9.00	0	1,225	0			2.00
3.00	DIETARY	10.00	0	4,322	0			3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,312	0			4.00
5.00	PHARMACY	15.00	0	9	0			5.00
6.00	ADULTS & PEDIATRICS	30.00	0	30,323	0			6.00

RECLASSIFICATIONS

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019

Worksheet A-6

Date/Time Prepared:
9/26/2019 9:20 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
7.00	INTENSIVE CARE UNIT	31.00	0	23,026	0		7.00
8.00	NURSERY	43.00	0	2,378	0		8.00
9.00	SKILLED NURSING FACILITY	44.00	0	8,991	0		9.00
10.00	OPERATING ROOM	50.00	0	349,698	0		10.00
11.00	RECOVERY ROOM	51.00	0	13,478	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	29,091	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	2,423	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	34,562	0		14.00
15.00	GASTRO INTESTINAL SERVICES	55.01	0	61,012	0		15.00
16.00	ULTRA SOUND	55.02	0	750	0		16.00
17.00	RADIOISOTOPE	56.00	0	5	0		17.00
18.00	CT SCAN	57.00	0	1,793	0		18.00
19.00	MRI	58.00	0	150	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	34,291	0		20.00
21.00	LABORATORY	60.00	0	1,859	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	14,384	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	3,011	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	1,160	0		24.00
25.00	RENAL DIALYSIS	74.00	0	547	0		25.00
26.00	CLINIC	90.00	0	878	0		26.00
27.00	CANCER CENTER	90.02	0	243	0		27.00
28.00	WOUND CARE	90.03	0	1,097	0		28.00
29.00	EMERGENCY	91.00	0	17,129	0		29.00
	TOTALS		0	639,219			
	H - CHARGEABLE IMPLANT/DEVICE COSTS						
1.00	INTENSIVE CARE UNIT	31.00	0	418	0		1.00
2.00	OPERATING ROOM	50.00	0	282,815	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	27,242	0		3.00
4.00	GASTRO INTESTINAL SERVICES	55.01	0	2,782	0		4.00
5.00	CT SCAN	57.00	0	4,450	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	65,053	0		6.00
7.00	PHYSICAL THERAPY	66.00	0	236	0		7.00
8.00	SPEECH PATHOLOGY	68.00	0	236	0		8.00
9.00	CLINIC	90.00	0	11,529	0		9.00
10.00	EMERGENCY	91.00	0	19,380	0		10.00
	TOTALS		0	414,141			
500.00	Grand Total: Decreases		0	6,251,086			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet A-7
Part I
Date/Time Prepared:
9/26/2019 9:20 am

		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	0	0	0	0	0	1.00	
2.00	Land Improvements	0	0	0	0	0	2.00	
3.00	Buildings and Fixtures	0	0	0	0	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	0	6,111,643	0	6,111,643	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	0	6,111,643	0	6,111,643	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	0	6,111,643	0	6,111,643	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	0	0					1.00
2.00	Land Improvements	0	0					2.00
3.00	Buildings and Fixtures	0	0					3.00
4.00	Building Improvements	0	0					4.00
5.00	Fixed Equipment	0	0					5.00
6.00	Movable Equipment	6,111,643	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	6,111,643	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	6,111,643	0					10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet A-7
Part II
Date/Time Prepared:
9/26/2019 9:20 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet A-7
Part III
Date/Time Prepared:
9/26/2019 9:20 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	6,111,643	0	6,111,643	1.000000	0	2.00
3.00	Total (sum of lines 1-2)	6,111,643	0	6,111,643	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	1,044,807	1,022,315	1.00
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR	0	0	0	0	401,562	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	478,592	200,908	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1,523,399	1,624,785	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	760,776	0	2,827,898	1.00
1.01	CAP REL COSTS-BLDG & FIXT RIVER FOR	0	0	0	0	401,562	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	3,496	0	0	682,996	2.00
3.00	Total (sum of lines 1-2)	0	3,496	760,776	0	3,912,456	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019

Worksheet A-8

Date/Time Prepared:
9/26/2019 9:20 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - CAP REL COSTS-BLDG & FIXT RIVER FOR (chapter 2)			0CAP REL COSTS-BLDG & FIXT RIVER FOR	1.01	0	1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0	0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0	0.00	0	7.00
8.00	Television and radio service (chapter 21)			0	0.00	0	8.00
9.00	Parking lot (chapter 21)			0	0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-2,327,397			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)			0	0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1		0		0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-80,650	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others			0	0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients			0	0.00	0	16.00
17.00	Sale of drugs to other than patients			0	0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-2,713	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00	Vending machines			0	0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - CAP REL COSTS-BLDG & FIXT RIVER FOR			0CAP REL COSTS-BLDG & FIXT RIVER FOR	1.01	0	26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019

Worksheet A-8

Date/Time Prepared:
9/26/2019 9:20 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
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	PATIENT PHONE COST	A	-8,288	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	PBX SALARY	A	-8,249	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	PBX BEEFITS	A	-1,488	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.02
33.03	TELEVISION DEPRN	A	-281	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.03
33.04	TELEVISION CABLE & SATELLITE	A	-6,048	OPERATION OF PLANT	7.00	0	33.04
33.05	TELEVISION CABLE & SATELLITE	A	-367	CENTRAL SERVICES & SUPPLY	14.00	0	33.05
33.06	TELEVISION CABLE & SATELLITE	A	-11	SKILLED NURSING FACILITY	44.00	0	33.06
33.07	TELEVISION CABLE & SATELLITE	A	-1,457	OPERATING ROOM	50.00	0	33.07
33.08	TELEVISION CABLE & SATELLITE	A	-105	GASTRO INTESTINAL SERVICES	55.01	0	33.08
33.09	TELEVISION CABLE & SATELLITE	A	-98	ELECTROCARDIOLOGY	69.00	0	33.09
33.10	TELEVISION CABLE & SATELLITE	A	-472	CANCER CENTER	90.02	0	33.10
33.11	TELEVISION CABLE & SATELLITE	A	-142	EMERGENCY	91.00	0	33.11
33.12	OTHER OPERATING REVENUE	B	-6,035	ADMINISTRATIVE & GENERAL	5.00	0	33.12
33.13	ID BADGES	B	-20	OPERATION OF PLANT	7.00	0	33.13
33.14	RESIDENT STIPENDS	B	-15,280	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	33.14
33.15	MATRNAL CHILD CARE CLASSES	B	-510	ADULTS & PEDIATRICS	30.00	0	33.15
33.16	OTHER OPERATING REVENUE	B	-1,210	RADIOLOGY-DIAGNOSTIC	54.00	0	33.16
33.17	INTEREST PAYMENTS	B	-71	CLINIC	90.00	0	33.17
33.18	OTHER OPERATING REVENUE	B	-2,001	CANCER CENTER	90.02	0	33.18
33.19	OTHER EXPENSE	A	-180	ADMINISTRATIVE & GENERAL	5.00	0	33.19
33.20	OTHER EXPENSE	A	-36	OPERATING ROOM	50.00	0	33.20
33.21	OTHER EXPENSE	A	-102	RADIOLOGY-DIAGNOSTIC	54.00	0	33.21
33.22	OTHER EXPENSE	A	-224	EMERGENCY	91.00	0	33.22
33.23	PURCHASED SERVICES	A	-5,153	ADMINISTRATIVE & GENERAL	5.00	0	33.23
33.24	PURCHASED SERVICES	A	-23,587	HOUSEKEEPING	9.00	0	33.24
33.25	PURCHASED SERVICES	A	-401	DIETARY	10.00	0	33.25
33.26	PURCHASED SERVICES	A	-200	RADIOLOGY-DIAGNOSTIC	54.00	0	33.26
33.27	PURCHASED SERVICES	A	-134	PHYSICAL THERAPY	66.00	0	33.27
33.28	MEALS AND ENTERTAINMENT	A	-23	ADMINISTRATIVE & GENERAL	5.00	0	33.28
33.29	DONATIONS/CONTRIBUTIONS	A	-11,000	ADMINISTRATIVE & GENERAL	5.00	0	33.29
33.30	DUES & SUBSCRIPTIONS	A	-877	ADMINISTRATIVE & GENERAL	5.00	0	33.30
33.31	DUES & SUBSCRIPTIONS	A	-3,320	CARDIAC CATHETERIZATION	59.00	0	33.31
33.32	LOBBYING	A	-12,131	ADMINISTRATIVE & GENERAL	5.00	0	33.32
33.33	PENALTIES	A	-753	ADMINISTRATIVE & GENERAL	5.00	0	33.33
33.34	NON-PATIENT BAD DEBT	A	4,519	ADMINISTRATIVE & GENERAL	5.00	0	33.34
33.35	NON-PATIENT BAD DEBT	A	-712	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.35
33.36	CHIEF STRATEGY OFFICER	A	-23,819	ADMINISTRATIVE & GENERAL	5.00	0	33.36
33.37	CHIEF STRATEGY OFFICER	A	-4,661	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.37
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-2,545,687				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019

