

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 14-0054	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 12/2/2019 3:20 pm
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PART I - COST REPORT STATUS

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

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MACNEAL HOSPITAL (14-0054) for the cost reporting period beginning 07/01/2018 and ending 06/30/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

REGIONAL CFO, LOYOLA MEDICINE

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	-13,870	3,535	0	0	1.00
2.00	Subprovider - IPF	0	54,036	-1		0	2.00
3.00	Subprovider - IRF	0	46,658	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
200.00	Total	0	86,824	3,534	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: 14-0054		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 12/2/2019 3:20 pm	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 3249 SOUTH OAK PARK AVENUE			PO Box:				1.00		
2.00	City: BERWYN			State: IL		Zip Code: 60402		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		MACNEAL HOSPITAL	140054	16974	1	07/01/1966	N	P	0
4.00	Subprovider - IPF		MACNEAL PSYCH UNIT	14S054	16974	4	10/01/1984	N	P	0
5.00	Subprovider - IRF		MACNEAL REHAB UNIT	14T054	16974	5	10/01/2015	N	P	0
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF		M.H. TRANSITIONAL CARE UNIT	145848	16974		10/01/1995	N	P	0
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)						07/01/2018	06/30/2019		20.00
21.00	Type of Control (see instructions)						1			21.00
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) 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.			2,059	2,303	6	1	11,885	236	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
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		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.	51	0	0	279	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.					2		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.					2		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)					N	N	N
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

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To 06/30/2019Worksheet S-2
Part I
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	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00		2.00	3.00	4.00	
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	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)		0.70	28.06	0.024339		64.00

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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	6.24	28.11	0.181659	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.08	24.70	0.003228	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	10.85	69.28	0.135405	67.00
67.01		INTERNAL MEDICINE	1400	0.00	39.26	0.000000	67.01
67.02		OB GYN	1750	0.00	2.80	0.000000	67.02
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			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)			N	N	0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00

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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)	N		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	N		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		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

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		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
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y					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 1.00	Losses 2.00	Insurance 3.00			
118.01	List amounts of malpractice premiums and paid losses:	5,559,479	0	0			118.01
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N				N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N					122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				HB1432	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0054		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 12/2/2019 3:20 pm				
1.00		2.00		3.00								
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.												
141.00	Name: TRINITY HEALTH CORPORATION		Contractor's Name: WISCONSIN PHYSICIANS SERVICE		Contractor's Number: 08201		141.00					
142.00	Street: 20555 VICTOR PKWY		PO Box:				142.00					
143.00	City: LIVONIA		State: MI		Zip Code: 48152		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		N		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		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	166.00
								1.00				
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act												
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								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)						07/01/2016		09/28/2016		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: 14-0054	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 12/2/2019 3:20 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	Y	03/01/2018	1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	09/26/2018
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	11/05/2018	Y
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
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
12/2/2019 3:20 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DAVID	PALUCK		41.00
42.00	Enter the employer/company name of the cost report preparer.	TRINITY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	708-216-6719	DAVID.PALUCK@TRINITY-HEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
12/2/2019 3:20 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
12/2/2019 3:20 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	239	87,235	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)		239	87,235	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,205	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)		256	93,440	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	25	9,125		0	16.00
17.00 SUBPROVIDER - IRF	41.00	12	4,380		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	25	9,125		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)		318			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: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
12/2/2019 3:20 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,919	4,605	41,470			1.00
2.00	HMO and other (see instructions)	7,214	11,885				2.00
3.00	HMO IPF Subprovider	1,600	0				3.00
4.00	HMO IRF Subprovider	514	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)	9,919	4,605	41,470			7.00
8.00	INTENSIVE CARE UNIT	1,083	0	3,476			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		0	2,677			13.00
14.00	Total (see instructions)	11,002	4,605	47,623	103.99	936.27	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	2,957	0	7,740	0.00	16.30	16.00
17.00	SUBPROVIDER - IRF	1,452	330	2,998	0.00	7.13	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	3,751	17	6,355	0.00	12.97	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)				103.99	972.67	27.00
28.00	Observation Bed Days		0	5,214			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	0	383			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: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
12/2/2019 3:20 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,715	1,019	11,656	1.00
2.00 HMO and other (see instructions)			1,738	2,669		2.00
3.00 HMO IPF Subprovider				671		3.00
4.00 HMO IRF Subprovider				20		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,715	1,019	11,656	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	316	151	1,397	16.00
17.00 SUBPROVIDER - IRF	0.00	0	114	3	234	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: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
12/2/2019 3:20 pm

	Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	129,701,959	0	129,701,959	2,023,136.29	64.11
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		2,076,852	0	2,076,852	49,136.00	42.27
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	9,635,562	-3,824,296	5,811,266	213,756.84	27.19
7.01	Contracted interns and residents (in an approved programs)		213,107	0	213,107	7,648.00	27.86
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	1,845,143	0	1,845,143	26,968.42	68.42
10.00	Excluded area salaries (see instructions)		26,244,570	0	26,244,570	358,761.68	73.15
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		27,163,903	0	27,163,903	817,915.61	33.21
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		5,996,151	0	5,996,151	85,138.00	70.43
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)		1,585,455	0	1,585,455		
18.00	Wage-related costs (other) (see instructions)		5,939,396	0	5,939,396		
19.00	Excluded areas		619,865	0	619,865		
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		62,432	0	62,432		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		74,998	0	74,998		
25.50	Home office wage-related (core)		1,999,486	0	1,999,486		
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	11,235,948	0	11,235,948	9,171.22	1,225.13
27.00	Administrative & General	5.00	11,315,544	0	11,315,544	346,137.02	32.69

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
12/2/2019 3:20 pm

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		4,564,062	0	4,564,062	140,489.98	32.49	28.00
29.00	Maintenance & Repairs	6.00	1,777,890	0	1,777,890	23,913.65	74.35	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	543,989	0	543,989	13,894.25	39.15	31.00
32.00	Housekeeping	9.00	2,192,714	0	2,192,714	67,353.74	32.56	32.00
33.00	Housekeeping under contract (see instructions)		1,134,802	0	1,134,802	78,849.14	14.39	33.00
34.00	Dietary	10.00	2,585,324	0	2,585,324	69,001.78	37.47	34.00
35.00	Dietary under contract (see instructions)		1,288,200	0	1,288,200	72,820.42	17.69	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	1,288,084	0	1,288,084	11,864.41	108.57	38.00
39.00	Central Services and Supply	14.00	470,216	0	470,216	11,361.50	41.39	39.00
40.00	Pharmacy	15.00	2,866,195	0	2,866,195	31,511.55	90.96	40.00
41.00	Medical Records & Medical Records Library	16.00	1,793,188	0	1,793,188	30,877.81	58.07	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: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
12/2/2019 3:20 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	124,763,502	3,824,296	128,587,798	2,044,754.99	62.89	1.00
2.00	Excluded area salaries (see instructions)	28,089,713	0	28,089,713	385,730.10	72.82	2.00
3.00	Subtotal salaries (line 1 minus line 2)	96,673,789	3,824,296	100,498,085	1,659,024.89	60.58	3.00
4.00	Subtotal other wages & related costs (see inst.)	33,160,054	0	33,160,054	903,053.61	36.72	4.00
5.00	Subtotal wage-related costs (see inst.)	9,524,337	0	9,524,337	0.00	9.48	5.00
6.00	Total (sum of lines 3 thru 5)	139,358,180	3,824,296	143,182,476	2,562,078.50	55.89	6.00
7.00	Total overhead cost (see instructions)	43,056,156	0	43,056,156	907,246.47	47.46	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part IV
Date/Time Prepared:
12/2/2019 3:20 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,729,085	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)	327,107	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	286,559	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	0	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	2,342,751	24.00
Part B - Other than Core Related Cost			
25.00	MISC WAGE RELATED COSTS	5,939,396	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
12/2/2019 3:20 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	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: 14-0054

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

Worksheet S-7

Date/Time Prepared:
12/2/2019 3:20 pm

		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	0	0	0 3.00
4.00		RUL	48	0	48 4.00
5.00		RVX	7	0	7 5.00
6.00		RVL	161	0	161 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	39	0	39 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	22	0	22 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	27	0	27 12.00
13.00		RUB	254	0	254 13.00
14.00		RUA	604	0	604 14.00
15.00		RVC	97	0	97 15.00
16.00		RVB	608	0	608 16.00
17.00		RVA	1,005	0	1,005 17.00
18.00		RHC	7	0	7 18.00
19.00		RHB	110	0	110 19.00
20.00		RHA	235	0	235 20.00
21.00		RMC	0	0	0 21.00
22.00		RMB	73	0	73 22.00
23.00		RMA	73	0	73 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	42	0	42 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	6	0	6 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	7	0	7 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	7	0	7 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	17	0	17 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	6	0	6 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	88	0	88 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	103	0	103 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	42	0	42 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: 14-0054

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

Worksheet S-7

Date/Time Prepared:
12/2/2019 3:20 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	36	0	36	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	16	0	16	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	9	0	9	78.00
199.00		AAA	2	0	2	199.00
200.00	TOTAL		3,751	0	3,751	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES					
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)		4,347,021			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0054	Period: From 07/01/2018 To 06/30/2019	Worksheet S-10 Date/Time Prepared: 12/2/2019 3:20 pm
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.113566 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	32,749,668		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	21,572,081		5.00
6.00	Medicaid charges	337,934,269		6.00
7.00	Medicaid cost (line 1 times line 6)	38,377,843		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)	0		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)	0		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	73,212,228	0	73,212,228 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	8,314,420	0	8,314,420 21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0 22.00
23.00	Cost of charity care (line 21 minus line 22)	8,314,420	0	8,314,420 23.00
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	18,015,507		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	837,430		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,288,354		27.01
28.00	Non-Medicare bad debt expense (see instructions)	16,727,153		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	2,350,560		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	10,664,980		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	10,664,980		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0054

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

Worksheet A

Date/Time Prepared:
12/2/2019 3:20 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	2,355,027	2,355,027	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	5,392,953	5,392,953	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	11,235,948	1,653,462	12,889,410	-49,053	12,840,357	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,315,544	62,415,474	73,731,018	-6,636,735	67,094,283	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,777,890	7,349,885	9,127,775	-294,905	8,832,870	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	543,989	364,067	908,056	13,822	921,878	8.00
9.00	00900	HOUSEKEEPING	2,192,714	1,417,606	3,610,320	-56	3,610,264	9.00
10.00	01000	DIETARY	2,585,324	1,747,701	4,333,025	-13,377	4,319,648	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,288,084	162,443	1,450,527	-122	1,450,405	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	470,216	-425,699	44,517	-36,099	8,418	14.00
15.00	01500	PHARMACY	2,866,195	5,536,809	8,403,004	-3,298,342	5,104,662	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,793,188	531,006	2,324,194	0	2,324,194	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	9,635,562	2,734,545	12,370,107	-6,558,841	5,811,266	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	6,558,841	6,558,841	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,635,494	3,189,401	22,824,895	-553,333	22,271,562	30.00
31.00	03100	INTENSIVE CARE UNIT	2,637,034	639,365	3,276,399	-201,916	3,074,483	31.00
40.00	04000	SUBPROVIDER - IPF	2,225,664	709,148	2,934,812	-10,953	2,923,859	40.00
41.00	04100	SUBPROVIDER - IRF	1,018,389	312,844	1,331,233	-2,660	1,328,573	41.00
43.00	04300	NURSERY	1,072,016	535,571	1,607,587	-27,643	1,579,944	43.00
44.00	04400	SKILLED NURSING FACILITY	1,845,143	305,182	2,150,325	-42,333	2,107,992	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,826,090	15,855,500	20,681,590	-10,553,738	10,127,852	50.00
51.00	05100	RECOVERY ROOM	587,709	75,066	662,775	-20,078	642,697	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,932,818	2,114,084	4,046,902	-129,202	3,917,700	52.00
53.00	05300	ANESTHESIOLOGY	561,511	2,091,330	2,652,841	-713,302	1,939,539	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,307,712	11,626,935	14,934,647	-3,077,728	11,856,919	54.00
56.00	05600	RADIOISOTOPE	324,513	439,626	764,139	-4,213	759,926	56.00
56.01	03630	ULTRA SOUND	914,391	133,728	1,048,119	-39,070	1,009,049	56.01
56.02	03440	MAMMOGRAPHY	816,454	404,470	1,220,924	-44,353	1,176,571	56.02
57.00	05700	CT SCAN	660,986	514,622	1,175,608	-12,718	1,162,890	57.00
58.00	05800	MRI	457,004	231,937	688,941	-109,107	579,834	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,029,150	5,508,095	6,537,245	-3,343,849	3,193,396	59.00
59.01	05901	GASTRO INTESTINAL	1,439,152	1,160,339	2,599,491	-272,986	2,326,505	59.01
60.00	06000	LABORATORY	179,114	32,584	211,698	816	212,514	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	673,324	673,324	0	673,324	63.00
65.00	06500	RESPIRATORY THERAPY	1,158,907	506,551	1,665,458	-226,406	1,439,052	65.00
66.00	06600	PHYSICAL THERAPY	2,074,287	221,699	2,295,986	-28,973	2,267,013	66.00
66.01	06601	TCU REHAB	0	16,845	16,845	-12,402	4,443	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,001,631	74,699	1,076,330	0	1,076,330	67.00
68.00	06800	SPEECH PATHOLOGY	472,786	58,843	531,629	-23,739	507,890	68.00
69.00	06900	ELECTROCARDIOLOGY	711,255	322,010	1,033,265	-8,958	1,024,307	69.00
69.01	06901	CARDIAC HEHAB	208,479	33,853	242,332	-2,569	239,763	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,381,581	6,381,581	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,482,534	9,482,534	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	8,978,876	8,978,876	73.00
74.00	07400	RENAL DIALYSIS	116,313	729,404	845,717	-412	845,305	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	5,736,662	2,609,445	8,346,107	-493,137	7,852,970	91.00
91.01	09101	FAMILY PRACTICES	3,456,157	6,537,153	9,993,310	-2,107,574	7,885,736	91.01
91.02	09102	PSYCH DAY HOSPITAL	259,617	21,836	281,453	0	281,453	91.02
91.03	09103	WOUND CARE	330,350	214,203	544,553	-185,619	358,934	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	106,701,442	141,386,991	248,088,433	27,949	248,116,382	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	561	561	0	561	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0054

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

Worksheet A

Date/Time Prepared:
12/2/2019 3:20 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	22,475,805	12,126,080	34,601,885	-27,941	34,573,944	192.00
194.00	07950	MARKETING	371,037	523,441	894,478	0	894,478	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	153,675	123,993	277,668	-8	277,660	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
200.00		TOTAL (SUM OF LINES 118 through 199)	129,701,959	154,161,066	283,863,025	0	283,863,025	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0054

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

Worksheet A

Date/Time Prepared:
12/2/2019 3:20 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,847,159	507,868	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	5,392,953	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-683,554	12,156,803	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-8,480,213	58,614,070	5.00
6.00	00600	MAINTENANCE & REPAIRS	-2,652,046	6,180,824	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-10,001	911,877	8.00
9.00	00900	HOUSEKEEPING	0	3,610,264	9.00
10.00	01000	DIETARY	-707,793	3,611,855	10.00
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-1,587	1,448,818	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-66,694	-58,276	14.00
15.00	01500	PHARMACY	-929,396	4,175,266	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-127	2,324,067	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	5,811,266	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-1,158,457	5,400,384	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-423,357	21,848,205	30.00
31.00	03100	INTENSIVE CARE UNIT	-25,830	3,048,653	31.00
40.00	04000	SUBPROVIDER - IPF	-862,371	2,061,488	40.00
41.00	04100	SUBPROVIDER - IRF	-44,265	1,284,308	41.00
43.00	04300	NURSERY	-180,000	1,399,944	43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,107,992	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,283,680	8,844,172	50.00
51.00	05100	RECOVERY ROOM	0	642,697	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,709,804	2,207,896	52.00
53.00	05300	ANESTHESIOLOGY	-1,113,215	826,324	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-403,157	11,453,762	54.00
56.00	05600	RADIOISOTOPE	0	759,926	56.00
56.01	03630	ULTRA SOUND	-29,531	979,518	56.01
56.02	03440	MAMMOGRAPHY	0	1,176,571	56.02
57.00	05700	CT SCAN	-3,921	1,158,969	57.00
58.00	05800	MRI	0	579,834	58.00
59.00	05900	CARDIAC CATHETERIZATION	-40,675	3,152,721	59.00
59.01	05901	GASTRO INTESTINAL	0	2,326,505	59.01
60.00	06000	LABORATORY	-45,392	167,122	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	673,324	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,439,052	65.00
66.00	06600	PHYSICAL THERAPY	-2,998	2,264,015	66.00
66.01	06601	TCU REHAB	0	4,443	66.01
67.00	06700	OCCUPATIONAL THERAPY	-29,232	1,047,098	67.00
68.00	06800	SPEECH PATHOLOGY	-10,680	497,210	68.00
69.00	06900	ELECTROCARDIOLOGY	-205,462	818,845	69.00
69.01	06901	CARDIAC HEHAB	0	239,763	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,381,581	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,482,534	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,978,876	73.00
74.00	07400	RENAL DIALYSIS	0	845,305	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-721,902	7,131,068	91.00
91.01	09101	FAMILY PRACTICES	-2,696,349	5,189,387	91.01
91.02	09102	PSYCH DAY HOSPITAL	9,360	290,813	91.02
91.03	09103	WOUND CARE	0	358,934	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	93.99
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-26,359,488	221,756,894	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	561	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	34,573,944	192.00
194.00	07950	MARKETING	0	894,478	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0054

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

Worksheet A

Date/Time Prepared:
12/2/2019 3:20 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.01	07951	MACNEAL SCHOOL	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	277,660	194.02
194.03	07953	RETAIL PHARMACY	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	194.04
194.05	07955	CATERED MEALS	0	0	194.05
194.06	07956	VACANT SPACE	0	0	194.06
200.00		TOTAL (SUM OF LINES 118 through 199)	-26,359,488	257,503,537	200.00

RECLASSIFICATIONS

Provider CCN: 14-0054

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

Worksheet A-6

Date/Time Prepared:
12/2/2019 3:20 pm

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
A - TAXES						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,218,820	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	
	0		0	2,218,820		
B - DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	52,055	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,521,993	2.00	
	0		0	4,574,048		
C - LEASES RENTALS						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	840,991	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
	0		0	840,991		
D - CHARGEABLE DRUGS						
1.00	MAINTENANCE & REPAIRS	6.00	0	755	1.00	
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	8,997,873	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
	0		0	8,998,628		
E - CHARGEABLE SUPPLIES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,861	1.00	
2.00	LABORATORY	60.00	0	825	2.00	
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,381,581	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	

RECLASSIFICATIONS

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Date/Time Prepared:
12/2/2019 3:20 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
	0		0	6,384,267		
F - INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	84,152		1.00
	0		0	84,152		
G - INTEREST EXPENSE						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	29,969		1.00
	0		0	29,969		
H - IMPLANTABLE DEVICE						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	9,482,534		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
	0		0	9,482,534		
I - LINEN						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	21,292		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
	0		0	21,292		
J - INTERNS AND RESIDENTS OTHER PROG						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	3,824,296	0		1.00
	0		3,824,296	0		
K - INTERNS AND RESIDENTS						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00		2,734,545		1.00
2.00				0		2.00
				2,734,545		
500.00	Grand Total: Increases		3,824,296	35,369,246		500.00