Worksheet A-8-2

Date/Time Prepared:
9/26/2019 9:20 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	32,277	32,277	0	211,500	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	436,856	436,856	0	211,500	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	34,937	34,937	0	211,500	0	3.00
4.00	44.00	SKILLED NURSING FACILITY	5,871	5,871	0	211,500	0	4.00
5.00	50.00	OPERATING ROOM	2,818	2,818	0	211,500	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	10,350	10,350	0	237,100	0	6.00
7.00	53.00	ANESTHESIOLOGY	280,266	280,266	0	239,400	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	15,857	15,857	0	271,900	0	8.00
9.00	56.00	RADIOISOTOPE	-395	-395	0	271,900	0	9.00
10.00	65.00	RESPIRATORY THERAPY	3,688	3,688	0	211,500	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	46,484	46,484	0	211,500	0	11.00
12.00	90.03	WOUND CARE	4,495	4,495	0	211,500	0	12.00
13.00	91.00	EMERGENCY	1,018,875	1,018,875	0	211,500	0	13.00
14.00	22.00	I&R SERVICES-OTHER PRGM	435,018	435,018	0	211,500	0	14.00
200.00		COSTS APPRV	2,327,397	2,327,397	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	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	44.00	SKILLED NURSING FACILITY	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	8.00
9.00	56.00	RADIOISOTOPE	0	0	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	11.00
12.00	90.03	WOUND CARE	0	0	0	0	0	12.00
13.00	91.00	EMERGENCY	0	0	0	0	0	13.00
14.00	22.00	I&R SERVICES-OTHER PRGM	0	0	0	0	0	14.00
200.00		COSTS APPRV	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	ADMINISTRATIVE & GENERAL	0	0	0	32,277		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	436,856		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	34,937		3.00
4.00	44.00	SKILLED NURSING FACILITY	0	0	0	5,871		4.00
5.00	50.00	OPERATING ROOM	0	0	0	2,818		5.00
6.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	10,350		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	280,266		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	15,857		8.00
9.00	56.00	RADIOISOTOPE	0	0	0	-395		9.00
10.00	65.00	RESPIRATORY THERAPY	0	0	0	3,688		10.00
11.00	69.00	ELECTROCARDIOLOGY	0	0	0	46,484		11.00
12.00	90.03	WOUND CARE	0	0	0	4,495		12.00
13.00	91.00	EMERGENCY	0	0	0	1,018,875		13.00
14.00	22.00	I&R SERVICES-OTHER PRGM	0	0	0	435,018		14.00
200.00		COSTS APPRV	0	0	0	2,327,397		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet B
Part I
Date/Time Prepared:
9/26/2019 9:20 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	BLDG & FIXT RIVER FOR	MVBLE EQUIP		
		0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	2,827,898	2,827,898			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR	401,562	0	401,562		1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	682,996		682,996		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,280,375	0	0	2,280,375	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,564,824	183,485	0	44,315	244,099
7.00	00700	OPERATION OF PLANT	1,850,205	731,984	0	176,788	61,724
8.00	00800	LAUNDRY & LINEN SERVICE	192,792	9,479	0	2,289	0
9.00	00900	HOUSEKEEPING	727,624	20,984	0	5,068	58,256
10.00	01000	DIETARY	401,459	94,909	0	22,922	45,341
11.00	01100	CAFETERIA	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	259,952	8,198	0	1,980	36,484
14.00	01400	CENTRAL SERVICES & SUPPLY	435,334	34,356	0	8,298	8,330
15.00	01500	PHARMACY	266,545	20,544	0	4,962	58,413
16.00	01600	MEDICAL RECORDS & LIBRARY	182,292	4,021	0	971	17,861
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,393,912	45,305	0	10,942	194,391
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,720,673	358,293	0	86,535	364,763
31.00	03100	INTENSIVE CARE UNIT	918,051	87,702	0	21,182	87,110
43.00	04300	NURSERY	231,169	4,556	0	1,100	31,874
44.00	04400	SKILLED NURSING FACILITY	573,551	90,119	0	21,766	78,817
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,386,424	158,574	0	38,299	137,624
51.00	05100	RECOVERY ROOM	202,249	0	0	0	28,179
52.00	05200	DELIVERY ROOM & LABOR ROOM	578,978	97,988	0	23,666	77,455
53.00	05300	ANESTHESIOLOGY	54,673	3,960	0	956	4,278
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,050,370	114,328	36,816	35,679	108,889
55.01	03340	GASTRO INTESTINAL SERVICES	238,358	108,670	0	26,246	29,175
55.02	03630	ULTRA SOUND	237,411	0	0	0	31,711
56.00	05600	RADIOISOTOPE	83,978	16,028	0	3,871	9,751
57.00	05700	CT SCAN	259,590	0	26,852	5,883	29,210
58.00	05800	MRI	117,503	0	0	0	12,312
59.00	05900	CARDIAC CATHETERIZATION	304,604	17,075	0	4,124	23,431
60.00	06000	LABORATORY	1,101,622	81,816	0	19,760	73,170
63.00	06300	BLOOD STORING PROCESSING & TRANS.	103,934	3,770	0	911	0
65.00	06500	RESPIRATORY THERAPY	314,594	19,442	0	4,696	42,119
66.00	06600	PHYSICAL THERAPY	573,179	13,700	43,575	12,856	82,284
67.00	06700	OCCUPATIONAL THERAPY	74,367	0	0	0	10,378
68.00	06800	SPEECH PATHOLOGY	47,416	8,331	0	2,012	6,541
69.00	06900	ELECTROCARDIOLOGY	168,493	15,722	30,075	10,386	22,430
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	639,219	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	414,141	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,283,717	0	0	0	0
74.00	07400	RENAL DIALYSIS	181,495	2,979	0	720	490
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	470,360	34,829	0	8,412	22,884
90.01	04950	DIABETOLOGY	24,674	0	0	0	3,506
90.02	04951	CANCER CENTER	1,625,711	0	78,660	17,234	22,159
90.03	09001	WOUND CARE	169,255	0	0	0	2,888
91.00	09100	EMERGENCY	1,572,049	210,512	0	50,843	189,074
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	35,189,578	2,601,659	215,978	675,672	2,257,401
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	53	12,269	0	2,963	0
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	195,915	0	0	0
194.00	07950	MARKETING	16,720	0	0	0	5,142
194.01	07951	HOSPITALIST	0	0	0	0	0
194.02	07952	RETAIL PHARMACY	288,750	0	1,565	0	11,165
194.03	07953	COMMUNITY RELATIONS	27,654	0	0	0	3,190
194.04	07954	PHYSICIAN CLINICS	23,626	18,055	0	4,361	3,477
194.05	07955	GUEST MEALS	0	0	0	0	0
194.06	07956	CATERING MEALS	0	0	0	0	0
194.07	07957	RESEARCH RIVER FOREST NONREIMB	0	0	184,019	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		TOTAL (sum lines 118 through 201)	35,546,381	2,827,898	401,562	682,996	2,280,375

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet B
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Cost Center Description			Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4A	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,036,723	6,036,723				5.00
7.00	00700	OPERATION OF PLANT	2,820,701	577,025	3,397,726			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	204,560	41,846	16,840	263,246		8.00
9.00	00900	HOUSEKEEPING	811,932	166,095	37,282	0	1,015,309	9.00
10.00	01000	DIETARY	564,631	115,505	168,620	0	51,203	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	306,614	62,723	14,565	0	4,423	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	486,318	99,485	61,038	214	18,535	14.00
15.00	01500	PHARMACY	350,464	71,694	36,500	0	11,084	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	205,145	41,966	7,144	0	2,169	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,644,550	336,422	80,491	0	24,442	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,530,264	722,173	636,565	117,571	193,294	30.00
31.00	03100	INTENSIVE CARE UNIT	1,114,045	227,898	155,817	25,144	47,315	31.00
43.00	04300	NURSERY	268,699	54,967	8,094	0	2,458	43.00
44.00	04400	SKILLED NURSING FACILITY	764,253	156,342	160,111	30,296	48,619	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,720,921	352,045	281,732	28,190	85,550	50.00
51.00	05100	RECOVERY ROOM	230,428	47,138	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	778,087	159,172	174,091	1,272	52,864	52.00
53.00	05300	ANESTHESIOLOGY	63,867	13,065	7,035	0	2,136	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,346,082	275,365	203,121	14,490	61,679	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	402,449	82,328	193,069	4,264	58,627	55.01
55.02	03630	ULTRA SOUND	269,122	55,054	0	0	0	55.02
56.00	05600	RADIOISOTOPE	113,628	23,245	28,476	0	8,647	56.00
57.00	05700	CT SCAN	321,535	65,776	0	0	0	57.00
58.00	05800	MRI	129,815	26,556	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	349,234	71,442	30,336	485	9,212	59.00
60.00	06000	LABORATORY	1,276,368	261,104	145,358	0	44,139	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	108,615	22,219	6,698	0	2,034	63.00
65.00	06500	RESPIRATORY THERAPY	380,851	77,910	34,541	447	10,489	65.00
66.00	06600	PHYSICAL THERAPY	725,594	148,433	24,340	1,359	7,391	66.00
67.00	06700	OCCUPATIONAL THERAPY	84,745	17,336	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	64,300	13,154	14,802	0	4,495	68.00
69.00	06900	ELECTROCARDIOLOGY	247,106	50,550	27,932	211	8,482	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	639,219	130,764	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	414,141	84,720	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,283,717	262,607	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	185,684	37,985	5,293	442	1,607	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	536,485	109,748	61,879	1,148	18,790	90.00
90.01	04950	DIABETOLOGY	28,180	5,765	0	0	0	90.01
90.02	04951	CANCER CENTER	1,743,764	356,718	0	0	0	90.02
90.03	09001	WOUND CARE	172,143	35,215	0	0	0	90.03
91.00	09100	EMERGENCY	2,022,478	413,734	374,007	37,713	113,570	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	34,747,457	5,873,289	2,995,777	263,246	893,254	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	15,285	3,127	21,797	0	6,619	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	195,915	40,078	348,074	0	105,695	192.00
194.00	07950	MARKETING	21,862	4,472	0	0	0	194.00
194.01	07951	HOSPITALIST	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	301,480	61,673	0	0	0	194.02
194.03	07953	COMMUNITY RELATIONS	30,844	6,310	0	0	0	194.03
194.04	07954	PHYSICIAN CLINICS	49,519	10,130	32,078	0	9,741	194.04
194.05	07955	GUEST MEALS	0	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	184,019	37,644	0	0	0	194.07
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)	35,546,381	6,036,723	3,397,726	263,246	1,015,309	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0049

Period:
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To 04/30/2019Worksheet B
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	899,959					10.00
11.00	01100	CAFETERIA	469,631	469,631				11.00
13.00	01300	NURSING ADMINISTRATION	0	9,158	397,483			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,091	0	667,681		14.00
15.00	01500	PHARMACY	0	14,662	0	0	484,404	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,483	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	48,794	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	199,751	91,560	146,949	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	38,652	21,866	29,840	0	0	31.00
43.00	04300	NURSERY	0	8,001	9,480	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	83,221	19,784	33,992	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	34,545	48,307	0	0	50.00
51.00	05100	RECOVERY ROOM	0	7,073	6,124	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	19,442	25,544	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,074	2,110	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	27,332	0	0	0	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0	7,323	10,267	0	0	55.01
55.02	03630	ULTRA SOUND	0	7,960	0	0	0	55.02
56.00	05600	RADIOISOTOPE	0	2,448	0	0	0	56.00
57.00	05700	CT SCAN	0	7,332	0	0	0	57.00
58.00	05800	MRI	0	3,090	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,881	5,775	0	0	59.00
60.00	06000	LABORATORY	0	18,367	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	10,572	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	20,654	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,605	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,642	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,630	9,372	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	407,285	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	260,396	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	484,404	73.00
74.00	07400	RENAL DIALYSIS	0	123	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	5,744	0	0	0	90.00
90.01	04950	DIABETOLOGY	0	880	0	0	0	90.01
90.02	04951	CANCER CENTER	0	5,562	0	0	0	90.02
90.03	09001	WOUND CARE	0	725	0	0	0	90.03
91.00	09100	EMERGENCY	0	47,460	69,723	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	791,255	463,863	397,483	667,681	484,404	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	108,704	0	0	0	0	192.00
194.00	07950	MARKETING	0	1,291	0	0	0	194.00
194.01	07951	HOSPITALIST	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	2,803	0	0	0	194.02
194.03	07953	COMMUNITY RELATIONS	0	801	0	0	0	194.03
194.04	07954	PHYSICIAN CLINICS	0	873	0	0	0	194.04
194.05	07955	GUEST MEALS	0	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	0	0	0	0	0	194.07
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)	899,959	469,631	397,483	667,681	484,404	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		16.00	21.00	22.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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	260,907				16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,134,699			22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	24,774	0	2,134,699	7,797,600	-2,134,699 30.00
31.00	03100	INTENSIVE CARE UNIT	6,210	0	0	1,666,787	0 31.00
43.00	04300	NURSERY	3,724	0	0	355,423	0 43.00
44.00	04400	SKILLED NURSING FACILITY	1,446	0	0	1,298,064	0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	24,479	0	0	2,575,769	0 50.00
51.00	05100	RECOVERY ROOM	4,436	0	0	295,199	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,725	0	0	1,215,197	0 52.00
53.00	05300	ANESTHESIOLOGY	3,386	0	0	92,673	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,309	0	0	1,942,378	0 54.00
55.01	03340	GASTRO INTESTINAL SERVICES	8,991	0	0	767,318	0 55.01
55.02	03630	ULTRA SOUND	5,263	0	0	337,399	0 55.02
56.00	05600	RADIOISOTOPE	1,842	0	0	178,286	0 56.00
57.00	05700	CT SCAN	16,121	0	0	410,764	0 57.00
58.00	05800	MRI	4,052	0	0	163,513	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	7,304	0	0	479,669	0 59.00
60.00	06000	LABORATORY	25,729	0	0	1,771,065	0 60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,172	0	0	140,738	0 63.00
65.00	06500	RESPIRATORY THERAPY	7,012	0	0	521,822	0 65.00
66.00	06600	PHYSICAL THERAPY	7,108	0	0	934,879	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	1,283	0	0	105,969	0 67.00
68.00	06800	SPEECH PATHOLOGY	442	0	0	98,835	0 68.00
69.00	06900	ELECTROCARDIOLOGY	5,605	0	0	354,888	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,089	0	0	1,186,357	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,820	0	0	766,077	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	26,073	0	0	2,056,801	0 73.00
74.00	07400	RENAL DIALYSIS	496	0	0	231,630	0 74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,526	0	0	735,320	0 90.00
90.01	04950	DIABETOLOGY	14	0	0	34,839	0 90.01
90.02	04951	CANCER CENTER	7,346	0	0	2,113,390	0 90.02
90.03	09001	WOUND CARE	1,129	0	0	209,212	0 90.03
91.00	09100	EMERGENCY	29,001	0	0	3,107,686	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	260,907	0	2,134,699	33,945,547	-2,134,699 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	46,828	0 190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	798,466	0 192.00
194.00	07950	MARKETING	0	0	0	27,625	0 194.00
194.01	07951	HOSPITALIST	0	0	0	0	0 194.01
194.02	07952	RETAIL PHARMACY	0	0	0	365,956	0 194.02
194.03	07953	COMMUNITY RELATIONS	0	0	0	37,955	0 194.03
194.04	07954	PHYSICIAN CLINICS	0	0	0	102,341	0 194.04
194.05	07955	GUEST MEALS	0	0	0	0	0 194.05
194.06	07956	CATERING MEALS	0	0	0	0	0 194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	0	0	0	221,663	0 194.07
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)	260,907	0	2,134,699	35,546,381	-2,134,699 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet B
Part I
Date/Time Prepared:
9/26/2019 9:20 am