RECLASSIFICATIONS

Provider CCN: 14-0054

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

Worksheet A-6

Date/Time Prepared:
12/2/2019 3:20 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - TAXES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,873,978	13		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	283,774	0		2.00
3.00	OPERATING ROOM	50.00	0	3,000	0		3.00
4.00	MRI	58.00	0	58,068	0		4.00
	0		0	2,218,820			
	B - DEPRECIATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,574,048	9		1.00
2.00		0.00	0	0	9		2.00
	0		0	4,574,048			
	C - LEASES RENTALS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	76,449	10		1.00
2.00	DIETARY	10.00	0	2,186	0		2.00
3.00	PHARMACY	15.00	0	281,262	0		3.00
4.00	OPERATING ROOM	50.00	0	481,088	0		4.00
5.00	FAMILY PRACTICES	91.01	0	6	0		5.00
	0		0	840,991			
	D - CHARGEABLE DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	46,702	0		1.00
2.00	HOUSEKEEPING	9.00	0	56	0		2.00
3.00	DIETARY	10.00	0	10,908	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	4	0		4.00
6.00	PHARMACY	15.00	0	2,933,862	0		6.00
7.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	18,997	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	230,088	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	46,589	0		9.00
10.00	SUBPROVIDER - IPF	40.00	0	263	0		10.00
11.00	SUBPROVIDER - IRF	41.00	0	1,534	0		11.00
12.00	NURSERY	43.00	0	9,933	0		12.00
13.00	SKILLED NURSING FACILITY	44.00	0	7,068	0		13.00
14.00	OPERATING ROOM	50.00	0	126,896	0		14.00
15.00	RECOVERY ROOM	51.00	0	3,058	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	24,974	0		16.00
17.00	ANESTHESIOLOGY	53.00	0	398,498	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,652,371	0		18.00
19.00	RADIOISOTOPE	56.00	0	2,809	0		19.00
20.00	ULTRA SOUND	56.01	0	565	0		20.00
21.00	MAMMOGRAPHY	56.02	0	20,297	0		21.00
22.00	CT SCAN	57.00	0	5,546	0		22.00
23.00	MRI	58.00	0	38,811	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	10,026	0		24.00
25.00	GASTRO INTESTINAL	59.01	0	75,239	0		25.00
26.00	LABORATORY	60.00	0	1	0		26.00
27.00	RESPIRATORY THERAPY	65.00	0	2,132	0		27.00
28.00	PHYSICAL THERAPY	66.00	0	83	0		28.00
29.00	TCU REHAB	66.01	0	620	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	1,834	0		30.00
31.00	CARDIAC HEHAB	69.01	0	275	0		31.00
32.00	RENAL DIALYSIS	74.00	0	412	0		32.00
33.00	EMERGENCY	91.00	0	259,681	0		33.00
34.00	FAMILY PRACTICES	91.01	0	2,025,707	0		34.00
35.00	WOUND CARE	91.03	0	14,842	0		35.00
36.00	PHYSICIANS PRIVATE OFFICES	192.00	0	27,941	0		36.00
37.00	COMMUNITY RELATIONS	194.02	0	6	0		37.00
	0		0	8,998,628			
	E - CHARGEABLE SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,351	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	10,084	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	7,470	0		3.00
4.00	DIETARY	10.00	0	21	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	118	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	36,091	0		6.00
7.00	PHARMACY	15.00	0	8,994	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	319,317	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	149,844	0		9.00
10.00	SUBPROVIDER - IPF	40.00	0	4,497	0		10.00
11.00	SUBPROVIDER - IRF	41.00	0	1,064	0		11.00
12.00	NURSERY	43.00	0	15,787	0		12.00
13.00	SKILLED NURSING FACILITY	44.00	0	35,210	0		13.00
14.00	OPERATING ROOM	50.00	0	3,497,056	0		14.00
15.00	RECOVERY ROOM	51.00	0	17,020	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	103,849	0		16.00
17.00	ANESTHESIOLOGY	53.00	0	314,804	0		17.00

RECLASSIFICATIONS

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Date/Time Prepared:
12/2/2019 3:20 pm

Decreases							
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	283,252	0		18.00
19.00	RADIOISOTOPE	56.00	0	1,404	0		19.00
20.00	ULTRA SOUND	56.01	0	38,486	0		20.00
21.00	MAMMOGRAPHY	56.02	0	24,056	0		21.00
22.00	CT SCAN	57.00	0	7,172	0		22.00
23.00	MRI	58.00	0	12,198	0		23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	573,763	0		24.00
25.00	GASTRO INTESTINAL	59.01	0	188,840	0		25.00
26.00	RESPIRATORY THERAPY	65.00	0	224,274	0		26.00
27.00	PHYSICAL THERAPY	66.00	0	28,659	0		27.00
28.00	TCU REHAB	66.01	0	11,782	0		28.00
29.00	SPEECH PATHOLOGY	68.00	0	23,739	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	7,095	0		30.00
31.00	CARDIAC HEHAB	69.01	0	2,294	0		31.00
32.00	EMERGENCY	91.00	0	228,888	0		32.00
33.00	FAMILY PRACTICES	91.01	0	34,009	0		33.00
34.00	WOUND CARE	91.03	0	170,777	0		34.00
35.00	COMMUNITY RELATIONS	194.02	0	2	0		35.00
	0		0	6,384,267			
F - INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	84,152	12		1.00
	0		0	84,152			
G - INTEREST EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	29,969	11		1.00
	0		0	29,969			
H - IMPLANTABLE DEVICE							
1.00	MAINTENANCE & REPAIRS	6.00	0	1,787	0		1.00
2.00	DIETARY	10.00	0	262	0		2.00
3.00	PHARMACY	15.00	0	74,224	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	2,694	0		4.00
5.00	OPERATING ROOM	50.00	0	6,445,698	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	142,105	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	2,760,060	0		7.00
8.00	GASTRO INTESTINAL	59.01	0	8,393	0		8.00
9.00	PHYSICAL THERAPY	66.00	0	216	0		9.00
10.00	EMERGENCY	91.00	0	283	0		10.00
11.00	FAMILY PRACTICES	91.01	0	46,812	0		11.00
	0		0	9,482,534			
I - LINEN							
1.00	MAINTENANCE & REPAIRS	6.00	0	15	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	8	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	3,928	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	2,789	0		4.00
5.00	SUBPROVIDER - IPF	40.00	0	6,193	0		5.00
6.00	SUBPROVIDER - IRF	41.00	0	62	0		6.00
7.00	NURSERY	43.00	0	1,923	0		7.00
8.00	SKILLED NURSING FACILITY	44.00	0	55	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	379	0		9.00
10.00	ULTRA SOUND	56.01	0	19	0		10.00
11.00	MRI	58.00	0	30	0		11.00
12.00	GASTRO INTESTINAL	59.01	0	514	0		12.00
13.00	LABORATORY	60.00	0	8	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	15	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	29	0		15.00
16.00	EMERGENCY	91.00	0	4,285	0		16.00
17.00	FAMILY PRACTICES	91.01	0	1,040	0		17.00
	0		0	21,292			
J - INTERNS AND RESIDENTS OTHER PROG							
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	3,824,296	0	0		1.00
	0		3,824,296	0			
K - INTERNS AND RESIDENTS							
1.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00		2,715,548			1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00		18,997			2.00
			0	2,734,545			
500.00	Grand Total: Decreases		3,824,296	35,369,246			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
12/2/2019 3:20 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	10,470,000	0	0	0	0	1.00
2.00	Land Improvements	1,090,000	49,318	0	49,318	0	2.00
3.00	Buildings and Fixtures	630,000	0	0	0	0	3.00
4.00	Building Improvements	93,827,784	24,831,511	0	24,831,511	0	4.00
5.00	Fixed Equipment	2,370,160	100,658	0	100,658	7,210	5.00
6.00	Movable Equipment	15,831,634	5,657,446	0	5,657,446	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	124,219,578	30,638,933	0	30,638,933	7,210	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	124,219,578	30,638,933	0	30,638,933	7,210	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
		PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES					
1.00	Land	10,470,000	0				1.00
2.00	Land Improvements	1,139,318	0				2.00
3.00	Buildings and Fixtures	630,000	0				3.00
4.00	Building Improvements	118,659,295	0				4.00
5.00	Fixed Equipment	2,463,608	0				5.00
6.00	Movable Equipment	21,489,080	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	154,851,301	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	154,851,301	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
12/2/2019 3:20 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
12/2/2019 3:20 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	133,262,221	0	133,262,221	0.871233	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	21,489,080	1,793,200	19,695,880	0.128767	0	2.00
3.00	Total (sum of lines 1-2)	154,751,301	1,793,200	152,958,101	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	-204,275	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,521,993	840,991	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,317,718	840,991	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	-1,590,829	84,152	2,218,820	0	507,868	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	29,969	0	0	0	5,392,953	2.00
3.00	Total (sum of lines 1-2)	-1,560,860	84,152	2,218,820	0	5,900,821	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0054

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

Worksheet A-8

Date/Time Prepared:
12/2/2019 3:20 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
1.00		B	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,590,829	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		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	-9,680,401			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	-9,807,093			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-676,371	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		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-31,665	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	-497,499	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	PATIENT PHONES-DIRECT	A	-113,880	ADMINISTRATIVE & GENERAL	5.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0054

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

Worksheet A-8

Date/Time Prepared:
12/2/2019 3:20 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.
				Cost Center			
		1.00	2.00	3.00		4.00	5.00
33.01	PATIENT PHONES-BENEFITS	A		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.01
33.02	PATIENT PHONES-DEPREC.	A		0	CAP REL COSTS-MVBLE EQUIP	2.00	9 33.02
33.03	TELEVISION-DEPREC	A	-13,849	0	ADMINISTRATIVE & GENERAL	5.00	9 33.03
33.04	TELEVISION-CABLE	A		0	ADMINISTRATIVE & GENERAL	5.00	0 33.04
33.05	TELEVISION-CABLE	A	-3,046	0	ANESTHESIOLOGY	53.00	0 33.05
33.06	TELEVISION-CABLE	A	-10,212	0	FAMILY PRACTICES	91.01	0 33.06
33.07	OTHER OPERATING REVENUE	B		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.07
33.08	TELEPHONE REVENUE	B	-200,894	0	ADMINISTRATIVE & GENERAL	5.00	0 33.08
33.09	OTHER OPERATING REVENUE	B	-292,705	0	ADMINISTRATIVE & GENERAL	5.00	0 33.09
33.10	RENT INCOME	B		0	MAINTENANCE & REPAIRS	6.00	0 33.10
33.11	OTHER OPERATING REVENUE	B	-10,001	0	LAUNDRY & LINEN SERVICE	8.00	0 33.11
33.12	OTHER OPERATING REVENUE	B	243	0	DIETARY	10.00	0 33.12
33.13	OTHER OPERATING REVENUE	B	-66,694	0	CENTRAL SERVICES & SUPPLY	14.00	0 33.13
33.14	OTHER OPERATING REVENUE	B	-929,396	0	PHARMACY	15.00	0 33.14
33.15	OTHER OPERATING REVENUE	B	-127	0	MEDICAL RECORDS & LIBRARY	16.00	0 33.15
33.16	OTHER OPERATING REVENUE	B	-108,929	0	I&R SERVICES-OTHER PRGM	22.00	0 33.16
33.17	RENT INCOME	B	-394,333	0	COSTS APPRV		
33.18	OTHER OPERATING REVENUE	B	-2,520	0	ADULTS & PEDIATRICS	30.00	0 33.17
33.19	OTHER OPERATING REVENUE	B	-26,745	0	ADULTS & PEDIATRICS	30.00	0 33.18
33.20	OTHER OPERATING REVENUE	B	-4,757	0	EMERGENCY	91.00	0 33.19
33.21	OTHER OPERATING REVENUE	B		0	LABORATORY	60.00	0 33.20
33.22	OTHER OPERATING REVENUE	B		0	DELIVERY ROOM & LABOR ROOM	52.00	0 33.21
33.23	OTHER OPERATING REVENUE	B	-61,220	0	ANESTHESIOLOGY	53.00	0 33.22
33.24	OTHER OPERATING REVENUE	B	-29,531	0	RADIOLOGY-DIAGNOSTIC	54.00	0 33.23
33.25	OTHER OPERATING REVENUE	B	-3,921	0	ULTRA SOUND	56.01	0 33.24
33.26	OTHER OPERATING REVENUE	B	-40,635	0	CT SCAN	57.00	0 33.25
33.27	OTHER OPERATING REVENUE	B		0	LABORATORY	60.00	0 33.26
				0	BLOOD STORING PROCESSING & TRANS.	63.00	0 33.27
33.28	OTHER OPERATING REVENUE	B		0	RESPIRATORY THERAPY	65.00	0 33.28
33.29	OTHER OPERATING REVENUE	B	-2,998	0	PHYSICAL THERAPY	66.00	0 33.29
33.30	OTHER OPERATING REVENUE	B	-29,232	0	OCCUPATIONAL THERAPY	67.00	0 33.30
33.31	OTHER OPERATING REVENUE	B	-9,347	0	ELECTROCARDIOLOGY	69.00	0 33.31
33.32	OTHER OPERATING REVENUE	B	-10,680	0	SPEECH PATHOLOGY	68.00	0 33.32
33.33	OTHER OPERATING REVENUE	B	-197,355	0	FAMILY PRACTICES	91.01	0 33.33
33.34	OTHER OPERATING REVENUE	B	0	0		0.00	0 33.34
33.35	INTEREST INCOME	A		0	ADMINISTRATIVE & GENERAL	5.00	0 33.35
33.36	ADVERTISING	A	-28,779	0	ADMINISTRATIVE & GENERAL	5.00	0 33.36
33.37	ADVERTISING	A	-9,544	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.37
33.38	ADVERTISING	A	-2,430	0	MAINTENANCE & REPAIRS	6.00	0 33.38
33.39	ADVERTISING	A		0	SUBPROVIDER - IRF	41.00	0 33.39
33.40	ADVERTISING	A	292	0	I&R SERVICES-OTHER PRGM	22.00	0 33.40
				0	COSTS APPRV		
33.41	ADVERTISING	A	-2,586	0	ADULTS & PEDIATRICS	30.00	0 33.41
33.42	ADVERTISING	A		0	PSYCH DAY HOSPITAL	91.02	0 33.42
33.43	ADVERTISING	A		0		0.00	0 33.43
33.44	OTHER OPERATING EXPENSES	A	-282,346	0	ADMINISTRATIVE & GENERAL	5.00	0 33.44
33.45	OTHER OPERATING EXPENSES	A		0	NURSING ADMINISTRATION	13.00	0 33.45
33.46	OTHER OPERATING EXPENSES	A		0	ADULTS & PEDIATRICS	30.00	0 33.46
33.47	OTHER OPERATING EXPENSES	A		0	INTENSIVE CARE UNIT	31.00	0 33.47
33.48	OTHER OPERATING EXPENSES	A		0	SUBPROVIDER - IRF	41.00	0 33.48
33.49	OTHER OPERATING EXPENSES	A		0	SKILLED NURSING FACILITY	44.00	0 33.49
33.50	OTHER OPERATING EXPENSES	A		0	DELIVERY ROOM & LABOR ROOM	52.00	0 33.50
33.51	OTHER OPERATING EXPENSES	A		0	CARDIAC CATHETERIZATION	59.00	0 33.51
33.52	OTHER OPERATING EXPENSES	A		0	EMERGENCY	91.00	0 33.52
33.53	OTHER OPERATING EXPENSES	A		0	FAMILY PRACTICES	91.01	0 33.53
33.54	OTHER OPERATING EXPENSES	A		0		0.00	0 33.54
33.55	OTHER OPERATING REVENUE	B	-489,486	0	SUBPROVIDER - IPF	40.00	0 33.55
33.56	PHYSICIAN RECRUITMENT	A		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.56
33.57	NON-ALLOWABLE MEALS	A	-91,093	0	ADMINISTRATIVE & GENERAL	5.00	0 33.57
33.58	NON-ALLOWABLE MEALS	A		0	FAMILY PRACTICES	91.01	0 33.58
33.59	NON-ALLOWABLE TRAVEL	A	-4,388	0	ADMINISTRATIVE & GENERAL	5.00	0 33.59
33.60	NON-ALLOWABLE TRAVEL	A	-1,195	0	NURSING ADMINISTRATION	13.00	0 33.60
33.61	NON-ALLOWABLE TRAVEL	A		0	FAMILY PRACTICES	91.01	0 33.61
33.62	NON-ALLOWABLE TRAVEL	A		0	FAMILY PRACTICES	91.01	0 33.62
33.63	DUES & SUBSCRIPTIONS	A	-85,391	0	ADMINISTRATIVE & GENERAL	5.00	0 33.63
33.64	DUES & SUBSCRIPTIONS	A		0	FAMILY PRACTICES	91.01	0 33.64
33.65	LOBBYING DUES	A	-32,098	0	ADMINISTRATIVE & GENERAL	5.00	0 33.65
33.66	PURCHASED SERVICES	A	-82,005	0	ADMINISTRATIVE & GENERAL	5.00	0 33.66

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0054

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

Worksheet A-8

Date/Time Prepared:
12/2/2019 3:20 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.67	PURCHASED SERVICES	A	-3,125	DELIVERY ROOM & LABOR ROOM	52.00	0	33.67
33.68	DONATIONS & CONTRIBUTIONS	A	-384,950	ADMINISTRATIVE & GENERAL	5.00	0	33.68
33.69	DONATIONS & CONTRIBUTIONS	A		NURSING ADMINISTRATION	13.00	0	33.69
33.70	PATIENT TRANSPORTATION	A		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.70
33.71	PATIENT TRANSPORTATION	A		ADMINISTRATIVE & GENERAL	5.00	0	33.71
33.72	PATIENT TRANSPORTATION	A		NURSING ADMINISTRATION	13.00	0	33.72
33.73	PATIENT TRANSPORTATION	A		ADULTS & PEDIATRICS	30.00	0	33.73
33.74	PATIENT TRANSPORTATION	A		INTENSIVE CARE UNIT	31.00	0	33.74
33.75	PATIENT TRANSPORTATION	A		SUBPROVIDER - IPF	40.00	0	33.75
33.76	PATIENT TRANSPORTATION	A		DELIVERY ROOM & LABOR ROOM	52.00	0	33.76
33.77	PATIENT TRANSPORTATION	A		EMERGENCY	91.00	0	33.77
33.78	PATIENT TRANSPORTATION	A		FAMILY PRACTICES	91.01	0	33.78
33.79	PATIENT TRANSPORTATION	A		PSYCH DAY HOSPITAL	91.02	0	33.79
33.80	ALCOHOL & LIQUOR	A		ADMINISTRATIVE & GENERAL	5.00	0	33.80
33.81	ALCOHOL & LIQUOR	A		I&R SERVICES-OTHER PRGM	22.00	0	33.81
				COSTS APPRV			
33.82	PENALTIES & FINES	A	-1,889	RADIOLOGY-DIAGNOSTIC	54.00	0	33.82
33.83	PENALTIES & FINES	A	-2,330	OPERATING ROOM	50.00	0	33.83
33.84	MSO FEES	A		DIETARY	10.00	0	33.84
33.85	MSO FEES	A		ELECTROCARDIOLOGY	69.00	0	33.85
33.86	MSO FEES	A		FAMILY PRACTICES	91.01	0	33.86
33.87	PHYSICIAN CONTINUING EDUCATION	A		FAMILY PRACTICES	91.01	0	33.87
33.88	PHYSICIAN RELOCATION EXPENSE	A		FAMILY PRACTICES	91.01	0	33.88
33.89	EMPLOYEE BENEFITS	A		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.89
33.90	PROPERTY TAXES	A		CAP REL COSTS-BLDG & FIXT	1.00	13	33.90
33.91	LEGAL	A	-6,085	ADMINISTRATIVE & GENERAL	5.00	0	33.91
33.92	Legal	A	-3,438	ADULTS & PEDIATRICS	30.00	0	33.92
33.93	MEDICAL STAFF RELATIONS	A		ADMINISTRATIVE & GENERAL	5.00	0	33.93
33.94	MEDICAL STAFF RELATIONS	A		I&R SERVICES-OTHER PRGM	22.00	0	33.94
				COSTS APPRV			
33.95	IDPA TAX ASSESSMENT	A		ADMINISTRATIVE & GENERAL	5.00	0	33.95
33.96	H.O. WORKER COMPENSATION	A		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.96
33.97	PERIOD 13 ADJUSTMENT	A		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.97
33.98	PERIOD 13 ADJUSTMENT	A		ADMINISTRATIVE & GENERAL	5.00	0	33.98
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-26,359,488				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0054