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
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
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	55.01
55.02	03630	ULTRA SOUND	55.02
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	04950	DIABETOLOGY	90.01
90.02	04951	CANCER CENTER	90.02
90.03	09001	WOUND CARE	90.03
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	192.00
194.00	07950	MARKETING	194.00
194.01	07951	HOSPITALIST	194.01
194.02	07952	RETAIL PHARMACY	194.02
194.03	07953	COMMUNITY RELATIONS	194.03
194.04	07954	PHYSICIAN CLINICS	194.04
194.05	07955	GUEST MEALS	194.05
194.06	07956	CATERING MEALS	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	194.07
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet B
Part II
Date/Time Prepared:
9/26/2019 9:20 am

Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
				BLDG & FIXT	BLDG & FIXT RIVER FOR	MVBLE EQUIP		
			0	1.00	1.01	2.00	2A	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	183,485	0	44,315	227,800	5.00
7.00	00700	OPERATION OF PLANT	0	731,984	0	176,788	908,772	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	9,479	0	2,289	11,768	8.00
9.00	00900	HOUSEKEEPING	0	20,984	0	5,068	26,052	9.00
10.00	01000	DIETARY	0	94,909	0	22,922	117,831	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	8,198	0	1,980	10,178	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	34,356	0	8,298	42,654	14.00
15.00	01500	PHARMACY	0	20,544	0	4,962	25,506	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,021	0	971	4,992	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	45,305	0	10,942	56,247	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	358,293	0	86,535	444,828	30.00
31.00	03100	INTENSIVE CARE UNIT	0	87,702	0	21,182	108,884	31.00
43.00	04300	NURSERY	0	4,556	0	1,100	5,656	43.00
44.00	04400	SKILLED NURSING FACILITY	0	90,119	0	21,766	111,885	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	158,574	0	38,299	196,873	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	97,988	0	23,666	121,654	52.00
53.00	05300	ANESTHESIOLOGY	0	3,960	0	956	4,916	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	114,328	36,816	35,679	186,823	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0	108,670	0	26,246	134,916	55.01
55.02	03630	ULTRA SOUND	0	0	0	0	0	55.02
56.00	05600	RADIOISOTOPE	0	16,028	0	3,871	19,899	56.00
57.00	05700	CT SCAN	0	0	26,852	5,883	32,735	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	17,075	0	4,124	21,199	59.00
60.00	06000	LABORATORY	0	81,816	0	19,760	101,576	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	3,770	0	911	4,681	63.00
65.00	06500	RESPIRATORY THERAPY	0	19,442	0	4,696	24,138	65.00
66.00	06600	PHYSICAL THERAPY	0	13,700	43,575	12,856	70,131	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,331	0	2,012	10,343	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,722	30,075	10,386	56,183	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	2,979	0	720	3,699	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	34,829	0	8,412	43,241	90.00
90.01	04950	DIABETOLOGY	0	0	0	0	0	90.01
90.02	04951	CANCER CENTER	0	0	78,660	17,234	95,894	90.02
90.03	09001	WOUND CARE	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	210,512	0	50,843	261,355	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	2,601,659	215,978	675,672	3,493,309	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	12,269	0	2,963	15,232	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	195,915	0	0	195,915	192.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	HOSPITALIST	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	1,565	0	1,565	194.02
194.03	07953	COMMUNITY RELATIONS	0	0	0	0	0	194.03
194.04	07954	PHYSICIAN CLINICS	0	18,055	0	4,361	22,416	194.04
194.05	07955	GUEST MEALS	0	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	0	0	184,019	0	184,019	194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	2,827,898	401,562	682,996	3,912,456	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4.00	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	227,800				5.00
7.00	00700	OPERATION OF PLANT	0	21,776	930,548			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,579	4,612	17,959		8.00
9.00	00900	HOUSEKEEPING	0	6,268	10,211	0	42,531	9.00
10.00	01000	DIETARY	0	4,359	46,181	0	2,145	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,367	3,989	0	185	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,754	16,717	15	776	14.00
15.00	01500	PHARMACY	0	2,706	9,996	0	464	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,584	1,956	0	91	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	12,696	22,044	0	1,024	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	27,238	174,337	8,021	8,099	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,600	42,674	1,715	1,982	31.00
43.00	04300	NURSERY	0	2,074	2,217	0	103	43.00
44.00	04400	SKILLED NURSING FACILITY	0	5,900	43,850	2,067	2,037	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	13,286	77,159	1,923	3,584	50.00
51.00	05100	RECOVERY ROOM	0	1,779	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,007	47,679	87	2,214	52.00
53.00	05300	ANESTHESIOLOGY	0	493	1,927	0	89	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,392	55,630	989	2,584	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0	3,107	52,876	291	2,456	55.01
55.02	03630	ULTRA SOUND	0	2,078	0	0	0	55.02
56.00	05600	RADIOISOTOPE	0	877	7,799	0	362	56.00
57.00	05700	CT SCAN	0	2,482	0	0	0	57.00
58.00	05800	MRI	0	1,002	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,696	8,308	33	386	59.00
60.00	06000	LABORATORY	0	9,854	39,810	0	1,849	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	839	1,835	0	85	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,940	9,460	30	439	65.00
66.00	06600	PHYSICAL THERAPY	0	5,602	6,666	93	310	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	654	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	496	4,054	0	188	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,908	7,650	14	355	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,935	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,197	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,910	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,433	1,450	30	67	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	4,142	16,947	78	787	90.00
90.01	04950	DIABETOLOGY	0	218	0	0	0	90.01
90.02	04951	CANCER CENTER	0	13,462	0	0	0	90.02
90.03	09001	WOUND CARE	0	1,329	0	0	0	90.03
91.00	09100	EMERGENCY	0	15,614	102,431	2,573	4,757	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0					92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	221,633	820,465	17,959	37,418	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	118	5,970	0	277	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	1,512	95,328	0	4,428	192.00
194.00	07950	MARKETING	0	169	0	0	0	194.00
194.01	07951	HOSPITALIST	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	2,327	0	0	0	194.02
194.03	07953	COMMUNITY RELATIONS	0	238	0	0	0	194.03
194.04	07954	PHYSICIAN CLINICS	0	382	8,785	0	408	194.04
194.05	07955	GUEST MEALS	0	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	0	1,421	0	0	0	194.07
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	227,800	930,548	17,959	42,531	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet B
Part II
Date/Time Prepared:
9/26/2019 9:20 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	170,516					10.00
11.00	01100	CAFETERIA	88,982	88,982				11.00
13.00	01300	NURSING ADMINISTRATION	0	1,735	18,454			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	396	0	64,312		14.00
15.00	01500	PHARMACY	0	2,778	0	0	41,450	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	849	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	9,245	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37,847	17,351	6,823	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,323	4,143	1,385	0	0	31.00
43.00	04300	NURSERY	0	1,516	440	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	15,768	3,748	1,578	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	6,545	2,243	0	0	50.00
51.00	05100	RECOVERY ROOM	0	1,340	284	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,684	1,186	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	203	98	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,179	0	0	0	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0	1,387	477	0	0	55.01
55.02	03630	ULTRA SOUND	0	1,508	0	0	0	55.02
56.00	05600	RADIOISOTOPE	0	464	0	0	0	56.00
57.00	05700	CT SCAN	0	1,389	0	0	0	57.00
58.00	05800	MRI	0	586	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,114	268	0	0	59.00
60.00	06000	LABORATORY	0	3,480	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,003	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3,913	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	494	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	311	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,067	435	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	39,230	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	25,082	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	41,450	73.00
74.00	07400	RENAL DIALYSIS	0	23	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,088	0	0	0	90.00
90.01	04950	DIABETOLOGY	0	167	0	0	0	90.01
90.02	04951	CANCER CENTER	0	1,054	0	0	0	90.02
90.03	09001	WOUND CARE	0	137	0	0	0	90.03
91.00	09100	EMERGENCY	0	8,992	3,237	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	149,920	87,889	18,454	64,312	41,450	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	20,596	0	0	0	0	192.00
194.00	07950	MARKETING	0	245	0	0	0	194.00
194.01	07951	HOSPITALIST	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	531	0	0	0	194.02
194.03	07953	COMMUNITY RELATIONS	0	152	0	0	0	194.03
194.04	07954	PHYSICIAN CLINICS	0	165	0	0	0	194.04
194.05	07955	GUEST MEALS	0	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	0	0	0	0	0	194.07
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)	170,516	88,982	18,454	64,312	41,450	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet B
Part II
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Cost Center Description			INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			MEDICAL RECORDS & LIBRARY	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			16.00	21.00	22.00	24.00	25.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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	9,472				16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		101,256		22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	905			725,449	0 30.00
31.00	03100	INTENSIVE CARE UNIT	227			176,933	0 31.00
43.00	04300	NURSERY	136			12,142	0 43.00
44.00	04400	SKILLED NURSING FACILITY	53			186,886	0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	894			302,507	0 50.00
51.00	05100	RECOVERY ROOM	162			3,565	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	173			182,684	0 52.00
53.00	05300	ANESTHESIOLOGY	124			7,850	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	523			262,120	0 54.00
55.01	03340	GASTRO INTESTINAL SERVICES	328			195,838	0 55.01
55.02	03630	ULTRA SOUND	192			3,778	0 55.02
56.00	05600	RADIOISOTOPE	67			29,468	0 56.00
57.00	05700	CT SCAN	589			37,195	0 57.00
58.00	05800	MRI	148			1,736	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	267			34,271	0 59.00
60.00	06000	LABORATORY	940			157,509	0 60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	43			7,483	0 63.00
65.00	06500	RESPIRATORY THERAPY	256			39,266	0 65.00
66.00	06600	PHYSICAL THERAPY	260			86,975	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	47			1,195	0 67.00
68.00	06800	SPEECH PATHOLOGY	16			15,408	0 68.00
69.00	06900	ELECTROCARDIOLOGY	205			67,817	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	332			44,497	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	249			28,528	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	952			52,312	0 73.00
74.00	07400	RENAL DIALYSIS	18			6,720	0 74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	56			66,339	0 90.00
90.01	04950	DIABETOLOGY	1			386	0 90.01
90.02	04951	CANCER CENTER	268			110,678	0 90.02
90.03	09001	WOUND CARE	41			1,507	0 90.03
91.00	09100	EMERGENCY	1,000			399,959	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,472	0	0	3,249,001	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0			21,597	0 190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0			317,779	0 192.00
194.00	07950	MARKETING	0			414	0 194.00
194.01	07951	HOSPITALIST	0			0	0 194.01
194.02	07952	RETAIL PHARMACY	0			4,423	0 194.02
194.03	07953	COMMUNITY RELATIONS	0			390	0 194.03
194.04	07954	PHYSICIAN CLINICS	0			32,156	0 194.04
194.05	07955	GUEST MEALS	0			0	0 194.05
194.06	07956	CATERING MEALS	0			0	0 194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	0			185,440	0 194.07
200.00		Cross Foot Adjustments		0	101,256	101,256	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	9,472	0	101,256	3,912,456	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
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
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	55.01
55.02	03630	ULTRA SOUND	55.02
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	04950	DIABETOLOGY	90.01
90.02	04951	CANCER CENTER	90.02
90.03	09001	WOUND CARE	90.03
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	192.00
194.00	07950	MARKETING	194.00
194.01	07951	HOSPITALIST	194.01
194.02	07952	RETAIL PHARMACY	194.02
194.03	07953	COMMUNITY RELATIONS	194.03
194.04	07954	PHYSICIAN CLINICS	194.04
194.05	07955	GUEST MEALS	194.05
194.06	07956	CATERING MEALS	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	194.07
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118 through 201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019

Worksheet B-1

Date/Time Prepared:
9/26/2019 9:20 am

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
			BLDG & FIXT (SQUARE FEET)	BLDG & FIXT RIVER FOR (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)			
			1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	507,784					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR	0	65,411				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			507,786			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	14,935,830		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	32,947	0	32,947	1,598,781	-6,036,723	5.00
7.00	00700	OPERATION OF PLANT	131,437	0	131,437	404,277	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,702	0	1,702	0	0	8.00
9.00	00900	HOUSEKEEPING	3,768	0	3,768	381,558	0	9.00
10.00	01000	DIETARY	17,042	0	17,042	296,973	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,472	0	1,472	238,960	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,169	0	6,169	54,562	0	14.00
15.00	01500	PHARMACY	3,689	0	3,689	382,589	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	722	0	722	116,986	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	8,135	0	8,135	1,273,206	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	64,336	0	64,336	2,389,095	0	30.00
31.00	03100	INTENSIVE CARE UNIT	15,748	0	15,748	570,549	0	31.00
43.00	04300	NURSERY	818	0	818	208,765	0	43.00
44.00	04400	SKILLED NURSING FACILITY	16,182	0	16,182	516,230	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,474	0	28,474	901,400	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	184,565	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,595	0	17,595	507,309	0	52.00
53.00	05300	ANESTHESIOLOGY	711	0	711	28,021	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,529	5,997	26,526	713,194	0	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	19,513	0	19,513	191,089	0	55.01
55.02	03630	ULTRA SOUND	0	0	0	207,699	0	55.02
56.00	05600	RADIOISOTOPE	2,878	0	2,878	63,866	0	56.00
57.00	05700	CT SCAN	0	4,374	4,374	191,319	0	57.00
58.00	05800	MRI	0	0	0	80,640	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,066	0	3,066	153,467	0	59.00
60.00	06000	LABORATORY	14,691	0	14,691	479,245	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	677	0	677	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,491	0	3,491	275,867	0	65.00
66.00	06600	PHYSICAL THERAPY	2,460	7,098	9,558	538,937	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67,973	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,496	0	1,496	42,841	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,823	4,899	7,722	146,909	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	535	0	535	3,210	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,254	0	6,254	149,881	0	90.00
90.01	04950	DIABETOLOGY	0	0	0	22,964	0	90.01
90.02	04951	CANCER CENTER	0	12,813	12,813	145,134	0	90.02
90.03	09001	WOUND CARE	0	0	0	18,914	0	90.03
91.00	09100	EMERGENCY	37,800	0	37,800	1,238,382	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	467,160	35,181	502,341	14,785,357	-6,036,723	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,203	0	2,203	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	35,179	0	0	0	0	192.00
194.00	07950	MARKETING	0	0	0	33,676	0	194.00
194.01	07951	HOSPITALIST	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	255	0	73,131	0	194.02
194.03	07953	COMMUNITY RELATIONS	0	0	0	20,894	0	194.03
194.04	07954	PHYSICIAN CLINICS	3,242	0	3,242	22,772	0	194.04
194.05	07955	GUEST MEALS	0	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	0	29,975	0	0	0	194.07
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)	2,827,898	401,562	682,996	2,280,375		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019

Worksheet B-1

Date/Time Prepared:
9/26/2019 9:20 am

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT RIVER FOR (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)			
		1.00	1.01	2.00			
203.00	Unit cost multiplier (Wkst. B, Part I)	5.569096	6.139059	1.345047	0.152678		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)				0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)				0.000000		205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019

Worksheet B-1

Date/Time Prepared:
9/26/2019 9:20 am

Cost Center Description			ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	29,509,658					5.00
7.00	00700	OPERATION OF PLANT	2,820,701	343,400				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	204,560	1,702	560,640			8.00
9.00	00900	HOUSEKEEPING	811,932	3,768		337,930		9.00
10.00	01000	DIETARY	564,631	17,042		17,042	92,460	10.00
11.00	01100	CAFETERIA	0	0	0	0	48,249	11.00
13.00	01300	NURSING ADMINISTRATION	306,614	1,472		1,472	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	486,318	6,169	456	6,169	0	14.00
15.00	01500	PHARMACY	350,464	3,689	0	3,689	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	205,145	722	0	722	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,644,550	8,135	0	8,135	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,530,264	64,336	250,393	64,336	20,522	30.00
31.00	03100	INTENSIVE CARE UNIT	1,114,045	15,748	53,550	15,748	3,971	31.00
43.00	04300	NURSERY	268,699	818	0	818	0	43.00
44.00	04400	SKILLED NURSING FACILITY	764,253	16,182	64,522	16,182	8,550	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,720,921	28,474	60,036	28,474	0	50.00
51.00	05100	RECOVERY ROOM	230,428	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	778,087	17,595	2,709	17,595	0	52.00
53.00	05300	ANESTHESIOLOGY	63,867	711	0	711	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,346,082	20,529	30,859	20,529	0	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	402,449	19,513	9,081	19,513	0	55.01
55.02	03630	ULTRA SOUND	269,122	0	0	0	0	55.02
56.00	05600	RADIOISOTOPE	113,628	2,878	0	2,878	0	56.00
57.00	05700	CT SCAN	321,535	0	0	0	0	57.00
58.00	05800	MRI	129,815	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	349,234	3,066	1,033	3,066	0	59.00
60.00	06000	LABORATORY	1,276,368	14,691	0	14,691	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	108,615	677	0	677	0	63.00
65.00	06500	RESPIRATORY THERAPY	380,851	3,491	951	3,491	0	65.00
66.00	06600	PHYSICAL THERAPY	725,594	2,460	2,895	2,460	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	84,745	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	64,300	1,496	0	1,496	0	68.00
69.00	06900	ELECTROCARDIOLOGY	247,106	2,823	449	2,823	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	639,219	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	414,141	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,283,717	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	185,684	535	942	535	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	536,485	6,254	2,445	6,254	0	90.00
90.01	04950	DIABETOLOGY	28,180	0	0	0	0	90.01
90.02	04951	CANCER CENTER	1,743,764	0	0	0	0	90.02
90.03	09001	WOUND CARE	172,143	0	0	0	0	90.03
91.00	09100	EMERGENCY	2,022,478	37,800	80,319	37,800	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,710,734	302,776	560,640	297,306	81,292	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	15,285	2,203	0	2,203	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	195,915	35,179	0	35,179	11,168	192.00
194.00	07950	MARKETING	21,862	0	0	0	0	194.00
194.01	07951	HOSPITALIST	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	301,480	0	0	0	0	194.02
194.03	07953	COMMUNITY RELATIONS	30,844	0	0	0	0	194.03
194.04	07954	PHYSICIAN CLINICS	49,519	3,242	0	3,242	0	194.04
194.05	07955	GUEST MEALS	0	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	184,019	0	0	0	0	194.07
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)	6,036,723	3,397,726	263,246	1,015,309	899,959	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.204568	9.894368	0.469546	3.004495	9.733496	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	227,800	930,548	17,959	42,531	170,516	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019

Worksheet B-1

Date/Time Prepared:
9/26/2019 9:20 am

Cost Center Description			ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			5.00	7.00	8.00	9.00	10.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	0.007720	2.709808	0.032033	0.125857	1.844214	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: 14-0049

Period:
From 01/29/2019
To 04/30/2019

Worksheet B-1

Date/Time Prepared:
9/26/2019 9:20 am

Cost Center Description			CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	12,254,241					11.00
13.00	01300	NURSING ADMINISTRATION	238,960	150,520				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	54,562	0	100			14.00
15.00	01500	PHARMACY	382,589	0	0	100		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	116,986	0	0	0	238,331,883	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,273,206	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,389,095	55,647	0	0	22,624,987	30.00
31.00	03100	INTENSIVE CARE UNIT	570,549	11,300	0	0	5,670,823	31.00
43.00	04300	NURSERY	208,765	3,590	0	0	3,401,298	43.00
44.00	04400	SKILLED NURSING FACILITY	516,230	12,872	0	0	1,320,703	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	901,400	18,293	0	0	22,355,353	50.00
51.00	05100	RECOVERY ROOM	184,565	2,319	0	0	4,051,139	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	507,309	9,673	0	0	4,314,971	52.00
53.00	05300	ANESTHESIOLOGY	28,021	799	0	0	3,092,326	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	713,194	0	0	0	13,067,729	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	191,089	3,888	0	0	8,211,209	55.01
55.02	03630	ULTRA SOUND	207,699	0	0	0	4,806,623	55.02
56.00	05600	RADIOISOTOPE	63,866	0	0	0	1,682,489	56.00
57.00	05700	CT SCAN	191,319	0	0	0	14,722,673	57.00
58.00	05800	MRI	80,640	0	0	0	3,700,593	58.00
59.00	05900	CARDIAC CATHETERIZATION	153,467	2,187	0	0	6,670,142	59.00
60.00	06000	LABORATORY	479,245	0	0	0	23,496,417	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	1,070,574	63.00
65.00	06500	RESPIRATORY THERAPY	275,867	0	0	0	6,403,661	65.00
66.00	06600	PHYSICAL THERAPY	538,937	0	0	0	6,491,311	66.00
67.00	06700	OCCUPATIONAL THERAPY	67,973	0	0	0	1,171,638	67.00
68.00	06800	SPEECH PATHOLOGY	42,841	0	0	0	403,290	68.00
69.00	06900	ELECTROCARDIOLOGY	146,909	3,549	0	0	5,118,870	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	61	0	8,300,764	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	39	0	6,228,037	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	100	23,810,814	73.00
74.00	07400	RENAL DIALYSIS	3,210	0	0	0	452,549	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	149,881	0	0	0	1,393,480	90.00
90.01	04950	DIABETOLOGY	22,964	0	0	0	12,748	90.01
90.02	04951	CANCER CENTER	145,134	0	0	0	6,708,847	90.02
90.03	09001	WOUND CARE	18,914	0	0	0	1,030,804	90.03
91.00	09100	EMERGENCY	1,238,382	26,403	0	0	26,545,021	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,103,768	150,520	100	100	238,331,883	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MARKETING	33,676	0	0	0	0	194.00
194.01	07951	HOSPITALIST	0	0	0	0	0	194.01
194.02	07952	RETAIL PHARMACY	73,131	0	0	0	0	194.02
194.03	07953	COMMUNITY RELATIONS	20,894	0	0	0	0	194.03
194.04	07954	PHYSICIAN CLINICS	22,772	0	0	0	0	194.04
194.05	07955	GUEST MEALS	0	0	0	0	0	194.05
194.06	07956	CATERING MEALS	0	0	0	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	0	0	0	0	0	194.07
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)	469,631	397,483	667,681	484,404	260,907	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.038324	2.640732	6,676.810000	4,844.040000	0.001095	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019