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

Worksheet A-8-1

Date/Time Prepared:
12/2/2019 3:20 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	Capital - Buildings	325,321	84,152	1.00
2.00	0.00			0	0	2.00
3.00	0.00			0	0	3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	Workers Compensation	0	674,010	3.01
3.02	5.00	ADMINISTRATIVE & GENERAL	Workers Compensation IC	286,559	232,423	3.02
4.00	0.00			0	0	4.00
4.01	0.00			0	0	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	Admin & General IC	8,230,004	15,917,152	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	Malpractice Insurance	5,559,479	3,978,194	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	Benefits & Insurance	0	573,304	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	Admin & General Insurance	268,493	368,220	4.05
4.06	6.00	MAINTENANCE & REPAIRS	Repairs & Maintenance IC	0	2,649,494	4.06
4.07	0.00			0	0	4.07
4.08	0.00			0	0	4.08
4.09	0.00			0	0	4.09
4.10	0.00			0	0	4.10
4.11	0.00			0	0	4.11
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			14,669,856	24,476,949	5.00

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

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

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

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

6.00	B		0.00	TENET HLTHCARE	100.00	6.00
7.00	G		0.00	GENESIS	1.00	7.00
8.00	G		0.00	REGIONAL	1.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0054

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

Worksheet A-8-1

Date/Time Prepared:
12/2/2019 3:20 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	241,169	9		1.00
2.00	0	0		2.00
3.00	0	0		3.00
3.01	-674,010	0		3.01
3.02	54,136	0		3.02
4.00	0	0		4.00
4.01	0	9		4.01
4.02	-7,687,148	9		4.02
4.03	1,581,285	0		4.03
4.04	-573,304	0		4.04
4.05	-99,727	0		4.05
4.06	-2,649,494	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
5.00	-9,807,093			5.00

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

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0054

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

Worksheet A-8-2

Date/Time Prepared:
12/2/2019 3:20 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	143,618	132,143	11,475	179,000	77	1.00
2.00	6.00	MAINTENANCE & REPAIRS	122	122	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	908	-1	908	179,000	6	3.00
4.00	30.00	ADULTS & PEDIATRICS	20,480	20,480	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	29,703	22,953	6,750	179,000	45	5.00
6.00	40.00	SUBPROVIDER - IPF	435,120	333,170	101,950	181,300	714	6.00
7.00	41.00	SUBPROVIDER - IRF	99,174	22,074	77,100	211,500	540	7.00
8.00	43.00	NURSERY	180,000	180,000	0	0	0	8.00
9.00	50.00	OPERATING ROOM	1,281,350	1,281,350	0	0	0	9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	1,706,679	1,706,679	0	0	0	10.00
11.00	53.00	ANESTHESIOLOGY	1,110,169	1,110,169	0	0	0	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	340,048	340,048	0	0	0	12.00
13.00	59.00	CARDIAC CATHETERIZATION	62,275	18,572	43,703	179,000	251	13.00
14.00	69.00	ELECTROCARDIOLOGY	196,115	196,115	0	0	0	14.00
15.00	91.00	EMERGENCY	695,157	695,157	0	0	0	15.00
16.00	91.01	FAMILY PRACTICES	2,489,126	2,488,526	600	179,000	4	16.00
17.00	91.02	PSYCH DAY HOSPITAL	-5,660	-11,010	5,350	179,000	43	17.00
18.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	1,049,820	1,049,820	0	0	0	18.00
200.00			9,834,204	9,586,367	247,836		1,680	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	6,626	331	0	0	0	1.00
2.00	6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	2.00
3.00	13.00	NURSING ADMINISTRATION	516	26	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	3,873	194	0	0	0	5.00
6.00	40.00	SUBPROVIDER - IPF	62,235	3,112	0	0	0	6.00
7.00	41.00	SUBPROVIDER - IRF	54,909	2,745	0	0	0	7.00
8.00	43.00	NURSERY	0	0	0	0	0	8.00
9.00	50.00	OPERATING ROOM	0	0	0	0	0	9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	10.00
11.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	12.00
13.00	59.00	CARDIAC CATHETERIZATION	21,600	1,080	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	14.00
15.00	91.00	EMERGENCY	0	0	0	0	0	15.00
16.00	91.01	FAMILY PRACTICES	344	17	0	0	0	16.00
17.00	91.02	PSYCH DAY HOSPITAL	3,700	185	0	0	0	17.00
18.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	18.00
200.00			153,803	7,690	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	6,626	4,849	136,992		1.00
2.00	6.00	MAINTENANCE & REPAIRS	0	0	0	122		2.00
3.00	13.00	NURSING ADMINISTRATION	0	516	392	392		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	20,480		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	3,873	2,877	25,830		5.00
6.00	40.00	SUBPROVIDER - IPF	0	62,235	39,715	372,885		6.00
7.00	41.00	SUBPROVIDER - IRF	0	54,909	22,191	44,265		7.00
8.00	43.00	NURSERY	0	0	0	180,000		8.00
9.00	50.00	OPERATING ROOM	0	0	0	1,281,350		9.00
10.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,706,679		10.00
11.00	53.00	ANESTHESIOLOGY	0	0	0	1,110,169		11.00
12.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	340,048		12.00
13.00	59.00	CARDIAC CATHETERIZATION	0	21,600	22,103	40,675		13.00
14.00	69.00	ELECTROCARDIOLOGY	0	0	0	196,115		14.00
15.00	91.00	EMERGENCY	0	0	0	695,157		15.00
16.00	91.01	FAMILY PRACTICES	0	344	256	2,488,782		16.00
17.00	91.02	PSYCH DAY HOSPITAL	0	3,700	1,650	-9,360		17.00
18.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	1,049,820		18.00
200.00			0	153,803	94,033	9,680,401		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
12/2/2019 3:20 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MOVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	507,868	507,868			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,392,953		5,392,953		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12,156,803	0	0	12,156,803	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	58,614,070	46,935	501,890	1,161,178	5.00
6.00	00600	MAINTENANCE & REPAIRS	6,180,824	185,773	1,986,546	182,444	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	911,877	292	3,124	55,823	8.00
9.00	00900	HOUSEKEEPING	3,610,264	3,819	40,834	225,012	9.00
10.00	01000	DIETARY	3,611,855	11,086	118,551	265,301	10.00
11.00	01100	CAFETERIA	0	4,189	44,798	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,448,818	857	9,162	132,181	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-58,276	2,388	25,533	48,253	14.00
15.00	01500	PHARMACY	4,175,266	2,953	31,577	294,123	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,324,067	3,077	32,899	184,013	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	5,811,266	0	0	596,340	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,400,384	3,580	38,286	392,442	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	21,848,205	54,415	581,877	2,014,955	30.00
31.00	03100	INTENSIVE CARE UNIT	3,048,653	4,797	51,296	270,607	31.00
40.00	04000	SUBPROVIDER - IPF	2,061,488	8,951	95,721	228,393	40.00
41.00	04100	SUBPROVIDER - IRF	1,284,308	5,937	63,487	104,505	41.00
43.00	04300	NURSERY	1,399,944	2,162	23,114	110,008	43.00
44.00	04400	SKILLED NURSING FACILITY	2,107,992	4,393	46,973	189,345	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	8,844,172	18,098	193,530	495,244	50.00
51.00	05100	RECOVERY ROOM	642,697	1,681	17,971	60,310	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,207,896	4,744	50,727	198,342	52.00
53.00	05300	ANESTHESIOLOGY	826,324	114	1,220	57,621	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,453,762	12,990	138,907	339,431	54.00
56.00	05600	RADIOISOTOPE	759,926	1,238	13,234	33,301	56.00
56.01	03630	ULTRA SOUND	979,518	0	0	93,833	56.01
56.02	03440	MAMMOGRAPHY	1,176,571	2,860	30,581	83,783	56.02
57.00	05700	CT SCAN	1,158,969	1,172	12,536	67,829	57.00
58.00	05800	MRI	579,834	0	0	46,897	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,152,721	2,390	25,553	105,609	59.00
59.01	05901	GASTRO INTESTINAL	2,326,505	4,418	47,244	147,683	59.01
60.00	06000	LABORATORY	167,122	11,737	125,503	18,380	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	673,324	679	7,257	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,439,052	1,341	14,339	118,925	65.00
66.00	06600	PHYSICAL THERAPY	2,264,015	5,105	54,590	212,859	66.00
66.01	06601	TCU REHAB	4,443	915	9,785	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,047,098	0	0	102,785	67.00
68.00	06800	SPEECH PATHOLOGY	497,210	834	8,918	48,516	68.00
69.00	06900	ELECTROCARDIOLOGY	818,845	0	0	72,988	69.00
69.01	06901	CARDIAC REHAB	239,763	4,649	49,711	21,394	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,381,581	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,482,534	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,978,876	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	845,305	187	1,999	11,936	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	7,131,068	8,282	88,566	588,685	91.00
91.01	09101	FAMILY PRACTICES	5,189,387	8,177	87,441	354,664	91.01
91.02	09102	PSYCH DAY HOSPITAL	290,813	3,338	35,697	26,641	91.02
91.03	09103	WOUND CARE	358,934	0	0	33,900	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	221,756,894	440,553	4,710,977	9,796,479	218,647,279

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
12/2/2019 3:20 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	621	6,641	0	7,262 190.00
191.00	19100	RESEARCH	561	0	0	0	561 191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	34,573,944	58,275	623,158	2,306,479	37,561,856 192.00
194.00	07950	MARKETING	894,478	909	9,724	38,075	943,186 194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0 194.01
194.02	07952	COMMUNITY RELATIONS	277,660	0	0	15,770	293,430 194.02
194.03	07953	RETAIL PHARMACY	0	3,970	42,453	0	46,423 194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0 194.04
194.05	07955	CATERED MEALS	0	0	0	0	0 194.05
194.06	07956	VACANT SPACE	0	3,540	0	0	3,540 194.06
200.00		Cross Foot Adjustments					0 200.00
201.00		Negative Cost Centers		0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	257,503,537	507,868	5,392,953	12,156,803	257,503,537 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
12/2/2019 3:20 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	60,324,073					5.00
6.00	00600	MAINTENANCE & REPAIRS	2,611,335	11,146,922				6.00
7.00	00700	OPERATION OF PLANT	0	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	297,098	11,834	0	1,280,048		8.00
9.00	00900	HOUSEKEEPING	1,187,006	154,695	0	0	5,221,630	9.00
10.00	01000	DIETARY	1,225,818	449,119	0	10,511	213,574	10.00
11.00	01100	CAFETERIA	14,987	169,713	0	0	80,705	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	486,748	34,708	0	0	16,505	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,476	96,729	0	20,134	45,999	14.00
15.00	01500	PHARMACY	1,377,906	119,628	0	0	56,888	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	778,316	124,634	0	0	59,269	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,960,311	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,785,036	145,043	0	1,510	68,974	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,495,240	2,204,391	0	538,244	1,048,279	30.00
31.00	03100	INTENSIVE CARE UNIT	1,032,639	194,331	0	48,998	92,413	31.00
40.00	04000	SUBPROVIDER - IPF	732,578	362,632	0	57,179	172,447	40.00
41.00	04100	SUBPROVIDER - IRF	446,126	240,514	0	0	114,374	41.00
43.00	04300	NURSERY	469,680	87,565	0	0	41,641	43.00
44.00	04400	SKILLED NURSING FACILITY	718,550	177,953	0	51,965	84,624	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,921,999	733,171	0	58,557	348,653	50.00
51.00	05100	RECOVERY ROOM	221,087	68,080	0	26,108	32,375	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	753,123	192,175	0	40,750	91,387	52.00
53.00	05300	ANESTHESIOLOGY	270,838	4,621	0	6,347	2,197	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,654,421	526,235	0	92,031	250,247	54.00
56.00	05600	RADIOISOTOPE	247,103	50,136	0	0	23,842	56.00
56.01	03630	ULTRA SOUND	328,376	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	395,817	115,854	0	21,466	55,094	56.02
57.00	05700	CT SCAN	379,514	47,492	0	0	22,584	57.00
58.00	05800	MRI	191,739	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,005,386	96,806	0	16,888	46,035	59.00
59.01	05901	GASTRO INTESTINAL	772,746	178,980	0	64,350	85,112	59.01
60.00	06000	LABORATORY	98,738	475,457	0	0	226,100	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	208,421	27,494	0	0	13,074	63.00
65.00	06500	RESPIRATORY THERAPY	481,437	54,320	0	0	25,832	65.00
66.00	06600	PHYSICAL THERAPY	776,025	206,808	0	20,841	98,346	66.00
66.01	06601	TCU REHAB	4,633	37,069	0	0	17,628	66.01
67.00	06700	OCCUPATIONAL THERAPY	351,789	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	169,940	33,783	0	0	16,065	68.00
69.00	06900	ELECTROCARDIOLOGY	272,843	0	0	4,229	0	69.00
69.01	06901	CARDIAC HEHAB	96,528	188,324	0	1,026	89,556	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,952,349	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,901,039	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,746,952	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	262,929	7,573	0	0	3,601	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,391,372	335,523	0	171,368	159,555	91.00
91.01	09101	FAMILY PRACTICES	1,725,372	331,262	0	1,649	157,529	91.01
91.02	09102	PSYCH DAY HOSPITAL	109,062	135,236	0	0	64,310	91.02
91.03	09103	WOUND CARE	120,182	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	48,436,610	8,419,888	0	1,254,151	3,924,814	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	2,222	25,158	0	0	11,964	190.00
191.00	19100	RESEARCH	172	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	11,491,459	2,360,783	0	25,897	1,122,647	192.00
194.00	07950	MARKETING	288,554	36,838	0	0	17,518	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
194.02	07952	COMMUNITY RELATIONS	89,771	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	14,202	160,830	0	0	76,482	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	1,083	143,425	0	0	68,205	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	60,324,073	11,146,922	0	1,280,048	5,221,630	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	5,905,815					10.00
11.00	01100	CAFETERIA	0	314,392				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	2,529	0	2,131,508		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,376	0	0	188,612	14.00
15.00	01500	PHARMACY	0	6,655	0	10,235	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,470	0	15,839	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	33,745	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	21,321	0	0	85	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,028,735	58,245	0	902,606	72	30.00
31.00	03100	INTENSIVE CARE UNIT	317,222	6,043	0	146,211	0	31.00
40.00	04000	SUBPROVIDER - IPF	706,328	7,143	0	95,646	0	40.00
41.00	04100	SUBPROVIDER - IRF	273,588	2,998	0	46,300	431	41.00
43.00	04300	NURSERY	0	2,404	0	59,093	0	43.00
44.00	04400	SKILLED NURSING FACILITY	579,942	5,500	0	71,034	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	12,712	0	118,552	0	50.00
51.00	05100	RECOVERY ROOM	0	1,346	0	28,633	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,678	0	86,752	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,652	0	15,474	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,203	0	35,091	0	54.00
56.00	05600	RADIOISOTOPE	0	687	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	1,954	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	2,553	0	0	0	56.02
57.00	05700	CT SCAN	0	1,852	0	0	0	57.00
58.00	05800	MRI	0	1,341	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,033	0	32,045	0	59.00
59.01	05901	GASTRO INTESTINAL	0	4,158	0	53,611	0	59.01
60.00	06000	LABORATORY	0	1,091	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,286	0	366	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,100	0	0	0	66.00
66.01	06601	TCU REHAB	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	2,269	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,016	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,736	0	11,697	0	69.00
69.01	06901	CARDIAC HEHAB	0	701	0	3,290	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	158,514	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	227	0	5,239	47	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	17,529	0	254,650	0	91.00
91.01	09101	FAMILY PRACTICES	0	14,763	0	122	15,307	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	919	0	5,117	0	91.02
91.03	09103	WOUND CARE	0	817	0	15,596	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,905,815	249,052	0	2,013,199	174,456	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	64,430	0	116,725	14,156	192.00
194.00	07950	MARKETING	0	506	0	1,584	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0054