Worksheet B-1

Date/Time Prepared:
9/26/2019 9:20 am

Cost Center Description		CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	88,982	18,454	64,312	41,450	9,472	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.007261	0.122602	643.120000	414.500000	0.000040	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: 14-0049

Period:
From 01/29/2019
To 04/30/2019

Worksheet B-1

Date/Time Prepared:
9/26/2019 9:20 am

Cost Center Description			INTERNS & RESIDENTS		
			SERVICES-SALAR	SERVICES-OTHER	
			Y & FRINGES	PRGM COSTS	
			APPRV (ASSIGNED TIME)	APPRV (ASSIGNED TIME)	
			21.00	22.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT RIVER FOR			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	25,449		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		25,449	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	25,449	25,449	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
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
55.01	03340	GASTRO INTESTINAL SERVICES	0	0	55.01
55.02	03630	ULTRA SOUND	0	0	55.02
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	63.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	04950	DIABETOLOGY	0	0	90.01
90.02	04951	CANCER CENTER	0	0	90.02
90.03	09001	WOUND CARE	0	0	90.03
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	25,449	25,449	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00
194.00	07950	MARKETING	0	0	194.00
194.01	07951	HOSPITALIST	0	0	194.01
194.02	07952	RETAIL PHARMACY	0	0	194.02
194.03	07953	COMMUNITY RELATIONS	0	0	194.03
194.04	07954	PHYSICIAN CLINICS	0	0	194.04
194.05	07955	GUEST MEALS	0	0	194.05
194.06	07956	CATERING MEALS	0	0	194.06
194.07	07957	RESEARCH RIVER FOREST NONREIMB	0	0	194.07
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	2,134,699	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019

Worksheet B-1

Date/Time Prepared:
9/26/2019 9:20 am

Cost Center Description			INTERNS & RESIDENTS		
			SERVICES-SALARY & FRINGES	SERVICES-OTHER	
			APPRV	PRGM COSTS	
			(ASSIGNED TIME)	APPRV	
			(ASSIGNED TIME)		
			21.00	22.00	
203.00	Unit cost multiplier (Wkst. B, Part I)		0.000000	83.881449	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		0	101,256	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.000000	3.978781	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)				206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)				207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet C
Part I
Date/Time Prepared:
9/26/2019 9:20 am

			Title XVIII	Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,662,901	5,662,901	0	5,662,901 30.00
31.00	03100	INTENSIVE CARE UNIT	1,666,787	1,666,787	0	1,666,787 31.00
43.00	04300	NURSERY	355,423	355,423	0	355,423 43.00
44.00	04400	SKILLED NURSING FACILITY	1,298,064	1,298,064	0	1,298,064 44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,575,769	2,575,769	0	2,575,769 50.00
51.00	05100	RECOVERY ROOM	295,199	295,199	0	295,199 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,215,197	1,215,197	0	1,215,197 52.00
53.00	05300	ANESTHESIOLOGY	92,673	92,673	0	92,673 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,942,378	1,942,378	0	1,942,378 54.00
55.01	03340	GASTRO INTESTINAL SERVICES	767,318	767,318	0	767,318 55.01
55.02	03630	ULTRA SOUND	337,399	337,399	0	337,399 55.02
56.00	05600	RADIOISOTOPE	178,286	178,286	0	178,286 56.00
57.00	05700	CT SCAN	410,764	410,764	0	410,764 57.00
58.00	05800	MRI	163,513	163,513	0	163,513 58.00
59.00	05900	CARDIAC CATHETERIZATION	479,669	479,669	0	479,669 59.00
60.00	06000	LABORATORY	1,771,065	1,771,065	0	1,771,065 60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	140,738	140,738	0	140,738 63.00
65.00	06500	RESPIRATORY THERAPY	521,822	521,822	0	521,822 65.00
66.00	06600	PHYSICAL THERAPY	934,879	934,879	0	934,879 66.00
67.00	06700	OCCUPATIONAL THERAPY	105,969	105,969	0	105,969 67.00
68.00	06800	SPEECH PATHOLOGY	98,835	98,835	0	98,835 68.00
69.00	06900	ELECTROCARDIOLOGY	354,888	354,888	0	354,888 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,186,357	1,186,357	0	1,186,357 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	766,077	766,077	0	766,077 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,056,801	2,056,801	0	2,056,801 73.00
74.00	07400	RENAL DIALYSIS	231,630	231,630	0	231,630 74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	735,320	735,320	0	735,320 90.00
90.01	04950	DIABETOLOGY	34,839	34,839	0	34,839 90.01
90.02	04951	CANCER CENTER	2,113,390	2,113,390	0	2,113,390 90.02
90.03	09001	WOUND CARE	209,212	209,212	0	209,212 90.03
91.00	09100	EMERGENCY	3,107,686	3,107,686	0	3,107,686 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	589,453	589,453	0	589,453 92.00
200.00		Subtotal (see instructions)	32,400,301	32,400,301	0	32,400,301 200.00
201.00		Less Observation Beds	589,453	589,453	0	589,453 201.00
202.00		Total (see instructions)	31,810,848	31,810,848	0	31,810,848 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet C
Part I
Date/Time Prepared:
9/26/2019 9:20 am

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	20,576,785		20,576,785		30.00
31.00	03100	INTENSIVE CARE UNIT	5,670,823		5,670,823		31.00
43.00	04300	NURSERY	3,401,298		3,401,298		43.00
44.00	04400	SKILLED NURSING FACILITY	1,320,703		1,320,703		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,606,097	12,749,256	22,355,353	0.115219	0.000000
51.00	05100	RECOVERY ROOM	1,676,689	2,374,450	4,051,139	0.072868	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,255,771	59,200	4,314,971	0.281623	0.000000
53.00	05300	ANESTHESIOLOGY	1,060,558	2,031,768	3,092,326	0.029969	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,884,544	11,183,185	13,067,729	0.148639	0.000000
55.01	03340	GASTRO INTESTINAL SERVICES	1,238,777	6,972,432	8,211,209	0.093448	0.000000
55.02	03630	ULTRA SOUND	727,562	4,079,061	4,806,623	0.070195	0.000000
56.00	05600	RADIOISOTOPE	638,989	1,043,500	1,682,489	0.105966	0.000000
57.00	05700	CT SCAN	4,229,892	10,492,781	14,722,673	0.027900	0.000000
58.00	05800	MRI	687,776	3,012,817	3,700,593	0.044186	0.000000
59.00	05900	CARDIAC CATHETERIZATION	3,447,881	3,222,261	6,670,142	0.071913	0.000000
60.00	06000	LABORATORY	13,809,228	9,687,189	23,496,417	0.075376	0.000000
63.00	06300	BLOOD STORING PROCESSING & TRANS.	862,997	207,577	1,070,574	0.131460	0.000000
65.00	06500	RESPIRATORY THERAPY	5,694,202	709,459	6,403,661	0.081488	0.000000
66.00	06600	PHYSICAL THERAPY	4,201,511	2,289,800	6,491,311	0.144020	0.000000
67.00	06700	OCCUPATIONAL THERAPY	1,119,158	52,480	1,171,638	0.090445	0.000000
68.00	06800	SPEECH PATHOLOGY	377,877	25,413	403,290	0.245072	0.000000
69.00	06900	ELECTROCARDIOLOGY	2,554,965	2,563,905	5,118,870	0.069329	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,671,111	4,629,653	8,300,764	0.142921	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,310,426	2,917,611	6,228,037	0.123005	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	10,414,591	13,396,223	23,810,814	0.086381	0.000000
74.00	07400	RENAL DIALYSIS	431,789	20,760	452,549	0.511834	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,236,594	156,886	1,393,480	0.527686	0.000000
90.01	04950	DIABETOLOGY	0	12,748	12,748	2.732899	0.000000
90.02	04951	CANCER CENTER	0	6,708,847	6,708,847	0.315015	0.000000
90.03	09001	WOUND CARE	4,024	1,026,780	1,030,804	0.202960	0.000000
91.00	09100	EMERGENCY	4,582,454	21,962,567	26,545,021	0.117072	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	507,154	1,541,048	2,048,202	0.287790	0.000000
200.00		Subtotal (see instructions)	113,202,226	125,129,657	238,331,883		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	113,202,226	125,129,657	238,331,883		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet C
Part I
Date/Time Prepared:
9/26/2019 9:20 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.115219		50.00
51.00	05100	RECOVERY ROOM	0.072868		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.281623		52.00
53.00	05300	ANESTHESIOLOGY	0.029969		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.148639		54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0.093448		55.01
55.02	03630	ULTRA SOUND	0.070195		55.02
56.00	05600	RADIOISOTOPE	0.105966		56.00
57.00	05700	CT SCAN	0.027900		57.00
58.00	05800	MRI	0.044186		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.071913		59.00
60.00	06000	LABORATORY	0.075376		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.131460		63.00
65.00	06500	RESPIRATORY THERAPY	0.081488		65.00
66.00	06600	PHYSICAL THERAPY	0.144020		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.090445		67.00
68.00	06800	SPEECH PATHOLOGY	0.245072		68.00
69.00	06900	ELECTROCARDIOLOGY	0.069329		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.142921		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.123005		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.086381		73.00
74.00	07400	RENAL DIALYSIS	0.511834		74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.527686		90.00
90.01	04950	DIABETOLOGY	2.732899		90.01
90.02	04951	CANCER CENTER	0.315015		90.02
90.03	09001	WOUND CARE	0.202960		90.03
91.00	09100	EMERGENCY	0.117072		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.287790		92.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet C
Part I
Date/Time Prepared:
9/26/2019 9:20 am

				Title XIX	Hospital	Cost		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,662,901		5,662,901	0	5,662,901	30.00
31.00	03100	INTENSIVE CARE UNIT	1,666,787		1,666,787	0	1,666,787	31.00
43.00	04300	NURSERY	355,423		355,423	0	355,423	43.00
44.00	04400	SKILLED NURSING FACILITY	1,298,064		1,298,064	0	1,298,064	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,575,769		2,575,769	0	2,575,769	50.00
51.00	05100	RECOVERY ROOM	295,199		295,199	0	295,199	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,215,197		1,215,197	0	1,215,197	52.00
53.00	05300	ANESTHESIOLOGY	92,673		92,673	0	92,673	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,942,378		1,942,378	0	1,942,378	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	767,318		767,318	0	767,318	55.01
55.02	03630	ULTRA SOUND	337,399		337,399	0	337,399	55.02
56.00	05600	RADIOISOTOPE	178,286		178,286	0	178,286	56.00
57.00	05700	CT SCAN	410,764		410,764	0	410,764	57.00
58.00	05800	MRI	163,513		163,513	0	163,513	58.00
59.00	05900	CARDIAC CATHETERIZATION	479,669		479,669	0	479,669	59.00
60.00	06000	LABORATORY	1,771,065		1,771,065	0	1,771,065	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	140,738		140,738	0	140,738	63.00
65.00	06500	RESPIRATORY THERAPY	521,822	0	521,822	0	521,822	65.00
66.00	06600	PHYSICAL THERAPY	934,879	0	934,879	0	934,879	66.00
67.00	06700	OCCUPATIONAL THERAPY	105,969	0	105,969	0	105,969	67.00
68.00	06800	SPEECH PATHOLOGY	98,835	0	98,835	0	98,835	68.00
69.00	06900	ELECTROCARDIOLOGY	354,888		354,888	0	354,888	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,186,357		1,186,357	0	1,186,357	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	766,077		766,077	0	766,077	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,056,801		2,056,801	0	2,056,801	73.00
74.00	07400	RENAL DIALYSIS	231,630		231,630	0	231,630	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	735,320		735,320	0	735,320	90.00
90.01	04950	DIABETOLOGY	34,839		34,839	0	34,839	90.01
90.02	04951	CANCER CENTER	2,113,390		2,113,390	0	2,113,390	90.02
90.03	09001	WOUND CARE	209,212		209,212	0	209,212	90.03
91.00	09100	EMERGENCY	3,107,686		3,107,686	0	3,107,686	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	589,453		589,453	0	589,453	92.00
200.00		Subtotal (see instructions)	32,400,301	0	32,400,301	0	32,400,301	200.00
201.00		Less Observation Beds	589,453		589,453	0	589,453	201.00
202.00		Total (see instructions)	31,810,848	0	31,810,848	0	31,810,848	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet C
Part I
Date/Time Prepared:
9/26/2019 9:20 am

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	20,576,785		20,576,785		30.00
31.00	03100	INTENSIVE CARE UNIT	5,670,823		5,670,823		31.00
43.00	04300	NURSERY	3,401,298		3,401,298		43.00
44.00	04400	SKILLED NURSING FACILITY	1,320,703		1,320,703		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,606,097	12,749,256	22,355,353	0.115219	0.000000
51.00	05100	RECOVERY ROOM	1,676,689	2,374,450	4,051,139	0.072868	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,255,771	59,200	4,314,971	0.281623	0.000000
53.00	05300	ANESTHESIOLOGY	1,060,558	2,031,768	3,092,326	0.029969	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,884,544	11,183,185	13,067,729	0.148639	0.000000
55.01	03340	GASTRO INTESTINAL SERVICES	1,238,777	6,972,432	8,211,209	0.093448	0.000000
55.02	03630	ULTRA SOUND	727,562	4,079,061	4,806,623	0.070195	0.000000
56.00	05600	RADIOISOTOPE	638,989	1,043,500	1,682,489	0.105966	0.000000
57.00	05700	CT SCAN	4,229,892	10,492,781	14,722,673	0.027900	0.000000
58.00	05800	MRI	687,776	3,012,817	3,700,593	0.044186	0.000000
59.00	05900	CARDIAC CATHETERIZATION	3,447,881	3,222,261	6,670,142	0.071913	0.000000
60.00	06000	LABORATORY	13,809,228	9,687,189	23,496,417	0.075376	0.000000
63.00	06300	BLOOD STORING PROCESSING & TRANS.	862,997	207,577	1,070,574	0.131460	0.000000
65.00	06500	RESPIRATORY THERAPY	5,694,202	709,459	6,403,661	0.081488	0.000000
66.00	06600	PHYSICAL THERAPY	4,201,511	2,289,800	6,491,311	0.144020	0.000000
67.00	06700	OCCUPATIONAL THERAPY	1,119,158	52,480	1,171,638	0.090445	0.000000
68.00	06800	SPEECH PATHOLOGY	377,877	25,413	403,290	0.245072	0.000000
69.00	06900	ELECTROCARDIOLOGY	2,554,965	2,563,905	5,118,870	0.069329	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,671,111	4,629,653	8,300,764	0.142921	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,310,426	2,917,611	6,228,037	0.123005	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	10,414,591	13,396,223	23,810,814	0.086381	0.000000
74.00	07400	RENAL DIALYSIS	431,789	20,760	452,549	0.511834	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,236,594	156,886	1,393,480	0.527686	0.000000
90.01	04950	DIABETOLOGY	0	12,748	12,748	2.732899	0.000000
90.02	04951	CANCER CENTER	0	6,708,847	6,708,847	0.315015	0.000000
90.03	09001	WOUND CARE	4,024	1,026,780	1,030,804	0.202960	0.000000
91.00	09100	EMERGENCY	4,582,454	21,962,567	26,545,021	0.117072	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	507,154	1,541,048	2,048,202	0.287790	0.000000
200.00		Subtotal (see instructions)	113,202,226	125,129,657	238,331,883		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	113,202,226	125,129,657	238,331,883		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet C
Part I
Date/Time Prepared:
9/26/2019 9:20 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0.000000		55.01
55.02	03630	ULTRA SOUND	0.000000		55.02
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	04950	DIABETOLOGY	0.000000		90.01
90.02	04951	CANCER CENTER	0.000000		90.02
90.03	09001	WOUND CARE	0.000000		90.03
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet D
Part I
Date/Time Prepared:
9/26/2019 9:20 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	725,449	0	725,449	5,428	133.65	30.00
31.00	INTENSIVE CARE UNIT	176,933		176,933	941	188.03	31.00
43.00	NURSERY	12,142		12,142	982	12.36	43.00
44.00	SKILLED NURSING FACILITY	186,886		186,886	2,026	92.24	44.00
200.00	Total (lines 30 through 199)	1,101,410		1,101,410	9,377		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	1,392	186,041				30.00
31.00	INTENSIVE CARE UNIT	356	66,939				31.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	1,278	117,883				44.00
200.00	Total (lines 30 through 199)	3,026	370,863				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet D
Part II
Date/Time Prepared:
9/26/2019 9:20 am

			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	302,507	22,355,353	0.013532	2,908,226	39,354	50.00
51.00	05100	RECOVERY ROOM	3,565	4,051,139	0.000880	414,782	365	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	182,684	4,314,971	0.042337	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,850	3,092,326	0.002539	291,047	739	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	262,120	13,067,729	0.020059	482,754	9,684	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	195,838	8,211,209	0.023850	305,137	7,278	55.01
55.02	03630	ULTRA SOUND	3,778	4,806,623	0.000786	76,455	60	55.02
56.00	05600	RADIOISOTOPE	29,468	1,682,489	0.017515	240,270	4,208	56.00
57.00	05700	CT SCAN	37,195	14,722,673	0.002526	1,268,246	3,204	57.00
58.00	05800	MRI	1,736	3,700,593	0.000469	207,076	97	58.00
59.00	05900	CARDIAC CATHETERIZATION	34,271	6,670,142	0.005138	991,781	5,096	59.00
60.00	06000	LABORATORY	157,509	23,496,417	0.006704	4,226,024	28,331	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	7,483	1,070,574	0.006990	143,337	1,002	63.00
65.00	06500	RESPIRATORY THERAPY	39,266	6,403,661	0.006132	1,680,530	10,305	65.00
66.00	06600	PHYSICAL THERAPY	86,975	6,491,311	0.013399	603,482	8,086	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,195	1,171,638	0.001020	404,159	412	67.00
68.00	06800	SPEECH PATHOLOGY	15,408	403,290	0.038206	120,466	4,603	68.00
69.00	06900	ELECTROCARDIOLOGY	67,817	5,118,870	0.013248	976,930	12,942	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	44,497	8,300,764	0.005361	1,095,983	5,876	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,528	6,228,037	0.004581	1,015,837	4,654	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	52,312	23,810,814	0.002197	2,744,385	6,029	73.00
74.00	07400	RENAL DIALYSIS	6,720	452,549	0.014849	208,975	3,103	74.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	66,339	1,393,480	0.047607	0	0	90.00
90.01	04950	DIABETOLOGY	386	12,748	0.030279	0	0	90.01
90.02	04951	CANCER CENTER	110,678	6,708,847	0.016497	0	0	90.02
90.03	09001	WOUND CARE	1,507	1,030,804	0.001462	0	0	90.03
91.00	09100	EMERGENCY	399,959	26,545,021	0.015067	1,333,586	20,093	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	75,512	2,048,202	0.036867	90,702	3,344	92.00
200.00		Total (lines 50 through 199)	2,223,103	207,362,274		21,830,170	178,865	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0049		Period: From 01/29/2019 To 04/30/2019		Worksheet D Part III Date/Time Prepared: 9/26/2019 9:20 am	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00	
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
					4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	5,428	0.00	1,392	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	941	0.00	356	31.00		
43.00	04300	NURSERY		0	982	0.00	0	43.00		
44.00	04400	SKILLED NURSING FACILITY		0	2,026	0.00	1,278	44.00		
200.00		Total (lines 30 through 199)		0	9,377		3,026	200.00		
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
					9.00					
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0							30.00
31.00	03100	INTENSIVE CARE UNIT	0							31.00
43.00	04300	NURSERY	0							43.00
44.00	04400	SKILLED NURSING FACILITY	0							44.00
200.00		Total (lines 30 through 199)	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet D
Part IV
Date/Time Prepared:
9/26/2019 9:20 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
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
55.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	55.01
55.02	03630	ULTRA SOUND	0	0	0	0	55.02
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	63.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	DIABETOLOGY	0	0	0	0	90.01
90.02	04951	CANCER CENTER	0	0	0	0	90.02
90.03	09001	WOUND CARE	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet D
Part IV
Date/Time Prepared:
9/26/2019 9:20 am

				Title XVIII		Hospital	PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	22,355,353	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	4,051,139	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,314,971	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,092,326	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	13,067,729	0.000000	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	8,211,209	0.000000	55.01
55.02	03630	ULTRA SOUND	0	0	0	4,806,623	0.000000	55.02
56.00	05600	RADIOISOTOPE	0	0	0	1,682,489	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	14,722,673	0.000000	57.00
58.00	05800	MRI	0	0	0	3,700,593	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	6,670,142	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	23,496,417	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	1,070,574	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,403,661	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,491,311	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,171,638	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	403,290	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	5,118,870	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,300,764	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,228,037	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	23,810,814	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	452,549	0.000000	74.00
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	1,393,480	0.000000	90.00
90.01	04950	DIABETOLOGY	0	0	0	12,748	0.000000	90.01
90.02	04951	CANCER CENTER	0	0	0	6,708,847	0.000000	90.02
90.03	09001	WOUND CARE	0	0	0	1,030,804	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	26,545,021	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	2,048,202	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	207,362,274		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet D
Part IV
Date/Time Prepared:
9/26/2019 9:20 am

Cost Center Description			Title XVIII			Hospital		PPS
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	2,908,226	0	2,946,872	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	414,782	0	398,869	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	291,047	0	265,829	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	482,754	0	679,987	0	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0.000000	305,137	0	1,211,621	0	55.01
55.02	03630	ULTRA SOUND	0.000000	76,455	0	221,199	0	55.02
56.00	05600	RADIOISOTOPE	0.000000	240,270	0	189,156	0	56.00
57.00	05700	CT SCAN	0.000000	1,268,246	0	1,709,843	0	57.00
58.00	05800	MRI	0.000000	207,076	0	583,345	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	991,781	0	1,177,963	0	59.00
60.00	06000	LABORATORY	0.000000	4,226,024	0	1,187,907	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	143,337	0	7,272	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	1,680,530	0	72,938	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	603,482	0	10,386	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	404,159	0	4,608	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	120,466	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	976,930	0	468,766	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,095,983	0	811,209	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,015,837	0	804,215	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	2,744,385	0	5,224,015	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	208,975	0	11,072	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	8,755	0	90.00
90.01	04950	DIABETOLOGY	0.000000	0	0	0	0	90.01
90.02	04951	CANCER CENTER	0.000000	0	0	0	0	90.02
90.03	09001	WOUND CARE	0.000000	0	0	23,162	0	90.03
91.00	09100	EMERGENCY	0.000000	1,333,586	0	2,043,519	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	90,702	0	208,010	0	92.00
200.00		Total (lines 50 through 199)		21,830,170	0	20,270,518	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet D
Part V
Date/Time Prepared:
9/26/2019 9:20 am