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	404	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,905,815	314,392	0	2,131,508	188,612	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	6,075,231					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,528,584				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	12,826	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	253,700	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	42,471	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	30,392	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	9,386	0	0	0	41.00
43.00	04300	NURSERY	0	11,401	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	8,976	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	307,214	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	37,523	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	30,758	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	113,366	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	136,524	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	32,605	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	74,313	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	59,461	0	0	0	56.02
57.00	05700	CT SCAN	0	321,905	0	0	0	57.00
58.00	05800	MRI	0	86,275	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	101,124	0	0	0	59.00
59.01	05901	GASTRO INTESTINAL	0	147,924	0	0	0	59.01
60.00	06000	LABORATORY	0	255,135	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	7,804	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	18,042	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	45,049	0	0	0	66.00
66.01	06601	TCU REHAB	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	20,509	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,619	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	81,249	0	0	0	69.00
69.01	06901	CARDIAC HEHAB	0	6,241	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	173,651	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	116,979	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,062,405	495,511	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,886	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	317,442	0	0	0	91.00
91.01	09101	FAMILY PRACTICES	0	15,838	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	11,467	0	0	0	91.02
91.03	09103	WOUND CARE	0	3,890	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,075,231	3,385,630	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	142,929	0	0	0	192.00
194.00	07950	MARKETING	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	25	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	6,075,231	3,528,584	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	8,401,662					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		7,869,487				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,709,132	4,410,848	0	50,148,944	-9,119,980	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	5,255,681	0	31.00
40.00	04000	SUBPROVIDER - IPF	32,766	30,691	0	4,622,355	-63,457	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	2,591,954	0	41.00
43.00	04300	NURSERY	0	0	0	2,207,012	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	4,047,247	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	354,550	332,092	0	14,738,544	-686,642	50.00
51.00	05100	RECOVERY ROOM	0	0	0	1,137,811	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,661,332	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,299,774	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	16,648,842	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	1,162,072	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	1,477,994	0	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	1,944,040	0	56.02
57.00	05700	CT SCAN	0	0	0	2,013,853	0	57.00
58.00	05800	MRI	0	0	0	906,086	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	4,586,590	0	59.00
59.01	05901	GASTRO INTESTINAL	0	0	0	3,832,731	0	59.01
60.00	06000	LABORATORY	0	0	0	1,379,263	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	938,053	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,156,940	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	3,688,738	0	66.00
66.01	06601	TCU REHAB	0	0	0	74,473	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,524,450	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	783,901	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,263,587	0	69.00
69.01	06901	CARDIAC HEHAB	0	0	0	701,183	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,666,095	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	12,500,552	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	18,283,744	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,142,929	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	240,288	225,067	0	11,929,395	-465,355	91.00
91.01	09101	FAMILY PRACTICES	3,064,926	2,870,789	0	13,837,226	-5,935,715	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	682,600	0	91.02
91.03	09103	WOUND CARE	0	0	0	533,319	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,401,662	7,869,487	0	202,369,310	-16,271,149	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	46,606	0	190.00
191.00	19100	RESEARCH	0	0	0	733	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	52,900,882	0	192.00
194.00	07950	MARKETING	0	0	0	1,288,186	0	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	0	383,630	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	297,937	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	216,253	0	194.06
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)	8,401,662	7,869,487	0	257,503,537	-16,271,149	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
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
56.00	05600	RADIOISOTOPE	56.00
56.01	03630	ULTRA SOUND	56.01
56.02	03440	MAMMOGRAPHY	56.02
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
59.01	05901	GASTRO INTESTINAL	59.01
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
66.01	06601	TCU REHAB	66.01
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.01	06901	CARDIAC HEHAB	69.01
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
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	91.00
91.01	09101	FAMILY PRACTICES	91.01
91.02	09102	PSYCH DAY HOSPITAL	91.02
91.03	09103	WOUND CARE	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	93.99
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 & CANTEN	190.00
191.00	19100	RESEARCH	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	192.00
194.00	07950	MARKETING	194.00
194.01	07951	MACNEAL SCHOOL	194.01
194.02	07952	COMMUNITY RELATIONS	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Total	
			26.00	
194.03	07953	RETAIL PHARMACY	297,937	194.03
194.04	07954	HOME DELIVERED MEALS	0	194.04
194.05	07955	CATERED MEALS	0	194.05
194.06	07956	VACANT SPACE	216,253	194.06
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	241,232,388	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
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Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	46,935	501,890	548,825	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	185,773	1,986,546	2,172,319	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	292	3,124	3,416	8.00
9.00	00900	HOUSEKEEPING	0	3,819	40,834	44,653	9.00
10.00	01000	DIETARY	0	11,086	118,551	129,637	10.00
11.00	01100	CAFETERIA	0	4,189	44,798	48,987	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	857	9,162	10,019	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,388	25,533	27,921	14.00
15.00	01500	PHARMACY	0	2,953	31,577	34,530	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,077	32,899	35,976	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,580	38,286	41,866	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	54,415	581,877	636,292	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,797	51,296	56,093	31.00
40.00	04000	SUBPROVIDER - IPF	0	8,951	95,721	104,672	40.00
41.00	04100	SUBPROVIDER - IRF	0	5,937	63,487	69,424	41.00
43.00	04300	NURSERY	0	2,162	23,114	25,276	43.00
44.00	04400	SKILLED NURSING FACILITY	0	4,393	46,973	51,366	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	18,098	193,530	211,628	50.00
51.00	05100	RECOVERY ROOM	0	1,681	17,971	19,652	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,744	50,727	55,471	52.00
53.00	05300	ANESTHESIOLOGY	0	114	1,220	1,334	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,990	138,907	151,897	54.00
56.00	05600	RADIOISOTOPE	0	1,238	13,234	14,472	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	2,860	30,581	33,441	56.02
57.00	05700	CT SCAN	0	1,172	12,536	13,708	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,390	25,553	27,943	59.00
59.01	05901	GASTRO INTESTINAL	0	4,418	47,244	51,662	59.01
60.00	06000	LABORATORY	0	11,737	125,503	137,240	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	679	7,257	7,936	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,341	14,339	15,680	65.00
66.00	06600	PHYSICAL THERAPY	0	5,105	54,590	59,695	66.00
66.01	06601	TCU REHAB	0	915	9,785	10,700	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	834	8,918	9,752	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	06901	CARDIAC HEHAB	0	4,649	49,711	54,360	69.01
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	187	1,999	2,186	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	8,282	88,566	96,848	91.00
91.01	09101	FAMILY PRACTICES	0	8,177	87,441	95,618	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	3,338	35,697	39,035	91.02
91.03	09103	WOUND CARE	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	440,553	4,710,977	5,151,530	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	621	6,641	7,262	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	58,275	623,158	681,433	0	192.00
194.00	07950	MARKETING	0	909	9,724	10,633	0	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	3,970	42,453	46,423	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	3,540	0	3,540	0	194.06
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	0	507,868	5,392,953	5,900,821	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
12/2/2019 3:20 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	548,825					5.00
6.00	00600	MAINTENANCE & REPAIRS	23,755	2,196,074				6.00
7.00	00700	OPERATION OF PLANT	0	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,703	2,332	0	8,451		8.00
9.00	00900	HOUSEKEEPING	10,798	30,477	0	0	85,928	9.00
10.00	01000	DIETARY	11,151	88,482	0	69	3,515	10.00
11.00	01100	CAFETERIA	136	33,435	0	0	1,328	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,428	6,838	0	0	272	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	50	19,057	0	133	757	14.00
15.00	01500	PHARMACY	12,534	23,568	0	0	936	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,080	24,554	0	0	975	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	17,832	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	16,238	28,575	0	10	1,135	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	68,182	434,291	0	3,551	17,251	30.00
31.00	03100	INTENSIVE CARE UNIT	9,394	38,286	0	324	1,521	31.00
40.00	04000	SUBPROVIDER - IPF	6,664	71,443	0	378	2,838	40.00
41.00	04100	SUBPROVIDER - IRF	4,058	47,384	0	0	1,882	41.00
43.00	04300	NURSERY	4,273	17,251	0	0	685	43.00
44.00	04400	SKILLED NURSING FACILITY	6,536	35,059	0	343	1,393	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,581	144,443	0	387	5,738	50.00
51.00	05100	RECOVERY ROOM	2,011	13,413	0	172	533	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,851	37,861	0	269	1,504	52.00
53.00	05300	ANESTHESIOLOGY	2,464	910	0	42	36	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,243	103,674	0	608	4,118	54.00
56.00	05600	RADIOISOTOPE	2,248	9,877	0	0	392	56.00
56.01	03630	ULTRA SOUND	2,987	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	3,601	22,825	0	142	907	56.02
57.00	05700	CT SCAN	3,452	9,356	0	0	372	57.00
58.00	05800	MRI	1,744	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,146	19,072	0	112	758	59.00
59.01	05901	GASTRO INTESTINAL	7,029	35,261	0	425	1,401	59.01
60.00	06000	LABORATORY	898	93,671	0	0	3,721	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,896	5,417	0	0	215	63.00
65.00	06500	RESPIRATORY THERAPY	4,379	10,702	0	0	425	65.00
66.00	06600	PHYSICAL THERAPY	7,059	40,744	0	138	1,618	66.00
66.01	06601	TCU REHAB	42	7,303	0	0	290	66.01
67.00	06700	OCCUPATIONAL THERAPY	3,200	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,546	6,656	0	0	264	68.00
69.00	06900	ELECTROCARDIOLOGY	2,482	0	0	28	0	69.00
69.01	06901	CARDIAC HEHAB	878	37,102	0	7	1,474	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	17,760	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	26,390	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,988	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,392	1,492	0	0	59	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	21,754	66,102	0	1,131	2,626	91.00
91.01	09101	FAMILY PRACTICES	15,695	65,262	0	11	2,592	91.01
91.02	09102	PSYCH DAY HOSPITAL	992	26,643	0	0	1,058	91.02
91.03	09103	WOUND CARE	1,093	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	440,613	1,658,818	0	8,280	64,589	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	20	4,956	0	0	197	190.00
191.00	19100	RESEARCH	2	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	104,609	465,101	0	171	18,473	192.00
194.00	07950	MARKETING	2,625	7,258	0	0	288	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
194.02	07952	COMMUNITY RELATIONS	817	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	129	31,685	0	0	1,259	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	10	28,256	0	0	1,122	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	548,825	2,196,074	0	8,451	85,928	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	232,854					10.00
11.00	01100	CAFETERIA	0	83,886				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	675	0	22,232		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	634	0	0	37,092	14.00
15.00	01500	PHARMACY	0	1,776	0	107	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,726	0	165	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	9,004	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	5,689	0	0	17	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	158,845	15,541	0	9,414	14	30.00
31.00	03100	INTENSIVE CARE UNIT	12,507	1,612	0	1,525	0	31.00
40.00	04000	SUBPROVIDER - IPF	27,849	1,906	0	998	0	40.00
41.00	04100	SUBPROVIDER - IRF	10,787	800	0	483	85	41.00
43.00	04300	NURSERY	0	641	0	616	0	43.00
44.00	04400	SKILLED NURSING FACILITY	22,866	1,467	0	741	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,392	0	1,237	0	50.00
51.00	05100	RECOVERY ROOM	0	359	0	299	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,248	0	905	0	52.00
53.00	05300	ANESTHESIOLOGY	0	441	0	161	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,456	0	366	0	54.00
56.00	05600	RADIOISOTOPE	0	183	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	521	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	681	0	0	0	56.02
57.00	05700	CT SCAN	0	494	0	0	0	57.00
58.00	05800	MRI	0	358	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	542	0	334	0	59.00
59.01	05901	GASTRO INTESTINAL	0	1,110	0	559	0	59.01
60.00	06000	LABORATORY	0	291	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	877	0	4	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,361	0	0	0	66.00
66.01	06601	TCU REHAB	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	606	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	271	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	463	0	122	0	69.00
69.01	06901	CARDIAC HEHAB	0	187	0	34	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	31,173	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	61	0	55	9	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	4,677	0	2,656	0	91.00
91.01	09101	FAMILY PRACTICES	0	3,939	0	1	3,010	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	245	0	53	0	91.02
91.03	09103	WOUND CARE	0	218	0	163	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	232,854	66,452	0	20,998	34,308	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	17,191	0	1,217	2,784	192.00
194.00	07950	MARKETING	0	135	0	17	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
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To 06/30/2019Worksheet B
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	108	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	11,460	201.00
202.00		TOTAL (sum lines 118 through 201)	232,854	83,886	0	22,232	48,552	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	73,451					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	70,476				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	155	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	5,052	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	846	0			31.00
40.00	04000	SUBPROVIDER - IPF	0	605	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	187	0			41.00
43.00	04300	NURSERY	0	227	0			43.00
44.00	04400	SKILLED NURSING FACILITY	0	179	0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	6,117	0			50.00
51.00	05100	RECOVERY ROOM	0	747	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	612	0			52.00
53.00	05300	ANESTHESIOLOGY	0	2,257	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,719	0			54.00
56.00	05600	RADIOISOTOPE	0	649	0			56.00
56.01	03630	ULTRA SOUND	0	1,480	0			56.01
56.02	03440	MAMMOGRAPHY	0	1,184	0			56.02
57.00	05700	CT SCAN	0	6,410	0			57.00
58.00	05800	MRI	0	1,718	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,014	0			59.00
59.01	05901	GASTRO INTESTINAL	0	2,946	0			59.01
60.00	06000	LABORATORY	0	5,080	0			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	155	0			63.00
65.00	06500	RESPIRATORY THERAPY	0	359	0			65.00
66.00	06600	PHYSICAL THERAPY	0	897	0			66.00
66.01	06601	TCU REHAB	0	0	0			66.01
67.00	06700	OCCUPATIONAL THERAPY	0	408	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	152	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,618	0			69.00
69.01	06901	CARDIAC HEHAB	0	124	0			69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,458	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,329	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73,296	10,083	0			73.00
74.00	07400	RENAL DIALYSIS	0	77	0			74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	6,321	0			91.00
91.01	09101	FAMILY PRACTICES	0	315	0			91.01
91.02	09102	PSYCH DAY HOSPITAL	0	228	0			91.02
91.03	09103	WOUND CARE	0	77	0			91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0			93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	73,451	67,630	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0			190.00
191.00	19100	RESEARCH	0	0	0			191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	2,846	0			192.00
194.00	07950	MARKETING	0	0	0			194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
12/2/2019 3:20 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
194.01	07951	MACNEAL SCHOOL	0	0	0			194.01
194.02	07952	COMMUNITY RELATIONS	0	0	0			194.02
194.03	07953	RETAIL PHARMACY	0	0	0			194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0			194.04
194.05	07955	CATERED MEALS	0	0	0			194.05
194.06	07956	VACANT SPACE	0	0	0			194.06
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	73,451	70,476	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	26,836					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		93,685				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				1,348,433	0	30.00
31.00	03100	INTENSIVE CARE UNIT				122,108	0	31.00
40.00	04000	SUBPROVIDER - IPF				217,353	0	40.00
41.00	04100	SUBPROVIDER - IRF				135,090	0	41.00
43.00	04300	NURSERY				48,969	0	43.00
44.00	04400	SKILLED NURSING FACILITY				119,950	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				399,523	0	50.00
51.00	05100	RECOVERY ROOM				37,186	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				104,721	0	52.00
53.00	05300	ANESTHESIOLOGY				7,645	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				299,081	0	54.00
56.00	05600	RADIOISOTOPE				27,821	0	56.00
56.01	03630	ULTRA SOUND				4,988	0	56.01
56.02	03440	MAMMOGRAPHY				62,781	0	56.02
57.00	05700	CT SCAN				33,792	0	57.00
58.00	05800	MRI				3,820	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				59,921	0	59.00
59.01	05901	GASTRO INTESTINAL				100,393	0	59.01
60.00	06000	LABORATORY				240,901	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.				15,619	0	63.00
65.00	06500	RESPIRATORY THERAPY				32,426	0	65.00
66.00	06600	PHYSICAL THERAPY				111,512	0	66.00
66.01	06601	TCU REHAB				18,335	0	66.01
67.00	06700	OCCUPATIONAL THERAPY				4,214	0	67.00
68.00	06800	SPEECH PATHOLOGY				18,641	0	68.00
69.00	06900	ELECTROCARDIOLOGY				4,713	0	69.00
69.01	06901	CARDIAC HEHAB				94,166	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				52,391	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				28,719	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				108,367	0	73.00
74.00	07400	RENAL DIALYSIS				6,331	0	74.00
76.97	07697	CARDIAC REHABILITATION				0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				0	0	76.98
76.99	07699	LITHOTRIPSY				0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY				202,115	0	91.00
91.01	09101	FAMILY PRACTICES				186,443	0	91.01
91.02	09102	PSYCH DAY HOSPITAL				68,254	0	91.02
91.03	09103	WOUND CARE				1,551	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM				0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	4,328,273	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN				12,435	0	190.00
191.00	19100	RESEARCH				2	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES				1,293,825	0	192.00
194.00	07950	MARKETING				20,956	0	194.00
194.01	07951	MACNEAL SCHOOL				0	0	194.01
194.02	07952	COMMUNITY RELATIONS				925	0	194.02
194.03	07953	RETAIL PHARMACY				79,496	0	194.03
194.04	07954	HOME DELIVERED MEALS				0	0	194.04
194.05	07955	CATERED MEALS				0	0	194.05
194.06	07956	VACANT SPACE				32,928	0	194.06
200.00		Cross Foot Adjustments	26,836	93,685	0	120,521	0	200.00
201.00		Negative Cost Centers	0	0	0	11,460	0	201.00
202.00		TOTAL (sum lines 118 through 201)	26,836	93,685	0	5,900,821	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
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Cost Center Description			Total	
			26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	1,348,433	30.00
31.00	03100	INTENSIVE CARE UNIT	122,108	31.00
40.00	04000	SUBPROVIDER - IPF	217,353	40.00
41.00	04100	SUBPROVIDER - IRF	135,090	41.00
43.00	04300	NURSERY	48,969	43.00
44.00	04400	SKILLED NURSING FACILITY	119,950	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	399,523	50.00
51.00	05100	RECOVERY ROOM	37,186	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	104,721	52.00
53.00	05300	ANESTHESIOLOGY	7,645	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	299,081	54.00
56.00	05600	RADIOISOTOPE	27,821	56.00
56.01	03630	ULTRA SOUND	4,988	56.01
56.02	03440	MAMMOGRAPHY	62,781	56.02
57.00	05700	CT SCAN	33,792	57.00
58.00	05800	MRI	3,820	58.00
59.00	05900	CARDIAC CATHETERIZATION	59,921	59.00
59.01	05901	GASTRO INTESTINAL	100,393	59.01
60.00	06000	LABORATORY	240,901	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	15,619	63.00
65.00	06500	RESPIRATORY THERAPY	32,426	65.00
66.00	06600	PHYSICAL THERAPY	111,512	66.00
66.01	06601	TCU REHAB	18,335	66.01
67.00	06700	OCCUPATIONAL THERAPY	4,214	67.00
68.00	06800	SPEECH PATHOLOGY	18,641	68.00
69.00	06900	ELECTROCARDIOLOGY	4,713	69.00
69.01	06901	CARDIAC HEHAB	94,166	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	52,391	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,719	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	108,367	73.00
74.00	07400	RENAL DIALYSIS	6,331	74.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
76.99	07699	LITHOTRIPSY	0	76.99
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	202,115	91.00
91.01	09101	FAMILY PRACTICES	186,443	91.01
91.02	09102	PSYCH DAY HOSPITAL	68,254	91.02
91.03	09103	WOUND CARE	1,551	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	93.99
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,328,273	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	12,435	190.00
191.00	19100	RESEARCH	2	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	1,293,825	192.00
194.00	07950	MARKETING	20,956	194.00
194.01	07951	MACNEAL SCHOOL	0	194.01
194.02	07952	COMMUNITY RELATIONS	925	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet B
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Cost Center Description			Total	
			26.00	
194.03	07953	RETAIL PHARMACY	79,496	194.03
194.04	07954	HOME DELIVERED MEALS	0	194.04
194.05	07955	CATERED MEALS	0	194.05
194.06	07956	VACANT SPACE	32,928	194.06
200.00		Cross Foot Adjustments	120,521	200.00
201.00		Negative Cost Centers	11,460	201.00
202.00		TOTAL (sum lines 118 through 201)	5,900,821	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

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

Worksheet B-1

Date/Time Prepared:
12/2/2019 3:20 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	801,447					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		795,860				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	118,466,011			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	74,066	74,066	11,315,544	-60,324,073	197,179,464	5.00
6.00	00600	MAINTENANCE & REPAIRS	293,163	293,163	1,777,890	0	8,535,587	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	461	461	543,989	0	971,116	8.00
9.00	00900	HOUSEKEEPING	6,026	6,026	2,192,714	0	3,879,929	9.00
10.00	01000	DIETARY	17,495	17,495	2,585,324	0	4,006,793	10.00
11.00	01100	CAFETERIA	6,611	6,611	0	0	48,987	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,352	1,352	1,288,084	0	1,591,018	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,768	3,768	470,216	0	17,898	14.00
15.00	01500	PHARMACY	4,660	4,660	2,866,195	0	4,503,919	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,855	4,855	1,793,188	0	2,544,056	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	5,811,266	0	6,407,606	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,650	5,650	3,824,296	0	5,834,692	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	85,870	85,870	19,635,494	0	24,499,452	30.00
31.00	03100	INTENSIVE CARE UNIT	7,570	7,570	2,637,034	0	3,375,353	31.00
40.00	04000	SUBPROVIDER - IPF	14,126	14,126	2,225,664	0	2,394,553	40.00
41.00	04100	SUBPROVIDER - IRF	9,369	9,369	1,018,389	0	1,458,237	41.00
43.00	04300	NURSERY	3,411	3,411	1,072,016	0	1,535,228	43.00
44.00	04400	SKILLED NURSING FACILITY	6,932	6,932	1,845,143	0	2,348,703	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,560	28,560	4,826,090	0	9,551,044	50.00
51.00	05100	RECOVERY ROOM	2,652	2,652	587,709	0	722,659	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,486	7,486	1,932,818	0	2,461,709	52.00
53.00	05300	ANESTHESIOLOGY	180	180	561,511	0	885,279	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,499	20,499	3,307,712	0	11,945,090	54.00
56.00	05600	RADIOISOTOPE	1,953	1,953	324,513	0	807,699	56.00
56.01	03630	ULTRA SOUND	0	0	914,391	0	1,073,351	56.01
56.02	03440	MAMMOGRAPHY	4,513	4,513	816,454	0	1,293,795	56.02
57.00	05700	CT SCAN	1,850	1,850	660,986	0	1,240,506	57.00
58.00	05800	MRI	0	0	457,004	0	626,731	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,771	3,771	1,029,150	0	3,286,273	59.00
59.01	05901	GASTRO INTESTINAL	6,972	6,972	1,439,152	0	2,525,850	59.01
60.00	06000	LABORATORY	18,521	18,521	179,114	0	322,742	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,071	1,071	0	0	681,260	63.00
65.00	06500	RESPIRATORY THERAPY	2,116	2,116	1,158,907	0	1,573,657	65.00
66.00	06600	PHYSICAL THERAPY	8,056	8,056	2,074,287	0	2,536,569	66.00
66.01	06601	TCU REHAB	1,444	1,444	0	0	15,143	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,001,631	0	1,149,883	67.00
68.00	06800	SPEECH PATHOLOGY	1,316	1,316	472,786	0	555,478	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	711,255	0	891,833	69.00
69.01	06901	CARDIAC REHAB	7,336	7,336	208,479	0	315,517	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	6,381,581	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	9,482,534	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	8,978,876	73.00
74.00	07400	RENAL DIALYSIS	295	295	116,313	0	859,427	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	13,070	13,070	5,736,662	0	7,816,601	91.00
91.01	09101	FAMILY PRACTICES	12,904	12,904	3,456,157	0	5,639,669	91.01
91.02	09102	PSYCH DAY HOSPITAL	5,268	5,268	259,617	0	356,489	91.02
91.03	09103	WOUND CARE	0	0	330,350	0	392,834	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	695,218	695,218	95,465,494	-60,324,073	158,323,206	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