			Title XVIII		Hospital		PPS		
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.115219	2,946,872		0		339,536	50.00
51.00	05100	RECOVERY ROOM	0.072868	398,869		0	0	29,065	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.281623	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.029969	265,829		0		7,967	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.148639	679,987		0	0	101,073	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0.093448	1,211,621		0	0	113,224	55.01
55.02	03630	ULTRA SOUND	0.070195	221,199		0		15,527	55.02
56.00	05600	RADIOISOTOPE	0.105966	189,156		0	0	20,044	56.00
57.00	05700	CT SCAN	0.027900	1,709,843		0	0	47,705	57.00
58.00	05800	MRI	0.044186	583,345		0	0	25,776	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.071913	1,177,963		0		84,711	59.00
60.00	06000	LABORATORY	0.075376	1,187,907		0	0	89,540	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.131460	7,272		0	0	956	63.00
65.00	06500	RESPIRATORY THERAPY	0.081488	72,938		0		5,944	65.00
66.00	06600	PHYSICAL THERAPY	0.144020	10,386		0		1,496	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.090445	4,608		0	0	417	67.00
68.00	06800	SPEECH PATHOLOGY	0.245072	0		0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.069329	468,766		0		32,499	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.142921	811,209		0	0	115,939	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.123005	804,215		0	0	98,922	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.086381	5,224,015		0	3,359	451,256	73.00
74.00	07400	RENAL DIALYSIS	0.511834	11,072		0	0	5,667	74.00
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.527686	8,755		749	0	4,620	90.00
90.01	04950	DIABETOLOGY	2.732899	0		0	0	0	90.01
90.02	04951	CANCER CENTER	0.315015	0		0	0	0	90.02
90.03	09001	WOUND CARE	0.202960	23,162		0	0	4,701	90.03
91.00	09100	EMERGENCY	0.117072	2,043,519		0	0	239,239	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.287790	208,010		0	0	59,863	92.00
200.00		Subtotal (see instructions)		20,270,518		749	3,359	1,895,687	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)		20,270,518		749	3,359	1,895,687	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet D
Part V
Date/Time Prepared:
9/26/2019 9:20 am

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
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
55.01	03340	GASTRO INTESTINAL SERVICES	0	0		55.01
55.02	03630	ULTRA SOUND	0	0		55.02
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	290		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	395	0		90.00
90.01	04950	DIABETOLOGY	0	0		90.01
90.02	04951	CANCER CENTER	0	0		90.02
90.03	09001	WOUND CARE	0	0		90.03
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	395	290		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	395	290		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0049 Component CCN: 14-5743		Period: From 01/29/2019 To 04/30/2019		Worksheet D Part IV Date/Time Prepared: 9/26/2019 9:20 am	
			Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	55.01
55.02	03630	ULTRA SOUND	0	0	0	0	0	55.02
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETOLOGY	0	0	0	0	0	90.01
90.02	04951	CANCER CENTER	0	0	0	0	0	90.02
90.03	09001	WOUND CARE	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0049 Component CCN: 14-5743		Period: From 01/29/2019 To 04/30/2019		Worksheet D Part IV Date/Time Prepared: 9/26/2019 9:20 am	
			Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	22,355,353	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	4,051,139	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,314,971	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,092,326	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	13,067,729	0.000000	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	8,211,209	0.000000	55.01
55.02	03630	ULTRA SOUND	0	0	0	4,806,623	0.000000	55.02
56.00	05600	RADIOISOTOPE	0	0	0	1,682,489	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	14,722,673	0.000000	57.00
58.00	05800	MRI	0	0	0	3,700,593	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	6,670,142	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	23,496,417	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	1,070,574	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,403,661	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	6,491,311	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,171,638	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	403,290	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	5,118,870	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,300,764	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,228,037	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	23,810,814	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	452,549	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	1,393,480	0.000000	90.00
90.01	04950	DIABETOLOGY	0	0	0	12,748	0.000000	90.01
90.02	04951	CANCER CENTER	0	0	0	6,708,847	0.000000	90.02
90.03	09001	WOUND CARE	0	0	0	1,030,804	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	26,545,021	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	2,048,202	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	207,362,274		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0049 Component CCN: 14-5743		Period: From 01/29/2019 To 04/30/2019		Worksheet D Part IV Date/Time Prepared: 9/26/2019 9:20 am	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	19,645	0	0	0	0	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0.000000	0	0	0	0	0	55.01
55.02	03630	ULTRA SOUND	0.000000	0	0	0	0	0	55.02
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	3,450	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	485,303	0	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	3,086	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	213,446	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,061,679	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	462,551	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	79,869	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	18,073	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	187,597	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	599,508	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
90.01	04950	DIABETOLOGY	0.000000	0	0	0	0	0	90.01
90.02	04951	CANCER CENTER	0.000000	0	0	0	0	0	90.02
90.03	09001	WOUND CARE	0.000000	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.000000	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)			3,134,207	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0049	Period: From 01/29/2019 To 04/30/2019	Worksheet D-1 Date/Time Prepared: 9/26/2019 9:20 am
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,428	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,428	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,863	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)		1,392	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)		5,662,901	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)		5,662,901	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)		5,662,901	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)		1,043.28	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,452,246	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)		1,452,246	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019

Worksheet D-1

Date/Time Prepared:
9/26/2019 9:20 am

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	1,666,787	941	1,771.29	356	630,579
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)					2,123,874
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,206,699
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					252,980
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					178,865
52.00	Total Program excludable cost (sum of lines 50 and 51)					431,845
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,774,854
	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)					565
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,043.28
89.00	Observation bed cost (line 87 x line 88) (see instructions)					589,453

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019

Worksheet D-1

Date/Time Prepared:
9/26/2019 9:20 am

Cost Center Description		Title XVIII		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	725,449	5,662,901	0.128106	589,453	75,512	90.00
91.00	Nursing School cost	0	5,662,901	0.000000	589,453	0	91.00
92.00	Allied health cost	0	5,662,901	0.000000	589,453	0	92.00
93.00	All other Medical Education	0	5,662,901	0.000000	589,453	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0049 Component CCN: 14-5743	Period: From 01/29/2019 To 04/30/2019	Worksheet D-1 Date/Time Prepared: 9/26/2019 9:20 am
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,026	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,026	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)		2,026	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)		1,278	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,298,064	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,298,064	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,298,064	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0049 Component CCN: 14-5743		Period: From 01/29/2019 To 04/30/2019	Worksheet D-1 Date/Time Prepared: 9/26/2019 9:20 am	
		Title XVIII		Skilled Nursing Facility	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)						42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT						43.00
44.00 CORONARY CARE UNIT						44.00
45.00 BURN INTENSIVE CARE UNIT						45.00
46.00 SURGICAL INTENSIVE CARE UNIT						46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges						54.00
55.00 Target amount per discharge						55.00
56.00 Target amount (line 54 x line 55)						56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00 Bonus payment (see instructions)						58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00 Relief payment (see instructions)						62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					1,298,064	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					640.70	71.00
72.00 Program routine service cost (line 9 x line 71)					818,815	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					818,815	74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0	75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0.00	76.00
77.00 Program capital-related costs (line 9 x line 76)					0	77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0	78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0	79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0	80.00
81.00 Inpatient routine service cost per diem limitation					0.00	81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0	82.00
83.00 Reasonable inpatient routine service costs (see instructions)					818,815	83.00
84.00 Program inpatient ancillary services (see instructions)					351,558	84.00
85.00 Utilization review - physician compensation (see instructions)					0	85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					1,170,373	86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0049

Period:

Worksheet D-1

Component CCN: 14-5743

From 01/29/2019
To 04/30/2019Date/Time Prepared:
9/26/2019 9:20 am

Title XVIII

Skilled Nursing
Facility

PPS

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0049	Period: From 01/29/2019 To 04/30/2019	Worksheet D-3 Date/Time Prepared: 9/26/2019 9:20 am	
Cost Center Description		Title XVIII	Hospital	PPS	
		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		6,507,454	30.00
31.00	03100	INTENSIVE CARE UNIT		2,065,868	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.115219	2,908,226	50.00
51.00	05100	RECOVERY ROOM	0.072868	414,782	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.281623	0	52.00
53.00	05300	ANESTHESIOLOGY	0.029969	291,047	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.148639	482,754	54.00
55.01	03340	GASTRO INTESTINAL SERVICES	0.093448	305,137	55.01
55.02	03630	ULTRA SOUND	0.070195	76,455	55.02
56.00	05600	RADIOISOTOPE	0.105966	240,270	56.00
57.00	05700	CT SCAN	0.027900	1,268,246	57.00
58.00	05800	MRI	0.044186	207,076	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.071913	991,781	59.00
60.00	06000	LABORATORY	0.075376	4,226,024	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.131460	143,337	63.00
65.00	06500	RESPIRATORY THERAPY	0.081488	1,680,530	65.00
66.00	06600	PHYSICAL THERAPY	0.144020	603,482	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.090445	404,159	67.00
68.00	06800	SPEECH PATHOLOGY	0.245072	120,466	68.00
69.00	06900	ELECTROCARDIOLOGY	0.069329	976,930	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.142921	1,095,983	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.123005	1,015,837	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.086381	2,744,385	73.00
74.00	07400	RENAL DIALYSIS	0.511834	208,975	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.527686	0	90.00
90.01	04950	DIABETOLOGY	2.732899	0	90.01
90.02	04951	CANCER CENTER	0.315015	0	90.02
90.03	09001	WOUND CARE	0.202960	0	90.03
91.00	09100	EMERGENCY	0.117072	1,333,586	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.287790	90,702	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		21,830,170	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)		21,830,170	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0049 Component CCN: 14-5743	Period: From 01/29/2019 To 04/30/2019	Worksheet D-3 Date/Time Prepared: 9/26/2019 9:20 am	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.115219	0	0	50.00
51.00	05100 RECOVERY ROOM	0.072868	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.281623	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.029969	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.148639	19,645	2,920	54.00
55.01	03340 GASTRO INTESTINAL SERVICES	0.093448	0	0	55.01
55.02	03630 ULTRA SOUND	0.070195	0	0	55.02
56.00	05600 RADIOISOTOPE	0.105966	0	0	56.00
57.00	05700 CT SCAN	0.027900	3,450	96	57.00
58.00	05800 MRI	0.044186	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.071913	0	0	59.00
60.00	06000 LABORATORY	0.075376	485,303	36,580	60.00
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.131460	3,086	406	63.00
65.00	06500 RESPIRATORY THERAPY	0.081488	213,446	17,393	65.00
66.00	06600 PHYSICAL THERAPY	0.144020	1,061,679	152,903	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.090445	462,551	41,835	67.00
68.00	06800 SPEECH PATHOLOGY	0.245072	79,869	19,574	68.00
69.00	06900 ELECTROCARDIOLOGY	0.069329	18,073	1,253	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.142921	187,597	26,812	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.123005	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.086381	599,508	51,786	73.00
74.00	07400 RENAL DIALYSIS	0.511834	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.527686	0	0	90.00
90.01	04950 DIABETOLOGY	2.732899	0	0	90.01
90.02	04951 CANCER CENTER	0.315015	0	0	90.02
90.03	09001 WOUND CARE	0.202960	0	0	90.03
91.00	09100 EMERGENCY	0.117072	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.287790	0	0	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		3,134,207	351,558	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		3,134,207		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet E
Part A
Date/Time Prepared:
9/26/2019 9:20 am