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

Worksheet B-1

Date/Time Prepared:
12/2/2019 3:20 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00				
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	980	980	0	0	7,262	190.00
191.00	19100	RESEARCH	0	0	0	0	561	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	91,962	91,962	22,475,805	0	37,561,856	192.00
194.00	07950	MARKETING	1,435	1,435	371,037	0	943,186	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	153,675	0	293,430	194.02
194.03	07953	RETAIL PHARMACY	6,265	6,265	0	0	46,423	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	5,587	0	0	0	3,540	194.06
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)	507,868	5,392,953	12,156,803		60,324,073	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.633689	6.776258	0.102618		0.305935	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		548,825	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.002783	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: 14-0054

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

Worksheet B-1

Date/Time Prepared:
12/2/2019 3:20 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	434,218					6.00
7.00	00700	OPERATION OF PLANT	0	0				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	461	0	1,644,602			8.00
9.00	00900	HOUSEKEEPING	6,026	0	0	427,731		9.00
10.00	01000	DIETARY	17,495	0	13,504	17,495	251,073	10.00
11.00	01100	CAFETERIA	6,611	0	0	6,611	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,352	0	0	1,352	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,768	0	25,868	3,768	0	14.00
15.00	01500	PHARMACY	4,660	0	0	4,660	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,855	0	0	4,855	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	5,650	0	1,940	5,650	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	85,870	0	691,534	85,870	171,273	30.00
31.00	03100	INTENSIVE CARE UNIT	7,570	0	62,952	7,570	13,486	31.00
40.00	04000	SUBPROVIDER - IPF	14,126	0	73,464	14,126	30,028	40.00
41.00	04100	SUBPROVIDER - IRF	9,369	0	0	9,369	11,631	41.00
43.00	04300	NURSERY	3,411	0	0	3,411	0	43.00
44.00	04400	SKILLED NURSING FACILITY	6,932	0	66,765	6,932	24,655	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	28,560	0	75,234	28,560	0	50.00
51.00	05100	RECOVERY ROOM	2,652	0	33,544	2,652	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,486	0	52,355	7,486	0	52.00
53.00	05300	ANESTHESIOLOGY	180	0	8,155	180	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,499	0	118,241	20,499	0	54.00
56.00	05600	RADIOISOTOPE	1,953	0	0	1,953	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	4,513	0	27,580	4,513	0	56.02
57.00	05700	CT SCAN	1,850	0	0	1,850	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,771	0	21,698	3,771	0	59.00
59.01	05901	GASTRO INTESTINAL	6,972	0	82,677	6,972	0	59.01
60.00	06000	LABORATORY	18,521	0	0	18,521	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,071	0	0	1,071	0	63.00
65.00	06500	RESPIRATORY THERAPY	2,116	0	0	2,116	0	65.00
66.00	06600	PHYSICAL THERAPY	8,056	0	26,776	8,056	0	66.00
66.01	06601	TCU REHAB	1,444	0	0	1,444	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,316	0	0	1,316	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	5,433	0	0	69.00
69.01	06901	CARDIAC HEHAB	7,336	0	1,318	7,336	0	69.01
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	295	0	0	295	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	13,070	0	220,173	13,070	0	91.00
91.01	09101	FAMILY PRACTICES	12,904	0	2,118	12,904	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	5,268	0	0	5,268	0	91.02
91.03	09103	WOUND CARE	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	327,989	0	1,611,329	321,502	251,073	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	980	0	0	980	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	91,962	0	33,273	91,962	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

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

Worksheet B-1

Date/Time Prepared:
12/2/2019 3:20 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
194.00	07950	MARKETING	1,435	0	0	1,435	0	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	6,265	0	0	6,265	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	5,587	0	0	5,587	0	194.06
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)	11,146,922	0	1,280,048	5,221,630	5,905,815	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.671257	0.000000	0.778333	12.207743	23.522302	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,196,074	0	8,451	85,928	232,854	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	5.057538	0.000000	0.005139	0.200893	0.927435	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: 14-0054

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

Worksheet B-1

Date/Time Prepared:
12/2/2019 3:20 pm

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	67,742					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	545	0	17,494			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	512	0	0	7,036,775		14.00
15.00	01500	PHARMACY	1,434	0	84	0	8,997,874	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,394	0	130	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	7,271	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,594	0	0	3,158	18,997	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,550	0	7,408	2,668	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,302	0	1,200	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	1,539	0	785	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	646	0	380	16,088	0	41.00
43.00	04300	NURSERY	518	0	485	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,185	0	583	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,739	0	973	0	0	50.00
51.00	05100	RECOVERY ROOM	290	0	235	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,008	0	712	0	0	52.00
53.00	05300	ANESTHESIOLOGY	356	0	127	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,983	0	288	0	0	54.00
56.00	05600	RADIOISOTOPE	148	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	421	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	550	0	0	0	0	56.02
57.00	05700	CT SCAN	399	0	0	0	0	57.00
58.00	05800	MRI	289	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	438	0	263	0	0	59.00
59.01	05901	GASTRO INTESTINAL	896	0	440	0	0	59.01
60.00	06000	LABORATORY	235	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	708	0	3	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,099	0	0	0	0	66.00
66.01	06601	TCU REHAB	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	489	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	219	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	374	0	96	0	0	69.00
69.01	06901	CARDIAC HEHAB	151	0	27	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,913,907	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	8,978,877	73.00
74.00	07400	RENAL DIALYSIS	49	0	43	1,759	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,777	0	2,090	0	0	91.00
91.01	09101	FAMILY PRACTICES	3,181	0	1	571,077	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	198	0	42	0	0	91.02
91.03	09103	WOUND CARE	176	0	128	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	53,663	0	16,523	6,508,657	8,997,874	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

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

Worksheet B-1

Date/Time Prepared:
12/2/2019 3:20 pm

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	13,883	0	958	528,118	0	192.00
194.00	07950	MARKETING	109	0	13	0	0	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	87	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
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)	314,392	0	2,131,508	188,612	6,075,231	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.641020	0.000000	121.842232	0.026804	0.675185	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	83,886	0	22,232	48,552	73,451	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.238316	0.000000	1.270836	0.005271	0.008163	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: 14-0054

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

Worksheet B-1

Date/Time Prepared:
12/2/2019 3:20 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPROV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,713,692,344					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPROV	0	0			10,000	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPROV	0	0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	123,215,223	0	0	0	5,605	30.00
31.00	03100	INTENSIVE CARE UNIT	20,626,869	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	14,760,412	0	0	0	39	40.00
41.00	04100	SUBPROVIDER - IRF	4,558,629	0	0	0	0	41.00
43.00	04300	NURSERY	5,536,922	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	4,359,420	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	149,205,220	0	0	0	422	50.00
51.00	05100	RECOVERY ROOM	18,223,985	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,938,337	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	55,058,603	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	66,306,076	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	15,835,329	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	36,092,018	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	28,878,747	0	0	0	0	56.02
57.00	05700	CT SCAN	156,340,246	0	0	0	0	57.00
58.00	05800	MRI	41,901,363	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	49,113,188	0	0	0	0	59.00
59.01	05901	GASTRO INTESTINAL	71,842,430	0	0	0	0	59.01
60.00	06000	LABORATORY	123,912,178	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	3,790,188	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	8,762,292	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	21,879,160	0	0	0	0	66.00
66.01	06601	TCU REHAB	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	9,960,675	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,700,136	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	39,460,352	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	3,031,294	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	84,337,698	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	56,813,620	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	240,613,065	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,887,310	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	154,172,671	0	0	0	286	91.00
91.01	09101	FAMILY PRACTICES	7,691,924	0	0	0	3,648	91.01
91.02	09102	PSYCH DAY HOSPITAL	5,569,103	0	0	0	0	91.02
91.03	09103	WOUND CARE	1,889,124	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,644,263,807	0	0	0	10,000	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

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

Worksheet B-1

Date/Time Prepared:
12/2/2019 3:20 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPROV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	69,416,488	0	0	0	0	192.00
194.00	07950	MARKETING	0	0	0	0	0	194.00
194.01	07951	MACNEAL SCHOOL	0	0	0	0	0	194.01
194.02	07952	COMMUNITY RELATIONS	12,049	0	0	0	0	194.02
194.03	07953	RETAIL PHARMACY	0	0	0	0	0	194.03
194.04	07954	HOME DELIVERED MEALS	0	0	0	0	0	194.04
194.05	07955	CATERED MEALS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,528,584	0	0	0	8,401,662	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002059	0.000000	0.000000	0.000000	840.166200	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	70,476	0	0	0	26,836	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000041	0.000000	0.000000	0.000000	2.683600	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet B-1
Date/Time Prepared:
12/2/2019 3:20 pm

		Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-OTHER		
			PRGM COSTS APPRV (ASSIGNED TIME)		
			22.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	10,000		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	5,605	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	39	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
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	422	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
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	0	56.02
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
59.01	05901	GASTRO INTESTINAL	0	0	59.01
60.00	06000	LABORATORY	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
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
66.01	06601	TCU REHAB	0	0	66.01
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
69.01	06901	CARDIAC HEHAB	0	0	69.01
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
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	286	0	91.00
91.01	09101	FAMILY PRACTICES	3,648	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	91.02
91.03	09103	WOUND CARE	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	93.99
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,000	0	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0054

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

Worksheet B-1

Date/Time Prepared:
12/2/2019 3:20 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)			
			SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
			22.00				23.00
			NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0		190.00	
191.00	19100	RESEARCH	0	0		191.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0		192.00	
194.00	07950	MARKETING	0	0		194.00	
194.01	07951	MACNEAL SCHOOL	0	0		194.01	
194.02	07952	COMMUNITY RELATIONS	0	0		194.02	
194.03	07953	RETAIL PHARMACY	0	0		194.03	
194.04	07954	HOME DELIVERED MEALS	0	0		194.04	
194.05	07955	CATERED MEALS	0	0		194.05	
194.06	07956	VACANT SPACE	0	0		194.06	
200.00		Cross Foot Adjustments				200.00	
201.00		Negative Cost Centers				201.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	7,869,487	0		202.00	
203.00		Unit cost multiplier (Wkst. B, Part I)	786.948700	0.000000		203.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	93,685	0		204.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	9.368500	0.000000		205.00	
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0		206.00	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000		207.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
12/2/2019 3:20 pm

				Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	41,028,964		41,028,964	0	41,028,964	30.00	
31.00	03100	INTENSIVE CARE UNIT	5,255,681		5,255,681	2,877	5,258,558	31.00	
40.00	04000	SUBPROVIDER - IPF	4,558,898		4,558,898	39,715	4,598,613	40.00	
41.00	04100	SUBPROVIDER - IRF	2,591,954		2,591,954	22,191	2,614,145	41.00	
43.00	04300	NURSERY	2,207,012		2,207,012	0	2,207,012	43.00	
44.00	04400	SKILLED NURSING FACILITY	4,047,247		4,047,247	0	4,047,247	44.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	14,051,902		14,051,902	0	14,051,902	50.00	
51.00	05100	RECOVERY ROOM	1,137,811		1,137,811	0	1,137,811	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,661,332		3,661,332	0	3,661,332	52.00	
53.00	05300	ANESTHESIOLOGY	1,299,774		1,299,774	0	1,299,774	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,648,842		16,648,842	0	16,648,842	54.00	
56.00	05600	RADIOISOTOPE	1,162,072		1,162,072	0	1,162,072	56.00	
56.01	03630	ULTRA SOUND	1,477,994		1,477,994	0	1,477,994	56.01	
56.02	03440	MAMMOGRAPHY	1,944,040		1,944,040	0	1,944,040	56.02	
57.00	05700	CT SCAN	2,013,853		2,013,853	0	2,013,853	57.00	
58.00	05800	MRI	906,086		906,086	0	906,086	58.00	
59.00	05900	CARDIAC CATHETERIZATION	4,586,590		4,586,590	22,103	4,608,693	59.00	
59.01	05901	GASTRO INTESTINAL	3,832,731		3,832,731	0	3,832,731	59.01	
60.00	06000	LABORATORY	1,379,263		1,379,263	0	1,379,263	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30	
63.00	06300	BLOOD STORING PROCESSING & TRANS.	938,053		938,053	0	938,053	63.00	
65.00	06500	RESPIRATORY THERAPY	2,156,940	0	2,156,940	0	2,156,940	65.00	
66.00	06600	PHYSICAL THERAPY	3,688,738	0	3,688,738	0	3,688,738	66.00	
66.01	06601	TCU REHAB	74,473	0	74,473	0	74,473	66.01	
67.00	06700	OCCUPATIONAL THERAPY	1,524,450	0	1,524,450	0	1,524,450	67.00	
68.00	06800	SPEECH PATHOLOGY	783,901	0	783,901	0	783,901	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,263,587		1,263,587	0	1,263,587	69.00	
69.01	06901	CARDIAC HEHAB	701,183		701,183	0	701,183	69.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,666,095		8,666,095	0	8,666,095	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,500,552		12,500,552	0	12,500,552	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	18,283,744		18,283,744	0	18,283,744	73.00	
74.00	07400	RENAL DIALYSIS	1,142,929		1,142,929	0	1,142,929	74.00	
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	11,464,040		11,464,040	0	11,464,040	91.00	
91.01	09101	FAMILY PRACTICES	7,901,511		7,901,511	256	7,901,767	91.01	
91.02	09102	PSYCH DAY HOSPITAL	682,600		682,600	1,650	684,250	91.02	
91.03	09103	WOUND CARE	533,319		533,319	0	533,319	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,582,428		4,582,428	0	4,582,428	92.00	
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0		0	0	0	93.99	
200.00		Subtotal (see instructions)	190,680,589	0	190,680,589	88,792	190,769,381	200.00	
201.00		Less Observation Beds	4,582,428		4,582,428	0	4,582,428	201.00	
202.00		Total (see instructions)	186,098,161	0	186,098,161	88,792	186,186,953	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
12/2/2019 3:20 pm

			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	85,094,421		85,094,421			30.00	
31.00	03100	INTENSIVE CARE UNIT	20,613,628		20,613,628			31.00	
40.00	04000	SUBPROVIDER - IPF	14,753,311		14,753,311			40.00	
41.00	04100	SUBPROVIDER - IRF	4,558,629		4,558,629			41.00	
43.00	04300	NURSERY	5,536,922		5,536,922			43.00	
44.00	04400	SKILLED NURSING FACILITY	4,347,021		4,347,021			44.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	60,431,586	88,773,634	149,205,220	0.094178	0.000000	50.00	
51.00	05100	RECOVERY ROOM	5,657,068	12,566,916	18,223,984	0.062435	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,938,337	0	14,938,337	0.245096	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	20,120,301	34,938,303	55,058,604	0.023607	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,788,023	53,518,053	66,306,076	0.251091	0.000000	54.00	
56.00	05600	RADIOISOTOPE	2,806,940	13,028,389	15,835,329	0.073385	0.000000	56.00	
56.01	03630	ULTRA SOUND	6,858,613	29,233,405	36,092,018	0.040951	0.000000	56.01	
56.02	03440	MAMMOGRAPHY	4,575	28,874,172	28,878,747	0.067317	0.000000	56.02	
57.00	05700	CT SCAN	48,331,376	108,008,870	156,340,246	0.012881	0.000000	57.00	
58.00	05800	MRI	6,948,000	34,953,364	41,901,364	0.021624	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	24,280,954	24,832,234	49,113,188	0.093388	0.000000	59.00	
59.01	05901	GASTRO INTESTINAL	12,063,572	59,778,857	71,842,429	0.053349	0.000000	59.01	
60.00	06000	LABORATORY	57,479,537	66,432,641	123,912,178	0.011131	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
63.00	06300	BLOOD STORING PROCESSING & TRANS.	2,610,473	1,179,715	3,790,188	0.247495	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	7,430,568	1,331,724	8,762,292	0.246162	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	9,062,078	12,817,082	21,879,160	0.168596	0.000000	66.00	
66.01	06601	TCU REHAB	0	0	0	0.000000	0.000000	66.01	
67.00	06700	OCCUPATIONAL THERAPY	8,360,589	1,600,085	9,960,674	0.153047	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	2,437,424	1,262,712	3,700,136	0.211857	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	15,604,310	23,856,041	39,460,351	0.032022	0.000000	69.00	
69.01	06901	CARDIAC HEHAB	0	3,031,294	3,031,294	0.231315	0.000000	69.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	31,686,810	52,650,889	84,337,699	0.102755	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,949,020	22,864,600	56,813,620	0.220027	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	63,783,926	176,829,139	240,613,065	0.075988	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	1,527,834	359,476	1,887,310	0.605586	0.000000	74.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	33,659,024	120,513,647	154,172,671	0.074358	0.000000	91.00	
91.01	09101	FAMILY PRACTICES	0	7,691,924	7,691,924	1.027248	0.000000	91.01	
91.02	09102	PSYCH DAY HOSPITAL	879	5,568,224	5,569,103	0.122569	0.000000	91.02	
91.03	09103	WOUND CARE	1,304	1,887,820	1,889,124	0.282310	0.000000	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	5,562,972	27,004,604	32,567,576	0.140705	0.000000	92.00	
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0.000000	0.000000	93.99	
200.00		Subtotal (see instructions)	623,290,025	1,015,387,814	1,638,677,839			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	623,290,025	1,015,387,814	1,638,677,839			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0054	Period: From 07/01/2018 To 06/30/2019	Worksheet C Part I Date/Time Prepared: 12/2/2019 3:20 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.094178		50.00
51.00	05100	RECOVERY ROOM	0.062435		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.245096		52.00
53.00	05300	ANESTHESIOLOGY	0.023607		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.251091		54.00
56.00	05600	RADIOISOTOPE	0.073385		56.00
56.01	03630	ULTRA SOUND	0.040951		56.01
56.02	03440	MAMMOGRAPHY	0.067317		56.02
57.00	05700	CT SCAN	0.012881		57.00
58.00	05800	MRI	0.021624		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.093838		59.00
59.01	05901	GASTRO INTESTINAL	0.053349		59.01
60.00	06000	LABORATORY	0.011131		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.247495		63.00
65.00	06500	RESPIRATORY THERAPY	0.246162		65.00
66.00	06600	PHYSICAL THERAPY	0.168596		66.00
66.01	06601	TCU REHAB	0.000000		66.01
67.00	06700	OCCUPATIONAL THERAPY	0.153047		67.00
68.00	06800	SPEECH PATHOLOGY	0.211857		68.00
69.00	06900	ELECTROCARDIOLOGY	0.032022		69.00
69.01	06901	CARDIAC HEHAB	0.231315		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.102755		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.220027		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.075988		73.00
74.00	07400	RENAL DIALYSIS	0.605586		74.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.074358		91.00
91.01	09101	FAMILY PRACTICES	1.027281		91.01
91.02	09102	PSYCH DAY HOSPITAL	0.122865		91.02
91.03	09103	WOUND CARE	0.282310		91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.140705		92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000		93.99
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: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
12/2/2019 3:20 pm