		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			3,788,443	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			0	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)			0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)			0	1.04
2.00	Outlier payments for discharges. (see instructions)				2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)			0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)			12,831	2.04
3.00	Managed Care Simulated Payments			2,376,990	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			128.86	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)			58.80	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.			3.33	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)			55.47	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			48.54	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)			48.54	12.00
13.00	Total allowable FTE count for the prior year.			55.47	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.			55.47	14.00
15.00	Sum of lines 12 through 14 divided by 3.			53.16	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			53.16	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.412541	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.424277	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.412541	21.00
22.00	IME payment adjustment (see instructions)			767,872	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			481,787	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)			-6.93	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)			767,872	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			481,787	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			13.28	30.00
31.00	Percentage of Medicaid patient days (see instructions)			38.79	31.00
32.00	Sum of lines 30 and 31			52.07	32.00
33.00	Allowable disproportionate share percentage (see instructions)			32.17	33.00
34.00	Disproportionate share adjustment (see instructions)			304,686	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0049	Period: From 01/29/2019 To 04/30/2019	Worksheet E Part A Date/Time Prepared: 9/26/2019 9:20 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,003,159	0	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	504,906	0	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	504,906		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	5,378,738		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)		5,860,525	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		422,548	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).		698,731	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		6,981,804	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		6,981,804	61.00
62.00	Deductibles billed to program beneficiaries		357,320	62.00
63.00	Coinurance billed to program beneficiaries		16,709	63.00
64.00	Allowable bad debts (see instructions)		161,396	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		104,907	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		78,284	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		6,712,682	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)		4,598	70.93
70.94	HRR adjustment amount (see instructions)		-25,761	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet E
Part A
Date/Time Prepared:
9/26/2019 9:20 am

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		6,691,519		71.00
71.01	Sequestration adjustment (see instructions)		133,830		71.01
71.02	Demonstration payment adjustment amount after sequestration		0		71.02
72.00	Interim payments		6,505,328		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		52,361		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		78,032		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	0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	0	96.00
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000		103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
9/26/2019 9:20 am

				Title XVIII		Hospital	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,788,443	0	3,788,443		3,788,443	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0	0		0	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	12,831	0		12,831	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	2,376,990	0	0	2,376,990	2,376,990	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.412541	0.412541	0.412541	0.412541		5.00
6.00	IME payment adjustment (see instructions)	22.00	767,872	0	767,872	0	767,872	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	481,787	0	481,787	0	481,787	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	767,872	0	767,872	0	767,872	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	481,787	0	481,787	0	481,787	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.3217	0.3217	0.3217	0.3217		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	304,686	0	304,686	0	304,686	11.00
11.01	Uncompensated care payments	36.00	504,906	0	504,906	0	504,906	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	5,378,738	0	5,365,907	12,831	5,378,738	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	5,860,525	0	5,847,694	12,831	5,860,525	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	422,548	0	422,548	0	422,548	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
9/26/2019 9:20 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	6,270,242	12,831	6,283,073
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	308,207	0	308,207	0	308,207
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	982	0	982	0	982
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.2566	0.2566	0.2566	0.2566	
23.00	Indirect medical education adjustment (see instructions)	6.00	79,086	0	79,086	0	79,086
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1112	0.1112	0.1112	0.1112	
25.00	Disproportionate share adjustment (see instructions)	11.00	34,273	0	34,273	0	34,273
26.00	Total prospective capital payments (see instructions)	12.00	422,548	0	422,548	0	422,548
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
9/26/2019 9:20 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	3,788,443	3,788,443		3,788,443	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	0		0	0	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	12,831		12,831	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	2,376,990	0	2,376,990	2,376,990	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.412541	0.412541	0.412541		5.00
6.00	IME payment adjustment (see instructions)	22.00	767,872	767,872	0	767,872	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	481,787	0	481,787	481,787	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	767,872	767,872	0	767,872	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	481,787	0	481,787	481,787	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.3217	0.3217	0.3217		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	304,686	304,686	0	304,686	11.00
11.01	Uncompensated care payments	36.00	504,906	504,906	0	504,906	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	5,378,738	5,365,907	12,831	5,378,738	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	5,860,525	5,365,907	494,618	5,860,525	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	422,548	422,548	0	422,548	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			5,788,455	494,618	6,283,073	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
9/26/2019 9:20 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	308,207	308,207	0	308,207	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	982	982	0	982	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.2566	0.2566	0.2566		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	79,086	79,086	0	79,086	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.1112	0.1112	0.1112		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	34,273	34,273	0	34,273	25.00
26.00	Total prospective capital payments (see instructions)	12.00	422,548	422,548	0	422,548	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	4,598	4,598	0	4,598	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-25,761	-25,761	0	-25,761	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0049	Period: From 01/29/2019 To 04/30/2019	Worksheet E Part B Date/Time Prepared: 9/26/2019 9:20 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		685	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,895,687	2.00
3.00	OPPS payments		2,251,644	3.00
4.00	Outlier payment (see instructions)		6,553	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		685	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		4,108	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)		4,108	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)		4,108	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		3,423	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)		685	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)		2,258,197	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		150	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		418,688	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)		1,840,044	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		231,389	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)		2,071,433	30.00
31.00	Primary payer payments		1,341	31.00
32.00	Subtotal (line 30 minus line 31)		2,070,092	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)		126,569	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		82,270	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		74,122	36.00
37.00	Subtotal (see instructions)		2,152,362	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		2,152,362	40.00
40.01	Sequestration adjustment (see instructions)		43,047	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		2,104,769	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		4,546	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet E-1
Part I
Date/Time Prepared:
9/26/2019 9:20 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		6,505,328		2,104,769	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		6,505,328		2,104,769	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		52,361		4,546	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		6,557,689		2,109,315	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

 Provider CCN: 14-0049
 Component CCN: 14-5743

 Period:
 From 01/29/2019
 To 04/30/2019

 Worksheet E-1
 Part I
 Date/Time Prepared:
 9/26/2019 9:20 am

		Title XVIII		Skilled Nursing Facility		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		661,135		0	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		661,135		0	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		1		0	6.02	
7.00	Total Medicare program liability (see instructions)		661,134		0	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0049	Period: From 01/29/2019 To 04/30/2019	Worksheet E-1 Part II Date/Time Prepared: 9/26/2019 9:20 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0049 Component CCN: 14-5743	Period: From 01/29/2019 To 04/30/2019	Worksheet E-3 Part VI Date/Time Prepared: 9/26/2019 9:20 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)			696,963 1.00
2.00	Routine service other pass through costs			0 2.00
3.00	Ancillary service other pass through costs			0 3.00
4.00	Subtotal (sum of lines 1 through 3)			696,963 4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible			0 6.00
7.00	Coinsurance			22,336 7.00
8.00	Allowable bad debts (see instructions)			0 8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0 9.00
10.00	Adjusted reimbursable bad debts (see instructions)			0 10.00
11.00	Utilization review			0 11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)			674,627 12.00
13.00	Inpatient primary payer payments			0 13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 14.50
14.99	Demonstration payment adjustment amount before sequestration			0 14.99
15.00	Subtotal (see instructions)			674,627 15.00
15.01	Sequestration adjustment (see instructions)			13,493 15.01
15.02	Demonstration payment adjustment amount after sequestration			0 15.02
16.00	Interim payments			661,135 16.00
17.00	Tentative settlement (for contractor use only)			0 17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)			-1 18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2			0 19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0049	Period: From 01/29/2019 To 04/30/2019	Worksheet E-4 Date/Time Prepared: 9/26/2019 9:20 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			14.72	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.43	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.35	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			14.64	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			12.24	6.00
7.00	Enter the lesser of line 5 or line 6			12.24	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	12.24	0.00	12.24	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	12.24	0.00	12.24	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	12.24	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	14.50	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	13.80	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	13.51	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	13.51	0.00		17.00
18.00	Per resident amount	149,600.68	141,730.34		18.00
19.00	Approved amount for resident costs	2,021,105	0	2,021,105	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,021,105	25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	1,748	1,203	26.00	
27.00	Total Inpatient Days (see instructions)	6,043	6,043	27.00	
28.00	Ratio of inpatient days to total inpatient days	0.289260	0.199073	28.00	
29.00	Program direct GME amount	584,625	402,347	29.00	
30.00	Reduction for direct GME payments for Medicare Advantage		56,852	30.00	
31.00	Net Program direct GME amount			930,120	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0049	Period: From 01/29/2019 To 04/30/2019	Worksheet E-4 Date/Time Prepared: 9/26/2019 9:20 am
		Title XVIII	Hospital	PPS
			1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		452,549	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		5,722,477	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		5,722,477	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		1,896,372	42.00
43.00	Primary payer payments (see instructions)		1,341	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		1,895,031	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		7,617,508	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.751227	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.248773	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		930,120	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		698,731	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		231,389	50.00

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

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019

Worksheet G

Date/Time Prepared:
9/26/2019 9:20 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-871,628	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	66,165,259	0	0	0	4.00
5.00	Other receivable	3,271,261	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-42,107,179	0	0	0	6.00
7.00	Inventory	3,814,225	0	0	0	7.00
8.00	Prepaid expenses	847,084	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	31,119,022	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	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	0	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	6,111,643	0	0	0	23.00
24.00	Accumulated depreciation	-1,370,385	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)	4,741,258	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	35,860,280	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	8,704,926	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,768,611	0	0	0	38.00
39.00	Payroll taxes payable	510,942	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	14,434,811	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	27,419,290	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	9,335,184	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	9,335,184	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	36,754,474	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-894,194	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-894,194	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	35,860,280	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019

Worksheet G-1

Date/Time Prepared:
9/26/2019 9:20 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		5,621,784		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-6,669,274				2.00
3.00	Total (sum of line 1 and line 2)		-1,047,490		0		3.00
4.00	ADJUST FOR ROUNDING AND PURCHASE	153,296		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)		153,296		0		10.00
11.00	Subtotal (line 3 plus line 10)		-894,194		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)		-894,194		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	ADJUST FOR ROUNDING AND PURCHASE		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: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
9/26/2019 9:20 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	20,576,785		20,576,785	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	1,320,703		1,320,703	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)	21,897,488		21,897,488	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	5,670,823		5,670,823	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)	5,670,823		5,670,823	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	27,568,311		27,568,311	17.00
18.00	Ancillary services	75,902,391	99,595,428	175,497,819	18.00
19.00	Outpatient services	6,330,226	25,534,229	31,864,455	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	NURSERY	3,401,298	0	3,401,298	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	113,202,226	125,129,657	238,331,883	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		38,092,068		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)		38,092,068		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019

Worksheet G-3

Date/Time Prepared:
9/26/2019 9:20 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	238,331,883	1.00
2.00	Less contractual allowances and discounts on patients' accounts	207,268,999	2.00
3.00	Net patient revenues (line 1 minus line 2)	31,062,884	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	38,092,068	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-7,029,184	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	80,650	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	2,713	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	322	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS/OTHER REVENUE	9,847	24.00
24.01	FP MEDICAL EDUCATION	15,280	24.01
24.02	CANCER CENTER PHARMACY	251,098	24.02
25.00	Total other income (sum of lines 6-24)	359,910	25.00
26.00	Total (line 5 plus line 25)	-6,669,274	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)	-6,669,274	29.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 14-0049

Period:
From 01/29/2019
To 04/30/2019Worksheet L
Parts I-III
Date/Time Prepared:
9/26/2019 9:20 am

Title XVIII		Hospital	PPS
			1.00
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	308,207	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	982	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)	65.68	3.00
4.00	Number of interns & residents (see instructions)	53.16	4.00
5.00	Indirect medical education percentage (see instructions)	25.66	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)	79,086	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	13.28	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	38.79	8.00
9.00	Sum of lines 7 and 8	52.07	9.00
10.00	Allowable disproportionate share percentage (see instructions)	11.12	10.00
11.00	Disproportionate share adjustment (see instructions)	34,273	11.00
12.00	Total prospective capital payments (see instructions)	422,548	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