			Title XIX	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	50,148,944		50,148,944	0
31.00	03100	INTENSIVE CARE UNIT	5,255,681		5,255,681	0
40.00	04000	SUBPROVIDER - IPF	4,622,355		4,622,355	0
41.00	04100	SUBPROVIDER - IRF	2,591,954		2,591,954	0
43.00	04300	NURSERY	2,207,012		2,207,012	0
44.00	04400	SKILLED NURSING FACILITY	4,047,247		4,047,247	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,738,544		14,738,544	0
51.00	05100	RECOVERY ROOM	1,137,811		1,137,811	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,661,332		3,661,332	0
53.00	05300	ANESTHESIOLOGY	1,299,774		1,299,774	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,648,842		16,648,842	0
56.00	05600	RADIOISOTOPE	1,162,072		1,162,072	0
56.01	03630	ULTRA SOUND	1,477,994		1,477,994	0
56.02	03440	MAMMOGRAPHY	1,944,040		1,944,040	0
57.00	05700	CT SCAN	2,013,853		2,013,853	0
58.00	05800	MRI	906,086		906,086	0
59.00	05900	CARDIAC CATHETERIZATION	4,586,590		4,586,590	0
59.01	05901	GASTRO INTESTINAL	3,832,731		3,832,731	0
60.00	06000	LABORATORY	1,379,263		1,379,263	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0
63.00	06300	BLOOD STORING PROCESSING & TRANS.	938,053		938,053	0
65.00	06500	RESPIRATORY THERAPY	2,156,940	0	2,156,940	0
66.00	06600	PHYSICAL THERAPY	3,688,738	0	3,688,738	0
66.01	06601	TCU REHAB	74,473	0	74,473	0
67.00	06700	OCCUPATIONAL THERAPY	1,524,450	0	1,524,450	0
68.00	06800	SPEECH PATHOLOGY	783,901	0	783,901	0
69.00	06900	ELECTROCARDIOLOGY	1,263,587		1,263,587	0
69.01	06901	CARDIAC HEHAB	701,183		701,183	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,666,095		8,666,095	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,500,552		12,500,552	0
73.00	07300	DRUGS CHARGED TO PATIENTS	18,283,744		18,283,744	0
74.00	07400	RENAL DIALYSIS	1,142,929		1,142,929	0
76.97	07697	CARDIAC REHABILITATION	0		0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0
76.99	07699	LITHOTRIPSY	0		0	0
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	11,929,395		11,929,395	0
91.01	09101	FAMILY PRACTICES	13,837,226		13,837,226	0
91.02	09102	PSYCH DAY HOSPITAL	682,600		682,600	0
91.03	09103	WOUND CARE	533,319		533,319	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0		0	0
200.00		Subtotal (see instructions)	202,369,310	0	202,369,310	0
201.00		Less Observation Beds	0		0	0
202.00		Total (see instructions)	202,369,310	0	202,369,310	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
12/2/2019 3:20 pm

			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
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	0	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	03630	ULTRA SOUND	0	0	0	0.000000	0.000000	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	0.000000	0.000000	56.02
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
59.01	05901	GASTRO INTESTINAL	0	0	0	0.000000	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00
66.01	06601	TCU REHAB	0	0	0	0.000000	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
69.01	06901	CARDIAC HEHAB	0	0	0	0.000000	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	0.000000	0.000000	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	0.000000	0.000000	91.02
91.03	09103	WOUND CARE	0	0	0	0.000000	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0.000000	0.000000	93.99
200.00		Subtotal (see instructions)	0	0	0			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	0	0	0			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
12/2/2019 3:20 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
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
56.00	05600	RADIOISOTOPE	0.000000			56.00
56.01	03630	ULTRA SOUND	0.000000			56.01
56.02	03440	MAMMOGRAPHY	0.000000			56.02
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
59.01	05901	GASTRO INTESTINAL	0.000000			59.01
60.00	06000	LABORATORY	0.000000			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
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
66.01	06601	TCU REHAB	0.000000			66.01
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
69.01	06901	CARDIAC HEHAB	0.000000			69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.000000			91.00
91.01	09101	FAMILY PRACTICES	0.000000			91.01
91.02	09102	PSYCH DAY HOSPITAL	0.000000			91.02
91.03	09103	WOUND CARE	0.000000			91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000			93.99
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: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
12/2/2019 3:20 pm

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,348,433	0	1,348,433	46,684	28.88	30.00
31.00	INTENSIVE CARE UNIT	122,108		122,108	3,476	35.13	31.00
40.00	SUBPROVIDER - IPF	217,353	0	217,353	7,740	28.08	40.00
41.00	SUBPROVIDER - IRF	135,090	0	135,090	2,998	45.06	41.00
43.00	NURSERY	48,969		48,969	2,677	18.29	43.00
44.00	SKILLED NURSING FACILITY	119,950		119,950	6,355	18.87	44.00
200.00	Total (lines 30 through 199)	1,991,903		1,991,903	69,930		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	9,919	286,461				
31.00	INTENSIVE CARE UNIT	1,083	38,046				
40.00	SUBPROVIDER - IPF	2,957	83,033				
41.00	SUBPROVIDER - IRF	1,452	65,427				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	3,751	70,781				
200.00	Total (lines 30 through 199)	19,162	543,748				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0054	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part II Date/Time Prepared: 12/2/2019 3:20 pm		
				Title XVIII		Hospital		PPS
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	399,523	149,205,220	0.002678	14,121,325	37,817	50.00
51.00	05100	RECOVERY ROOM	37,186	18,223,984	0.002040	1,414,153	2,885	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	104,721	14,938,337	0.007010	24,335	171	52.00
53.00	05300	ANESTHESIOLOGY	7,645	55,058,604	0.000139	4,995,369	694	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	299,081	66,306,076	0.004511	4,521,014	20,394	54.00
56.00	05600	RADIOISOTOPE	27,821	15,835,329	0.001757	1,085,431	1,907	56.00
56.01	03630	ULTRA SOUND	4,988	36,092,018	0.000138	1,825,096	252	56.01
56.02	03440	MAMMOGRAPHY	62,781	28,878,747	0.002174	672	1	56.02
57.00	05700	CT SCAN	33,792	156,340,246	0.000216	15,069,853	3,255	57.00
58.00	05800	MRI	3,820	41,901,364	0.000091	1,931,851	176	58.00
59.00	05900	CARDIAC CATHETERIZATION	59,921	49,113,188	0.001220	8,212,178	10,019	59.00
59.01	05901	GASTRO INTESTINAL	100,393	71,842,429	0.001397	3,960,538	5,533	59.01
60.00	06000	LABORATORY	240,901	123,912,178	0.001944	15,998,471	31,101	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	15,619	3,790,188	0.004121	650,167	2,679	63.00
65.00	06500	RESPIRATORY THERAPY	32,426	8,762,292	0.003701	1,952,300	7,225	65.00
66.00	06600	PHYSICAL THERAPY	111,512	21,879,160	0.005097	2,342,079	11,938	66.00
66.01	06601	TCU REHAB	18,335	0	0.000000	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	4,214	9,960,674	0.000423	2,030,421	859	67.00
68.00	06800	SPEECH PATHOLOGY	18,641	3,700,136	0.005038	616,944	3,108	68.00
69.00	06900	ELECTROCARDIOLOGY	4,713	39,460,351	0.000119	5,215,278	621	69.00
69.01	06901	CARDIAC REHAB	94,166	3,031,294	0.031065	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	52,391	84,337,699	0.000621	7,890,545	4,900	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,719	56,813,620	0.000505	10,616,295	5,361	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	108,367	240,613,065	0.000450	16,053,039	7,224	73.00
74.00	07400	RENAL DIALYSIS	6,331	1,887,310	0.003355	612,919	2,056	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	202,115	154,172,671	0.001311	9,900,277	12,979	91.00
91.01	09101	FAMILY PRACTICES	186,443	7,691,924	0.024239	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	68,254	5,569,103	0.012256	0	0	91.02
91.03	09103	WOUND CARE	1,551	1,889,124	0.000821	677	1	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	150,601	32,567,576	0.004624	1,429,325	6,609	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	0	0	93.99
200.00		Total (lines 50 through 199)	2,486,971	1,503,773,907		132,470,552	179,765	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0054		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 12/2/2019 3:20 pm		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
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	46,684	0.00	9,919	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	3,476	0.00	1,083	31.00			
40.00	04000	SUBPROVIDER - IPF	0	0	7,740	0.00	2,957	40.00			
41.00	04100	SUBPROVIDER - IRF	0	0	2,998	0.00	1,452	41.00			
43.00	04300	NURSERY	0	0	2,677	0.00	0	43.00			
44.00	04400	SKILLED NURSING FACILITY	0	0	6,355	0.00	3,751	44.00			
200.00		Total (lines 30 through 199)	0	0	69,930		19,162	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
40.00	04000	SUBPROVIDER - IPF	0								40.00
41.00	04100	SUBPROVIDER - IRF	0								41.00
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: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
12/2/2019 3:20 pm

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	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
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	0	0	56.02
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
59.01	05901	GASTRO INTESTINAL	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
66.01	06601	TCU REHAB	0	0	0	0	0	66.01
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
69.01	06901	CARDIAC HEHAB	0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	0	0	91.02
91.03	09103	WOUND CARE	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
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: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
12/2/2019 3:20 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	149,205,220	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	18,223,984	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	14,938,337	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	55,058,604	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	66,306,076	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	15,835,329	0.000000	56.00
56.01	03630	ULTRA SOUND	0	0	0	36,092,018	0.000000	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	28,878,747	0.000000	56.02
57.00	05700	CT SCAN	0	0	0	156,340,246	0.000000	57.00
58.00	05800	MRI	0	0	0	41,901,364	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	49,113,188	0.000000	59.00
59.01	05901	GASTRO INTESTINAL	0	0	0	71,842,429	0.000000	59.01
60.00	06000	LABORATORY	0	0	0	123,912,178	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	3,790,188	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	8,762,292	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	21,879,160	0.000000	66.00
66.01	06601	TCU REHAB	0	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	9,960,674	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,700,136	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	39,460,351	0.000000	69.00
69.01	06901	CARDIAC REHAB	0	0	0	3,031,294	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	84,337,699	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	56,813,620	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	240,613,065	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,887,310	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	154,172,671	0.000000	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	7,691,924	0.000000	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	5,569,103	0.000000	91.02
91.03	09103	WOUND CARE	0	0	0	1,889,124	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	32,567,576	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0.000000	93.99
200.00		Total (lines 50 through 199)	0	0	0	1,503,773,907		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
12/2/2019 3:20 pm

				Title XVIII		Hospital		PPS	
Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)			
									9.00
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	14,121,325	0	12,758,637	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	1,414,153	0	1,894,998	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	24,335	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	4,995,369	0	6,728,119	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	4,521,014	0	10,064,897	0	54.00	
56.00	05600	RADIOISOTOPE	0.000000	1,085,431	0	2,806,926	0	56.00	
56.01	03630	ULTRA SOUND	0.000000	1,825,096	0	2,541,378	0	56.01	
56.02	03440	MAMMOGRAPHY	0.000000	672	0	969,824	0	56.02	
57.00	05700	CT SCAN	0.000000	15,069,853	0	18,807,308	0	57.00	
58.00	05800	MRI	0.000000	1,931,851	0	6,019,545	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	8,212,178	0	8,756,972	0	59.00	
59.01	05901	GASTRO INTESTINAL	0.000000	3,960,538	0	11,070,459	0	59.01	
60.00	06000	LABORATORY	0.000000	15,998,471	0	8,654,887	0	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30	
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	650,167	0	147,348	0	63.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	1,952,300	0	206,239	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	2,342,079	0	143,038	0	66.00	
66.01	06601	TCU REHAB	0.000000	0	0	0	0	66.01	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	2,030,421	0	136,348	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	616,944	0	129,487	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	5,215,278	0	4,096,370	0	69.00	
69.01	06901	CARDIAC HEHAB	0.000000	0	0	965,902	0	69.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	7,890,545	0	9,120,766	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	10,616,295	0	7,433,029	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	16,053,039	0	54,532,931	0	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	612,919	0	116,760	0	74.00	
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99	
	OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.000000	9,900,277	0	11,387,603	0	91.00	
91.01	09101	FAMILY PRACTICES	0.000000	0	0	1,818	0	91.01	
91.02	09102	PSYCH DAY HOSPITAL	0.000000	0	0	143,255	0	91.02	
91.03	09103	WOUND CARE	0.000000	677	0	862,900	0	91.03	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	1,429,325	0	4,985,351	0	92.00	
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	93.99	
200.00		Total (lines 50 through 199)		132,470,552	0	185,483,095	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0054		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 12/2/2019 3:20 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.094178	12,758,637	0	0	1,201,583	50.00
51.00	05100	RECOVERY ROOM		0.062435	1,894,998	0	0	118,314	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.245096	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.023607	6,728,119	0	0	158,831	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.251091	10,064,897	0	0	2,527,205	54.00
56.00	05600	RADIOISOTOPE		0.073385	2,806,926	0	0	205,986	56.00
56.01	03630	ULTRA SOUND		0.040951	2,541,378	0	0	104,072	56.01
56.02	03440	MAMMOGRAPHY		0.067317	969,824	0	0	65,286	56.02
57.00	05700	CT SCAN		0.012881	18,807,308	0	0	242,257	57.00
58.00	05800	MRI		0.021624	6,019,545	0	0	130,167	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.093388	8,756,972	0	0	817,796	59.00
59.01	05901	GASTRO INTESTINAL		0.053349	11,070,459	0	0	590,598	59.01
60.00	06000	LABORATORY		0.011131	8,654,887	0	0	96,338	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0.247495	147,348	0	0	36,468	63.00
65.00	06500	RESPIRATORY THERAPY		0.246162	206,239	0	0	50,768	65.00
66.00	06600	PHYSICAL THERAPY		0.168596	143,038	0	0	24,116	66.00
66.01	06601	TCU REHAB		0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY		0.153047	136,348	0	0	20,868	67.00
68.00	06800	SPEECH PATHOLOGY		0.211857	129,487	0	0	27,433	68.00
69.00	06900	ELECTROCARDIOLOGY		0.032022	4,096,370	0	0	131,174	69.00
69.01	06901	CARDIAC HEHAB		0.231315	965,902	0	0	223,428	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.102755	9,120,766	0	0	937,204	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.220027	7,433,029	0	0	1,635,467	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.075988	54,532,931	600	44,339	4,143,848	73.00
74.00	07400	RENAL DIALYSIS		0.605586	116,760	0	0	70,708	74.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.074358	11,387,603	0	224	846,759	91.00
91.01	09101	FAMILY PRACTICES		1.027248	1,818	0	0	1,868	91.01
91.02	09102	PSYCH DAY HOSPITAL		0.122569	143,255	0	0	17,559	91.02
91.03	09103	WOUND CARE		0.282310	862,900	0	0	243,605	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.140705	4,985,351	0	0	701,464	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0.000000	0	0	0	0	93.99
200.00		Subtotal (see instructions)			185,483,095	600	44,563	15,371,170	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			185,483,095	600	44,563	15,371,170	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0054		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 12/2/2019 3:20 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
56.00	05600	RADIOISOTOPE	0	0					56.00
56.01	03630	ULTRA SOUND	0	0					56.01
56.02	03440	MAMMOGRAPHY	0	0					56.02
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
59.01	05901	GASTRO INTESTINAL	0	0					59.01
60.00	06000	LABORATORY	0	0					60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					62.30
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
66.01	06601	TCU REHAB	0	0					66.01
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
69.01	06901	CARDIAC HEHAB	0	0					69.01
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	46	3,369					73.00
74.00	07400	RENAL DIALYSIS	0	0					74.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	17					91.00
91.01	09101	FAMILY PRACTICES	0	0					91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0					91.02
91.03	09103	WOUND CARE	0	0					91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0					92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0					93.99
200.00		Subtotal (see instructions)	46	3,386					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	46	3,386					202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0054

Period:

Worksheet D

Component CCN: 14-S054

From 07/01/2018
To 06/30/2019Part II
Date/Time Prepared:
12/2/2019 3:20 pm

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	399,523	149,205,220	0.002678	144	0	50.00
51.00	05100 RECOVERY ROOM	37,186	18,223,984	0.002040	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	104,721	14,938,337	0.007010	76	1	52.00
53.00	05300 ANESTHESIOLOGY	7,645	55,058,604	0.000139	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	299,081	66,306,076	0.004511	25,251	114	54.00
56.00	05600 RADIOISOTOPE	27,821	15,835,329	0.001757	2,820	5	56.00
56.01	03630 ULTRA SOUND	4,988	36,092,018	0.000138	17,668	2	56.01
56.02	03440 MAMMOGRAPHY	62,781	28,878,747	0.002174	5	0	56.02
57.00	05700 CT SCAN	33,792	156,340,246	0.000216	93,014	20	57.00
58.00	05800 MRI	3,820	41,901,364	0.000091	10,573	1	58.00
59.00	05900 CARDIAC CATHETERIZATION	59,921	49,113,188	0.001220	3,476	4	59.00
59.01	05901 GASTRO INTESTINAL	100,393	71,842,429	0.001397	0	0	59.01
60.00	06000 LABORATORY	240,901	123,912,178	0.001944	520,914	1,013	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	15,619	3,790,188	0.004121	1,386	6	63.00
65.00	06500 RESPIRATORY THERAPY	32,426	8,762,292	0.003701	47,568	176	65.00
66.00	06600 PHYSICAL THERAPY	111,512	21,879,160	0.005097	57,136	291	66.00
66.01	06601 TCU REHAB	18,335	0	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	4,214	9,960,674	0.000423	30,207	13	67.00
68.00	06800 SPEECH PATHOLOGY	18,641	3,700,136	0.005038	5,870	30	68.00
69.00	06900 ELECTROCARDIOLOGY	4,713	39,460,351	0.000119	64,755	8	69.00
69.01	06901 CARDIAC REHAB	94,166	3,031,294	0.031065	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	52,391	84,337,699	0.000621	2,798	2	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	28,719	56,813,620	0.000505	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	108,367	240,613,065	0.000450	932,618	420	73.00
74.00	07400 RENAL DIALYSIS	6,331	1,887,310	0.003355	9,686	32	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	202,115	154,172,671	0.001311	162,939	214	91.00
91.01	09101 FAMILY PRACTICES	186,443	7,691,924	0.024239	0	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	68,254	5,569,103	0.012256	879	11	91.02
91.03	09103 WOUND CARE	1,551	1,889,124	0.000821	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	32,567,576	0.000000	0	0	92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	0	0	93.99
200.00	Total (lines 50 through 199)	2,336,370	1,503,773,907		1,989,783	2,363	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0054 Component CCN: 14-S054		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:20 pm	
				Title XVIII		Subprovider - IPF		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
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
56.01	03630	ULTRA SOUND		0	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY		0	0	0	0	0	56.02
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
59.01	05901	GASTRO INTESTINAL		0	0	0	0	0	59.01
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
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
66.01	06601	TCU REHAB		0	0	0	0	0	66.01
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
69.01	06901	CARDIAC HEHAB		0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
91.01	09101	FAMILY PRACTICES		0	0	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL		0	0	0	0	0	91.02
91.03	09103	WOUND CARE		0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0	93.99
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: 14-0054 Component CCN: 14-S054		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:20 pm	
				Title XVIII		Subprovider - IPF		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	149,205,220	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	18,223,984	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	14,938,337	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	55,058,604	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	66,306,076	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	15,835,329	0.000000	56.00
56.01	03630	ULTRA SOUND		0	0	0	36,092,018	0.000000	56.01
56.02	03440	MAMMOGRAPHY		0	0	0	28,878,747	0.000000	56.02
57.00	05700	CT SCAN		0	0	0	156,340,246	0.000000	57.00
58.00	05800	MRI		0	0	0	41,901,364	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	49,113,188	0.000000	59.00
59.01	05901	GASTRO INTESTINAL		0	0	0	71,842,429	0.000000	59.01
60.00	06000	LABORATORY		0	0	0	123,912,178	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0	0	0	3,790,188	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	8,762,292	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	21,879,160	0.000000	66.00
66.01	06601	TCU REHAB		0	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	9,960,674	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	3,700,136	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	39,460,351	0.000000	69.00
69.01	06901	CARDIAC HEHAB		0	0	0	3,031,294	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	84,337,699	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	56,813,620	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	240,613,065	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	1,887,310	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	154,172,671	0.000000	91.00
91.01	09101	FAMILY PRACTICES		0	0	0	7,691,924	0.000000	91.01
91.02	09102	PSYCH DAY HOSPITAL		0	0	0	5,569,103	0.000000	91.02
91.03	09103	WOUND CARE		0	0	0	1,889,124	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	32,567,576	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0.000000	93.99
200.00		Total (lines 50 through 199)		0	0	0	1,503,773,907		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0054 Component CCN: 14-S054		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:20 pm	
				Title XVIII		Subprovider - IPF		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	144	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	76	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	79	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	25,251	0	1,536	0	54.00
56.00	05600	RADIOISOTOPE		0.000000	2,820	0	0	0	56.00
56.01	03630	ULTRA SOUND		0.000000	17,668	0	0	0	56.01
56.02	03440	MAMMOGRAPHY		0.000000	5	0	145	0	56.02
57.00	05700	CT SCAN		0.000000	93,014	0	6,974	0	57.00
58.00	05800	MRI		0.000000	10,573	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	3,476	0	165	0	59.00
59.01	05901	GASTRO INTESTINAL		0.000000	0	0	0	0	59.01
60.00	06000	LABORATORY		0.000000	520,914	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0.000000	1,386	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	47,568	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	57,136	0	0	0	66.00
66.01	06601	TCU REHAB		0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY		0.000000	30,207	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	5,870	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	64,755	0	2,631	0	69.00
69.01	06901	CARDIAC HEHAB		0.000000	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	2,798	0	34	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	932,618	0	714	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	9,686	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.000000	162,939	0	0	0	91.00
91.01	09101	FAMILY PRACTICES		0.000000	0	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL		0.000000	879	0	0	0	91.02
91.03	09103	WOUND CARE		0.000000	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0.000000	0	0	0	0	93.99
200.00		Total (lines 50 through 199)			1,989,783	0	12,278	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0054

Period:

Worksheet D

Component CCN: 14-S054

From 07/01/2018
To 06/30/2019Part V
Date/Time Prepared:
12/2/2019 3:20 pm

Title XVIII

Subprovider -

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	0.094178	0	0	0	0 50.00
51.00	05100 RECOVERY ROOM	0.062435	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.245096	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.023607	79	0	0	2 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.251091	1,536	0	0	386 54.00
56.00	05600 RADIOISOTOPE	0.073385	0	0	0	0 56.00
56.01	03630 ULTRA SOUND	0.040951	0	0	0	0 56.01
56.02	03440 MAMMOGRAPHY	0.067317	145	0	0	10 56.02
57.00	05700 CT SCAN	0.012881	6,974	0	0	90 57.00
58.00	05800 MRI	0.021624	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.093388	165	0	0	15 59.00
59.01	05901 GASTRO INTESTINAL	0.053349	0	0	0	0 59.01
60.00	06000 LABORATORY	0.011131	0	0	0	0 60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0 62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.247495	0	0	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	0.246162	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.168596	0	0	0	0 66.00
66.01	06601 TCU REHAB	0.000000	0	0	0	0 66.01
67.00	06700 OCCUPATIONAL THERAPY	0.153047	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.211857	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.032022	2,631	0	0	84 69.00
69.01	06901 CARDIAC HEHAB	0.231315	0	0	0	0 69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.102755	34	0	0	3 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.220027	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.075988	714	0	0	54 73.00
74.00	07400 RENAL DIALYSIS	0.605586	0	0	0	0 74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0 76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0.074358	0	0	0	0 91.00
91.01	09101 FAMILY PRACTICES	1.027248	0	0	0	0 91.01
91.02	09102 PSYCH DAY HOSPITAL	0.122569	0	0	0	0 91.02
91.03	09103 WOUND CARE	0.282310	0	0	0	0 91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.140705	0	0	0	0 92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0 93.99
200.00	Subtotal (see instructions)		12,278	0	0	644 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		12,278	0	0	644 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0054

Period:

Worksheet D

Component CCN: 14-S054

From 07/01/2018
To 06/30/2019Part V
Date/Time Prepared:
12/2/2019 3:20 pm

Title XVIII

Subprovider -
IPF

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
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	0	56.02
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
59.01	05901	GASTRO INTESTINAL	0	0	59.01
60.00	06000	LABORATORY	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
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
66.01	06601	TCU REHAB	0	0	66.01
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
69.01	06901	CARDIAC EHAB	0	0	69.01
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
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	FAMILY PRACTICES	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	91.02
91.03	09103	WOUND CARE	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	93.99
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0054	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part II Date/Time Prepared: 12/2/2019 3:20 pm		
				Component CCN: 14-T054				
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	399,523	149,205,220	0.002678	38,532	103	50.00
51.00	05100	RECOVERY ROOM	37,186	18,223,984	0.002040	3,115	6	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	104,721	14,938,337	0.007010	27	0	52.00
53.00	05300	ANESTHESIOLOGY	7,645	55,058,604	0.000139	4,920	1	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	299,081	66,306,076	0.004511	46,597	210	54.00
56.00	05600	RADIOISOTOPE	27,821	15,835,329	0.001757	3,443	6	56.00
56.01	03630	ULTRA SOUND	4,988	36,092,018	0.000138	16,705	2	56.01
56.02	03440	MAMMOGRAPHY	62,781	28,878,747	0.002174	9	0	56.02
57.00	05700	CT SCAN	33,792	156,340,246	0.000216	49,994	11	57.00
58.00	05800	MRI	3,820	41,901,364	0.000091	9,164	1	58.00
59.00	05900	CARDIAC CATHETERIZATION	59,921	49,113,188	0.001220	9,274	11	59.00
59.01	05901	GASTRO INTESTINAL	100,393	71,842,429	0.001397	666	1	59.01
60.00	06000	LABORATORY	240,901	123,912,178	0.001944	257,359	500	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	15,619	3,790,188	0.004121	4,851	20	63.00
65.00	06500	RESPIRATORY THERAPY	32,426	8,762,292	0.003701	45,726	169	65.00
66.00	06600	PHYSICAL THERAPY	111,512	21,879,160	0.005097	1,105,806	5,636	66.00
66.01	06601	TCU REHAB	18,335	0	0.000000	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	4,214	9,960,674	0.000423	1,204,093	509	67.00
68.00	06800	SPEECH PATHOLOGY	18,641	3,700,136	0.005038	365,234	1,840	68.00
69.00	06900	ELECTROCARDIOLOGY	4,713	39,460,351	0.000119	14,697	2	69.00
69.01	06901	CARDIAC HEHAB	94,166	3,031,294	0.031065	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	52,391	84,337,699	0.000621	5,230	3	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,719	56,813,620	0.000505	860	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	108,367	240,613,065	0.000450	827,267	372	73.00
74.00	07400	RENAL DIALYSIS	6,331	1,887,310	0.003355	61,667	207	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	202,115	154,172,671	0.001311	1,217	2	91.00
91.01	09101	FAMILY PRACTICES	186,443	7,691,924	0.024239	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	68,254	5,569,103	0.012256	0	0	91.02
91.03	09103	WOUND CARE	1,551	1,889,124	0.000821	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	32,567,576	0.000000	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	0	0	93.99
200.00		Total (lines 50 through 199)	2,336,370	1,503,773,907		4,076,453	9,612	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0054 Component CCN: 14-T054		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:20 pm	
				Title XVIII		Subprovider - IRF		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	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
59.01	05901	GASTRO INTESTINAL	0	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01	06601	TCU REHAB	0	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	06901	CARDIAC HEHAB	0	0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	0	0	0	91.02
91.03	09103	WOUND CARE	0	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	0	93.99
200.00		Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0054 Component CCN: 14-T054		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:20 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	149,205,220	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	18,223,984	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	14,938,337	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	55,058,604	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	66,306,076	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	15,835,329	0.000000	56.00
56.01	03630	ULTRA SOUND		0	0	0	36,092,018	0.000000	56.01
56.02	03440	MAMMOGRAPHY		0	0	0	28,878,747	0.000000	56.02
57.00	05700	CT SCAN		0	0	0	156,340,246	0.000000	57.00
58.00	05800	MRI		0	0	0	41,901,364	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	49,113,188	0.000000	59.00
59.01	05901	GASTRO INTESTINAL		0	0	0	71,842,429	0.000000	59.01
60.00	06000	LABORATORY		0	0	0	123,912,178	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0	0	0	3,790,188	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	8,762,292	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	21,879,160	0.000000	66.00
66.01	06601	TCU REHAB		0	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	9,960,674	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	3,700,136	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	39,460,351	0.000000	69.00
69.01	06901	CARDIAC HEHAB		0	0	0	3,031,294	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	84,337,699	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	56,813,620	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	240,613,065	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	1,887,310	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	154,172,671	0.000000	91.00
91.01	09101	FAMILY PRACTICES		0	0	0	7,691,924	0.000000	91.01
91.02	09102	PSYCH DAY HOSPITAL		0	0	0	5,569,103	0.000000	91.02
91.03	09103	WOUND CARE		0	0	0	1,889,124	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	32,567,576	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0.000000	93.99
200.00		Total (lines 50 through 199)		0	0	0	1,503,773,907		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0054 Component CCN: 14-T054		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:20 pm	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	38,532		0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	3,115		0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	27		0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	4,920		0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	46,597		0	0	54.00
56.00	05600	RADIOISOTOPE		0.000000	3,443		0	0	56.00
56.01	03630	ULTRA SOUND		0.000000	16,705		0	0	56.01
56.02	03440	MAMMOGRAPHY		0.000000	9		0	0	56.02
57.00	05700	CT SCAN		0.000000	49,994		0	0	57.00
58.00	05800	MRI		0.000000	9,164		0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	9,274		0	0	59.00
59.01	05901	GASTRO INTESTINAL		0.000000	666		0	0	59.01
60.00	06000	LABORATORY		0.000000	257,359		0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0		0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0.000000	4,851		0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	45,726		0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	1,105,806		0	0	66.00
66.01	06601	TCU REHAB		0.000000	0		0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY		0.000000	1,204,093		0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	365,234		0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	14,697		0	0	69.00
69.01	06901	CARDIAC HEHAB		0.000000	0		0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	5,230		0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	860		0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	827,267		0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	61,667		0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0		0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0		0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0		0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.000000	1,217		0	0	91.00
91.01	09101	FAMILY PRACTICES		0.000000	0		0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL		0.000000	0		0	0	91.02
91.03	09103	WOUND CARE		0.000000	0		0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0		0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0.000000	0		0	0	93.99
200.00		Total (lines 50 through 199)			4,076,453		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0054 Component CCN: 14-5848		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:20 pm	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	0	0	0	56.02
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
59.01	05901	GASTRO INTESTINAL	0	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01	06601	TCU REHAB	0	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	06901	CARDIAC HEHAB	0	0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	0	0	0	91.02
91.03	09103	WOUND CARE	0	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	0	93.99
200.00		Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0054 Component CCN: 14-5848		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:20 pm	
				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	149,205,220	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	18,223,984	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	14,938,337	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	55,058,604	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	66,306,076	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	15,835,329	0.000000	56.00
56.01	03630	ULTRA SOUND		0	0	0	36,092,018	0.000000	56.01
56.02	03440	MAMMOGRAPHY		0	0	0	28,878,747	0.000000	56.02
57.00	05700	CT SCAN		0	0	0	156,340,246	0.000000	57.00
58.00	05800	MRI		0	0	0	41,901,364	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	49,113,188	0.000000	59.00
59.01	05901	GASTRO INTESTINAL		0	0	0	71,842,429	0.000000	59.01
60.00	06000	LABORATORY		0	0	0	123,912,178	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0	0	0	3,790,188	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	8,762,292	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	21,879,160	0.000000	66.00
66.01	06601	TCU REHAB		0	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	9,960,674	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	3,700,136	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	39,460,351	0.000000	69.00
69.01	06901	CARDIAC HEHAB		0	0	0	3,031,294	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	84,337,699	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	56,813,620	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	240,613,065	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	1,887,310	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	154,172,671	0.000000	91.00
91.01	09101	FAMILY PRACTICES		0	0	0	7,691,924	0.000000	91.01
91.02	09102	PSYCH DAY HOSPITAL		0	0	0	5,569,103	0.000000	91.02
91.03	09103	WOUND CARE		0	0	0	1,889,124	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	32,567,576	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0.000000	93.99
200.00		Total (lines 50 through 199)		0	0	0	1,503,773,907		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0054 Component CCN: 14-5848		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:20 pm	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
56.01	03630	ULTRA SOUND		0.000000	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY		0.000000	0	0	0	0	56.02
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
59.01	05901	GASTRO INTESTINAL		0.000000	0	0	0	0	59.01
60.00	06000	LABORATORY		0.000000	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
66.01	06601	TCU REHAB		0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
69.01	06901	CARDIAC HEHAB		0.000000	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
91.01	09101	FAMILY PRACTICES		0.000000	0	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL		0.000000	0	0	0	0	91.02
91.03	09103	WOUND CARE		0.000000	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0.000000	0	0	0	0	93.99
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
12/2/2019 3:20 pm

			Title XIX		Hospital	Cost	
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	1,348,433	0	1,348,433	46,684	28.88	30.00
31.00	INTENSIVE CARE UNIT	122,108		122,108	3,476	35.13	31.00
40.00	SUBPROVIDER - IPF	217,353	0	217,353	7,740	28.08	40.00
41.00	SUBPROVIDER - IRF	135,090	0	135,090	2,998	45.06	41.00
43.00	NURSERY	48,969		48,969	2,677	18.29	43.00
44.00	SKILLED NURSING FACILITY	119,950		119,950	6,355	18.87	44.00
200.00	Total (lines 30 through 199)	1,991,903		1,991,903	69,930		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	4,605	132,992				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	330	14,870				41.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	17	321				44.00
200.00	Total (lines 30 through 199)	4,952	148,183				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
12/2/2019 3:20 pm

Cost Center Description		Title XIX		Hospital		Cost	
		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	399,523	0	0.000000	0	0 50.00
51.00	05100	RECOVERY ROOM	37,186	0	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	104,721	0	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	7,645	0	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	299,081	0	0.000000	0	0 54.00
56.00	05600	RADIOISOTOPE	27,821	0	0.000000	0	0 56.00
56.01	03630	ULTRA SOUND	4,988	0	0.000000	0	0 56.01
56.02	03440	MAMMOGRAPHY	62,781	0	0.000000	0	0 56.02
57.00	05700	CT SCAN	33,792	0	0.000000	0	0 57.00
58.00	05800	MRI	3,820	0	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	59,921	0	0.000000	0	0 59.00
59.01	05901	GASTRO INTESTINAL	100,393	0	0.000000	0	0 59.01
60.00	06000	LABORATORY	240,901	0	0.000000	0	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0 62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	15,619	0	0.000000	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	32,426	0	0.000000	0	0 65.00
66.00	06600	PHYSICAL THERAPY	111,512	0	0.000000	0	0 66.00
66.01	06601	TCU REHAB	18,335	0	0.000000	0	0 66.01
67.00	06700	OCCUPATIONAL THERAPY	4,214	0	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	18,641	0	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	4,713	0	0.000000	0	0 69.00
69.01	06901	CARDIAC HEHAB	94,166	0	0.000000	0	0 69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	52,391	0	0.000000	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,719	0	0.000000	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	108,367	0	0.000000	0	0 73.00
74.00	07400	RENAL DIALYSIS	6,331	0	0.000000	0	0 74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	202,115	0	0.000000	0	0 91.00
91.01	09101	FAMILY PRACTICES	186,443	0	0.000000	0	0 91.01
91.02	09102	PSYCH DAY HOSPITAL	68,254	0	0.000000	0	0 91.02
91.03	09103	WOUND CARE	1,551	0	0.000000	0	0 91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	0 92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	0	0 93.99
200.00		Total (lines 50 through 199)	2,336,370	0		0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0054		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 12/2/2019 3:20 pm		
					Title XIX		Hospital		Cost		
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		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
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	46,684	0.00	4,605		30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	3,476	0.00	0		31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	7,740	0.00	0		40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	2,998	0.00	330		41.00		
43.00	04300	NURSERY	0	0	2,677	0.00	0		43.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	6,355	0.00	17		44.00		
200.00		Total (lines 30 through 199)	0	0	69,930		4,952		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
40.00	04000	SUBPROVIDER - IPF	0								40.00
41.00	04100	SUBPROVIDER - IRF	0								41.00
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: 14-0054		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:20 pm	
			Title XIX		Hospital		Cost	
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
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY	0	0	0	0	0	56.02
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
59.01	05901	GASTRO INTESTINAL	0	0	0	0	0	59.01
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
66.01	06601	TCU REHAB	0	0	0	0	0	66.01
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
69.01	06901	CARDIAC HEHAB	0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	FAMILY PRACTICES	0	0	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0	0	0	0	0	91.02
91.03	09103	WOUND CARE	0	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
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: 14-0054		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:20 pm	
				Title XIX		Hospital		Cost	
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	0	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	0	0.000000	56.00
56.01	03630	ULTRA SOUND		0	0	0	0	0.000000	56.01
56.02	03440	MAMMOGRAPHY		0	0	0	0	0.000000	56.02
57.00	05700	CT SCAN		0	0	0	0	0.000000	57.00
58.00	05800	MRI		0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0.000000	59.00
59.01	05901	GASTRO INTESTINAL		0	0	0	0	0.000000	59.01
60.00	06000	LABORATORY		0	0	0	0	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0	0	0	0	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0.000000	66.00
66.01	06601	TCU REHAB		0	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0.000000	69.00
69.01	06901	CARDIAC HEHAB		0	0	0	0	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	0	0.000000	91.00
91.01	09101	FAMILY PRACTICES		0	0	0	0	0.000000	91.01
91.02	09102	PSYCH DAY HOSPITAL		0	0	0	0	0.000000	91.02
91.03	09103	WOUND CARE		0	0	0	0	0.000000	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0.000000	93.99
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: 14-0054		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 12/2/2019 3:20 pm	
				Title XIX		Hospital		Cost	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM		0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE		0.000000	0	0	0	0	56.00
56.01	03630	ULTRA SOUND		0.000000	0	0	0	0	56.01
56.02	03440	MAMMOGRAPHY		0.000000	0	0	0	0	56.02
57.00	05700	CT SCAN		0.000000	0	0	0	0	57.00
58.00	05800	MRI		0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
59.01	05901	GASTRO INTESTINAL		0.000000	0	0	0	0	59.01
60.00	06000	LABORATORY		0.000000	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	0	0	0	0	66.00
66.01	06601	TCU REHAB		0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY		0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
69.01	06901	CARDIAC HEHAB		0.000000	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.000000	0	0	0	0	91.00
91.01	09101	FAMILY PRACTICES		0.000000	0	0	0	0	91.01
91.02	09102	PSYCH DAY HOSPITAL		0.000000	0	0	0	0	91.02
91.03	09103	WOUND CARE		0.000000	0	0	0	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0.000000	0	0	0	0	93.99
200.00		Total (lines 50 through 199)			0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0054	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/2/2019 3:20 pm
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		46,684	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		46,684	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)		41,470	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)		9,919	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)		41,028,964	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)		41,028,964	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)		41,028,964	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)		878.87	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,717,512	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)		8,717,512	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0054

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

Worksheet D-1

Date/Time Prepared:
12/2/2019 3:20 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,258,558	3,476	1,512.82	1,083	1,638,384	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)					11,547,564	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					21,903,460	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)					324,507	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					179,765	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					504,272	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					21,399,188	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					5,214	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					878.87	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,582,428	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0054

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

Worksheet D-1

Date/Time Prepared:
12/2/2019 3:20 pm

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	1,348,433	41,028,964	0.032865	4,582,428	150,601
91.00	Nursing School cost	0	41,028,964	0.000000	4,582,428	0
92.00	Allied health cost	0	41,028,964	0.000000	4,582,428	0
93.00	All other Medical Education	0	41,028,964	0.000000	4,582,428	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0054 Component CCN: 14-S054	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/2/2019 3:20 pm
		Title XVIII	Subprovider - IPF	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)		7,740	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,740	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)		7,740	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,957	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)		4,598,613	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)		4,598,613	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)		4,598,613	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)		594.14	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,756,872	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)		1,756,872	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0054 Component CCN: 14-S054		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 12/2/2019 3:20 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					133,727	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,890,599	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)					83,033	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,363	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					85,396	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,805,203	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					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: 14-0054 Component CCN: 14-S054		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 12/2/2019 3:20 pm
			Title XVIII		Subprovider - IPF		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	217,353	4,598,613	0.047265	0	0	90.00
91.00	Nursing School cost	0	4,598,613	0.000000	0	0	91.00
92.00	Allied health cost	0	4,598,613	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,598,613	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0054 Component CCN: 14-T054	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/2/2019 3:20 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,998	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,998	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)		2,998	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)		1,452	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)		2,614,145	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)		2,614,145	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)		2,614,145	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)		871.96	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,266,086	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)		1,266,086	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0054 Component CCN: 14-T054	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/2/2019 3:20 pm
			Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
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)					583,242
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,849,328
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					65,427
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					9,612
52.00 Total Program excludable cost (sum of lines 50 and 51)					75,039
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,774,289
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0054 Component CCN: 14-T054		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 12/2/2019 3:20 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	135,090	2,614,145	0.051677	0	0	90.00
91.00	Nursing School cost	0	2,614,145	0.000000	0	0	91.00
92.00	Allied health cost	0	2,614,145	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,614,145	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0054 Component CCN: 14-5848	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/2/2019 3:20 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,355	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,355	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)		6,355	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)		3,751	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)		4,047,247	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)		4,047,247	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)		4,047,247	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: 14-0054 Component CCN: 14-5848	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 12/2/2019 3:20 pm	
				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)					4,047,247	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					636.86	71.00
72.00	Program routine service cost (line 9 x line 71)					2,388,862	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)					2,388,862	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)					2,388,862	83.00
84.00	Program inpatient ancillary services (see instructions)					0	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)					2,388,862	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: 14-0054 Component CCN: 14-5848		Period: From 07/01/2018 To 06/30/2019		Worksheet D-1 Date/Time Prepared: 12/2/2019 3:20 pm	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description			Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
			1.00	2.00	3.00	4.00	5.00		
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost			0	0	0.000000	0	0	90.00
91.00	Nursing School cost			0	0	0.000000	0	0	91.00
92.00	Allied health cost			0	0	0.000000	0	0	92.00
93.00	All other Medical Education			0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0054	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 12/2/2019 3:20 pm
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		19,981,538	30.00
31.00	03100	INTENSIVE CARE UNIT		6,367,977	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.094178	14,121,325	50.00
51.00	05100	RECOVERY ROOM	0.062435	1,414,153	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.245096	24,335	52.00
53.00	05300	ANESTHESIOLOGY	0.023607	4,995,369	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.251091	4,521,014	54.00
56.00	05600	RADIOISOTOPE	0.073385	1,085,431	56.00
56.01	03630	ULTRA SOUND	0.040951	1,825,096	56.01
56.02	03440	MAMMOGRAPHY	0.067317	672	56.02
57.00	05700	CT SCAN	0.012881	15,069,853	57.00
58.00	05800	MRI	0.021624	1,931,851	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.093838	8,212,178	59.00
59.01	05901	GASTRO INTESTINAL	0.053349	3,960,538	59.01
60.00	06000	LABORATORY	0.011131	15,998,471	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.247495	650,167	63.00
65.00	06500	RESPIRATORY THERAPY	0.246162	1,952,300	65.00
66.00	06600	PHYSICAL THERAPY	0.168596	2,342,079	66.00
66.01	06601	TCU REHAB	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.153047	2,030,421	67.00
68.00	06800	SPEECH PATHOLOGY	0.211857	616,944	68.00
69.00	06900	ELECTROCARDIOLOGY	0.032022	5,215,278	69.00
69.01	06901	CARDIAC HEHAB	0.231315	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.102755	7,890,545	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.220027	10,616,295	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.075988	16,053,039	73.00
74.00	07400	RENAL DIALYSIS	0.605586	612,919	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.074358	9,900,277	91.00
91.01	09101	FAMILY PRACTICES	1.027281	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0.122865	0	91.02
91.03	09103	WOUND CARE	0.282310	677	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.140705	1,429,325	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	93.99
200.00		Total (sum of lines 50 through 94 and 96 through 98)		132,470,552	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)		132,470,552	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0054	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3
			Component CCN: 14-S054		Date/Time Prepared: 12/2/2019 3:20 pm
			Title XVIII	Subprovider - IPF	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
40.00	04000	SUBPROVIDER - IPF		5,926,980	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.094178	144	50.00
51.00	05100	RECOVERY ROOM	0.062435	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.245096	76	52.00
53.00	05300	ANESTHESIOLOGY	0.023607	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.251091	25,251	54.00
56.00	05600	RADIOISOTOPE	0.073385	2,820	56.00
56.01	03630	ULTRA SOUND	0.040951	17,668	56.01
56.02	03440	MAMMOGRAPHY	0.067317	5	56.02
57.00	05700	CT SCAN	0.012881	93,014	57.00
58.00	05800	MRI	0.021624	10,573	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.093838	3,476	59.00
59.01	05901	GASTRO INTESTINAL	0.053349	0	59.01
60.00	06000	LABORATORY	0.011131	520,914	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.247495	1,386	63.00
65.00	06500	RESPIRATORY THERAPY	0.246162	47,568	65.00
66.00	06600	PHYSICAL THERAPY	0.168596	57,136	66.00
66.01	06601	TCU REHAB	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.153047	30,207	67.00
68.00	06800	SPEECH PATHOLOGY	0.211857	5,870	68.00
69.00	06900	ELECTROCARDIOLOGY	0.032022	64,755	69.00
69.01	06901	CARDIAC HEHAB	0.231315	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.102755	2,798	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.220027	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.075988	932,618	73.00
74.00	07400	RENAL DIALYSIS	0.605586	9,686	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.074358	162,939	91.00
91.01	09101	FAMILY PRACTICES	1.027281	0	91.01
91.02	09102	PSYCH DAY HOSPITAL	0.122865	879	91.02
91.03	09103	WOUND CARE	0.282310	0	91.03
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.140705	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	93.99
200.00		Total (sum of lines 50 through 94 and 96 through 98)		1,989,783	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)		1,989,783	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0054	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3	
		Component CCN: 14-T054		Date/Time Prepared: 12/2/2019 3:20 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		2,215,820		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.094178	38,532	3,629	50.00
51.00	05100 RECOVERY ROOM	0.062435	3,115	194	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.245096	27	7	52.00
53.00	05300 ANESTHESIOLOGY	0.023607	4,920	116	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.251091	46,597	11,700	54.00
56.00	05600 RADIOISOTOPE	0.073385	3,443	253	56.00
56.01	03630 ULTRA SOUND	0.040951	16,705	684	56.01
56.02	03440 MAMMOGRAPHY	0.067317	9	1	56.02
57.00	05700 CT SCAN	0.012881	49,994	644	57.00
58.00	05800 MRI	0.021624	9,164	198	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.093838	9,274	870	59.00
59.01	05901 GASTRO INTESTINAL	0.053349	666	36	59.01
60.00	06000 LABORATORY	0.011131	257,359	2,865	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.247495	4,851	1,201	63.00
65.00	06500 RESPIRATORY THERAPY	0.246162	45,726	11,256	65.00
66.00	06600 PHYSICAL THERAPY	0.168596	1,105,806	186,434	66.00
66.01	06601 TCU REHAB	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.153047	1,204,093	184,283	67.00
68.00	06800 SPEECH PATHOLOGY	0.211857	365,234	77,377	68.00
69.00	06900 ELECTROCARDIOLOGY	0.032022	14,697	471	69.00
69.01	06901 CARDIAC HEHAB	0.231315	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.102755	5,230	537	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.220027	860	189	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.075988	827,267	62,862	73.00
74.00	07400 RENAL DIALYSIS	0.605586	61,667	37,345	74.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.074358	1,217	90	91.00
91.01	09101 FAMILY PRACTICES	1.027281	0	0	91.01
91.02	09102 PSYCH DAY HOSPITAL	0.122865	0	0	91.02
91.03	09103 WOUND CARE	0.282310	0	0	91.03
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.140705	0	0	92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	93.99
200.00	Total (sum of lines 50 through 94 and 96 through 98)		4,076,453	583,242	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)		4,076,453		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0054	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 12/2/2019 3:20 pm	
		Title XVIII	Hospital	PPS	
				1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS					
1.00	DRG Amounts Other than Outlier Payments			0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			23,796,808	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)			92,520	2.00
2.01	Outlier reconciliation amount			0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0	2.02
3.00	Managed Care Simulated Payments			15,995,533	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			241.72	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)			78.16	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			22.87	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)			0.32	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)			101.35	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			103.99	10.00
11.00	FTE count for residents in dental and podiatric programs.			0.10	11.00
12.00	Current year allowable FTE (see instructions)			101.45	12.00
13.00	Total allowable FTE count for the prior year.			103.11	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.			105.17	14.00
15.00	Sum of lines 12 through 14 divided by 3.			103.24	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			103.24	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.427106	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.413051	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.413051	21.00
22.00	IME payment adjustment (see instructions)			4,828,705	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			3,245,718	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)			2.64	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)			4,828,705	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			3,245,718	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			6.19	30.00
31.00	Percentage of Medicaid patient days (see instructions)			34.35	31.00
32.00	Sum of lines 30 and 31			40.54	32.00
33.00	Allowable disproportionate share percentage (see instructions)			22.66	33.00
34.00	Disproportionate share adjustment (see instructions)			1,348,089	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0054	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 12/2/2019 3:20 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	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)	3,206,135	2,955,923	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	808,122	2,210,868	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,018,990		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
			Before 1/1	On/After 1/1
			1.00	1.01
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0 41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0 41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	33,085,112		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)		36,330,830	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,453,963	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).		4,188,197	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)		42,972,990	59.00
60.00	Primary payer payments		36,872	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		42,936,118	61.00
62.00	Deductibles billed to program beneficiaries		2,566,192	62.00
63.00	Coinsurance billed to program beneficiaries		77,345	63.00
64.00	Allowable bad debts (see instructions)		651,942	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		423,762	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		526,693	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		40,716,343	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)		-149,909	70.93
70.94	HRR adjustment amount (see instructions)		-283,382	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A
Date/Time Prepared:
12/2/2019 3:20 pm

		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3		0	0	70.98
70.99	HAC adjustment amount (see instructions)		0	0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		40,283,052		71.00
71.01	Sequestration adjustment (see instructions)		805,661		71.01
71.02	Demonstration payment adjustment amount after sequestration		0		71.02
72.00	Interim payments		39,491,261		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)		-13,870		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,112,014		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0		102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000		103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0		104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0054	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 12/2/2019 3:20 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,432	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		15,371,170	2.00
3.00	OPPS payments		16,971,485	3.00
4.00	Outlier payment (see instructions)		25,757	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)		3,432	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		45,163	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)		45,163	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)		45,163	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		41,731	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)		3,432	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)		16,997,242	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,117,339	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)		13,883,335	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		2,298,826	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)		16,182,161	30.00
31.00	Primary payer payments		10,771	31.00
32.00	Subtotal (line 30 minus line 31)		16,171,390	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)		550,309	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		357,701	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		469,682	36.00
37.00	Subtotal (see instructions)		16,529,091	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)		16,529,091	40.00
40.01	Sequestration adjustment (see instructions)		330,582	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		16,194,974	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		3,535	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0054 Component CCN: 14-S054	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 12/2/2019 3:20 pm
		Title XVIII	Subprovider - IPF	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		644	2.00
3.00	OPPS payments		697	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		697	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		140	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)		557	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		557	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		557	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		557	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)		557	40.00
40.01	Sequestration adjustment (see instructions)		11	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		547	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-1	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
12/2/2019 3:20 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		39,335,854		16,117,674	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	02/20/2019	155,407	02/20/2019	77,300	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)		155,407		77,300	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)		39,491,261		16,194,974	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		3,535	6.01
6.02	SETTLEMENT TO PROGRAM		13,870		0	6.02
7.00	Total Medicare program liability (see instructions)		39,477,391		16,198,509	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: 14-0054 Component CCN: 14-S054		Period: From 07/01/2018 To 06/30/2019		Worksheet E-1 Part I Date/Time Prepared: 12/2/2019 3:20 pm	
		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,298,037		547		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)		2,298,037		547		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		54,036		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		1		6.02
7.00	Total Medicare program liability (see instructions)		2,352,073		546		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: 14-0054 Component CCN: 14-T054		Period: From 07/01/2018 To 06/30/2019		Worksheet E-1 Part I Date/Time Prepared: 12/2/2019 3:20 pm	
		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		2,251,491		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)		2,251,491		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		46,658		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		2,298,149		0	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 14-0054	Period: From 07/01/2018 To 06/30/2019	Worksheet E-1 Part II Date/Time Prepared: 12/2/2019 3:20 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0054 Component CCN: 14-S054	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part II Date/Time Prepared: 12/2/2019 3:20 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,676,506 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			21.205479 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8/line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,676,506 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			2,676,506 16.00
17.00	Primary payer payments			3,008 17.00
18.00	Subtotal (line 16 less line 17).			2,673,498 18.00
19.00	Deductibles			212,060 19.00
20.00	Subtotal (line 18 minus line 19)			2,461,438 20.00
21.00	Coinurance			116,476 21.00
22.00	Subtotal (line 20 minus line 21)			2,344,962 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			84,787 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			55,112 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			48,783 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,400,074 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Demonstration payment adjustment amount before sequestration			0 30.99
31.00	Total amount payable to the provider (see instructions)			2,400,074 31.00
31.01	Sequestration adjustment (see instructions)			48,001 31.01
31.02	Demonstration payment adjustment amount after sequestration			0 31.02
32.00	Interim payments			2,298,037 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 31.02, 32 and 33)			54,036 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0054 Component CCN: 14-T054	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part III Date/Time Prepared: 12/2/2019 3:20 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
	PART III - MEDICARE PART A SERVICES - IRF PPS			
1.00	Net Federal PPS Payment (see instructions)		2,212,808	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0230	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		89,619	3.00
4.00	Outlier Payments		66,248	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		8.213699	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	12.00
13.00	Total PPS Payment (see instructions)		2,368,675	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		0	15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		2,368,675	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		2,368,675	19.00
20.00	Deductibles		9,476	20.00
21.00	Subtotal (line 19 minus line 20)		2,359,199	21.00
22.00	Coinsurance		15,004	22.00
23.00	Subtotal (line 21 minus line 22)		2,344,195	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		1,316	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		855	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,316	26.00
27.00	Subtotal (sum of lines 23 and 25)		2,345,050	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		0	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.99	Demonstration payment adjustment amount before sequestration		0	31.99
32.00	Total amount payable to the provider (see instructions)		2,345,050	32.00
32.01	Sequestration adjustment (see instructions)		46,901	32.01
32.02	Demonstration payment adjustment amount after sequestration		0	32.02
33.00	Interim payments		2,251,491	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)		46,658	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		66,248	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0054 Component CCN: 14-5848	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VI Date/Time Prepared: 12/2/2019 3:20 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		0	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)		0	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		0	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)		0	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)		0	15.00
15.01	Sequestration adjustment (see instructions)		0	15.01
15.02	Demonstration payment adjustment amount after sequestration		0	15.02
16.00	Interim payments		0	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 15.02, 16, and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, chapter 1, §115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0054		Period: From 07/01/2018 To 06/30/2019		Worksheet E-4 Date/Time Prepared: 12/2/2019 3:20 pm	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					62.07	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)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					36.88	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)					0.32	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)					99.27	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					103.99	6.00
7.00	Enter the lesser of line 5 or line 6					99.27	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.	79.83		22.71		102.54 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.	76.21		21.68		97.89 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			0.10		10.01	
11.00	Total weighted FTE count	76.21		21.68		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	74.24		23.41		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	76.29		22.31		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	75.58		22.47		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	75.58		22.47		17.00	
18.00	Per resident amount	158,671.15		157,400.90		18.00	
19.00	Approved amount for resident costs	11,992,366		3,536,798		15,529,164 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)					4.72 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)					15,529,164 25.00	
		Inpatient Part		Managed care			
		A					
		1.00		2.00		3.00	
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	15,411		9,328		26.00	
27.00	Total Inpatient Days (see instructions)	56,067		56,067		27.00	
28.00	Ratio of inpatient days to total inpatient days	0.274868		0.166372		28.00	
29.00	Program direct GME amount	4,268,470		2,583,618		29.00	
30.00	Reduction for direct GME payments for Medicare Advantage			365,065		30.00	
31.00	Net Program direct GME amount					6,487,023 31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0054	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 12/2/2019 3:20 pm	
		Title XVIII	Hospital	PPS	
			1.00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			1,887,310	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)			28,032,249	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)			39,880	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			27,992,369	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			15,375,246	42.00
43.00	Primary payer payments (see instructions)			10,771	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			15,364,475	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			43,356,844	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.645627	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.354373	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			6,487,023	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			4,188,197	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			2,298,826	50.00

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

Provider CCN: 14-0054

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

Worksheet G

Date/Time Prepared:
12/2/2019 3:20 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	59,854,652	0	0	0	1.00
2.00	Temporary investments	37,800	0	0	0	2.00
3.00	Notes receivable	461,349,848	0	0	0	3.00
4.00	Accounts receivable	88,837,183	0	0	0	4.00
5.00	Other receivable	9,948,306	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-26,229,024	0	0	0	6.00
7.00	Inventory	5,475,515	0	0	0	7.00
8.00	Prepaid expenses	637,640	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)	599,911,920	0	0	0	11.00
FIXED ASSETS						
12.00	Land	10,470,000	0	0	0	12.00
13.00	Land improvements	1,139,318	0	0	0	13.00
14.00	Accumulated depreciation	-238,094	0	0	0	14.00
15.00	Buildings	119,289,295	0	0	0	15.00
16.00	Accumulated depreciation	-6,693,832	0	0	0	16.00
17.00	Leasehold improvements	670,408	0	0	0	17.00
18.00	Accumulated depreciation	-153,490	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	17,009,342	0	0	0	23.00
24.00	Accumulated depreciation	-5,281,737	0	0	0	24.00
25.00	Minor equipment depreciable	6,272,938	0	0	0	25.00
26.00	Accumulated depreciation	-2,041,920	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)	140,442,228	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	527,956	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	148,759,794	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	149,287,750	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	889,641,898	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	58,041,873	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,844,615	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	11,387,961	0	0	0	40.00
41.00	Deferred income	136,225	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	36,290,540	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	115,701,214	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	775,008,052	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,387,241	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	776,395,293	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	892,096,507	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	0	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	37,800	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	2,492,409	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)	0	0	2,530,209	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	892,096,507	0	2,530,209	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0054

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

Worksheet G-1

Date/Time Prepared:
12/2/2019 3:20 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		-106,865,756		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-1,592,274				2.00
3.00	Total (sum of line 1 and line 2)		-108,458,030		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		-108,458,030		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)		-108,458,030		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0054

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
12/2/2019 3:20 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	93,109,046		93,109,046	1.00
2.00	SUBPROVIDER - IPF	14,753,311		14,753,311	2.00
3.00	SUBPROVIDER - IRF	4,558,629		4,558,629	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	4,347,021		4,347,021	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)	116,768,007		116,768,007	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	20,613,628		20,613,628	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)	20,613,628		20,613,628	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	137,381,635		137,381,635	17.00
18.00	Ancillary services	449,161,915	866,995,018	1,316,156,933	18.00
19.00	Outpatient services	39,224,179	162,666,219	201,890,398	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (PHYSICIAN REVENUE)	4,909,935	72,087,199	76,997,134	27.00
27.02	OTHER (SPECIFY)	0	0	0	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	630,677,664	1,101,748,436	1,732,426,100	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		283,863,025		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)		283,863,025		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0054

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

Worksheet G-3

Date/Time Prepared:
12/2/2019 3:20 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,732,426,100	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,440,284,485	2.00
3.00	Net patient revenues (line 1 minus line 2)	292,141,615	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	283,863,025	4.00
5.00	Net income from service to patients (line 3 minus line 4)	8,278,590	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	145,219	7.00
8.00	Revenues from telephone and other miscellaneous communication services	200,894	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	676,371	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	31,665	21.00
22.00	Rental of hospital space	1,709,738	22.00
23.00	Governmental appropriations	0	23.00
24.00	PREMIUM, CAPITATION, MISCELLANEOUS	50,623,693	24.00
25.00	Total other income (sum of lines 6-24)	53,387,580	25.00
26.00	Total (line 5 plus line 25)	61,666,170	26.00
27.00	CAP PURCH SVS, INSURANCE, MISC	63,258,444	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	63,258,444	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-1,592,274	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0054	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 12/2/2019 3:20 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,936,498	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		5,455	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)		124.19	3.00
4.00	Number of interns & residents (see instructions)		103.24	4.00
5.00	Indirect medical education percentage (see instructions)		26.44	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)		512,010	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		2,453,963	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