

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: 14-0063	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/21/2019 3:24 pm
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/21/2019	Time: 3:24 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 OAK PARK HOSPITAL (14-0063) for the cost reporting period beginning 07/01/2018 and ending 06/30/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-1,662	48,110	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	6		0	7.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00	Total	0	-1,662	48,116	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: 14-0063		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/21/2019 3:24 pm	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 520 SOUTH MAPLE			PO Box:				1.00	
2.00	City: OAK PARK			State: IL		Zip Code: 60603-		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			OAK PARK HOSPITAL	140063	16974	1	07/01/1966	N
4.00	Subprovider - IPF							P	O
5.00	Subprovider - IRF								
6.00	Subprovider - (Other)								
7.00	Swing Beds - SNF								
8.00	Swing Beds - NF								
9.00	Hospital-Based SNF			SKILLED NURSING UNIT OF OPH	145583	16974		12/07/1987	N
								P	N
10.00	Hospital-Based NF								
11.00	Hospital-Based OLTC								
12.00	Hospital-Based HHA								
13.00	Separately Certified ASC								
14.00	Hospital-Based Hospice								
15.00	Hospital-Based Health Clinic - RHC								
16.00	Hospital-Based Health Clinic - FQHC								
17.00	Hospital-Based (CMHC) I								
17.10	Hospital-Based (CORF) I								
18.00	Renal Dialysis								
19.00	Other								
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2018	06/30/2019	20.00
21.00	Type of Control (see instructions)						2		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.					1	N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days
				1.00	2.00	3.00	4.00	5.00	6.00
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			246	349	0	0	1,787	0
									24.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
11/21/2019 3:24 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part I
Date/Time Prepared:
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010					
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	3.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00
			1.00	2.00	3.00	
			1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS					
	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0
						71.00
	Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.					N
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
						75.00
						76.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0063	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 11/21/2019 3:24 pm	
			1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
			1.00	2.00	3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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.	0			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	0	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N			140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0063		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/21/2019 3:24 pm		
1.00		2.00		3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name:	Contractor's Name:		Contractor's Number:				141.00		
142.00	Street:	PO Box:						142.00		
143.00	City:	State:		Zip Code:				143.00		
								1.00		
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00	
								1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N				146.00	
								1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00	
				Part A	Part B	Title V	Title XIX			
				1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital	N		N		N		N		155.00
156.00	Subprovider - IPF	N		N		N		N		156.00
157.00	Subprovider - IRF	N		N		N		N		157.00
158.00	SUBPROVIDER									158.00
159.00	SNF	N		N		N		N		159.00
160.00	HOME HEALTH AGENCY	N		N		N		N		160.00
161.00	CMHC			N		N		N		161.00
161.10	CORF			N		N		N		161.10
								1.00		
Multicampus										
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus			
		0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00			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)								0168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00	
						Beginning	Ending			
						1.00	2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					07/01/2018	06/30/2019		170.00	
						1.00	2.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)					N		0171.00		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0063	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/21/2019 3:24 pm
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	10/24/2019	Y 10/24/2019
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/21/2019 3:24 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	K. MICHAEL	NICHOLS		41.00
42.00	Enter the employer/company name of the cost report preparer.	RUSH UNIVERSITY MEDICAL CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	312-563-4410	KMICHAEL_NICHOLS@RUSH.EDU		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
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		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.	ASSOCIATE VICE PRESIDENT-REIMBURSEME	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: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/21/2019 3:24 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	151	55,115	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)		151	55,115	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	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						13.00
14.00 Total (see instructions)		165	60,225	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	36	13,140		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
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		201				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: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/21/2019 3:24 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)	6,101	497	12,285			1.00
2.00	HMO and other (see instructions)	1,882	1,787				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	6,101	497	12,285			7.00
8.00	INTENSIVE CARE UNIT	1,151	98	2,414			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)	7,252	595	14,699	8.79	771.38	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	4,295	0	5,361	0.00	24.59	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
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				8.79	795.97	27.00
28.00	Observation Bed Days		0	1,390			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	0			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: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/21/2019 3:24 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	1,855	233	4,192	1.00
2.00 HMO and other (see instructions)			480	449		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,855	233	4,192	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	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
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days				0		33.00
33.01 LTCH site neutral days and discharges				0		33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/21/2019 3:24 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	62,436,510	0	62,436,510	1,660,230.34	37.61 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		633,382	0	633,382	9,310.93	68.03 3.00
4.00	Physician-Part A - Administrative		114,242	0	114,242	1,838.34	62.14 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		4,416,005	0	4,416,005	27,271.85	161.93 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00 7.00
7.01	Contracted interns and residents (in an approved programs)		269,776	0	269,776	11,349.45	23.77 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	1,511,062	0	1,511,062	51,289.16	29.46 9.00
10.00	Excluded area salaries (see instructions)		9,667,488	0	9,667,488	184,971.05	52.26 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,322,901	0	1,322,901	38,152.08	34.67 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		214,000	0	214,000	2,446.01	87.49 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		0	0	0	0.00	0.00 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		7,289,066	0	7,289,066		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,636,120	0	1,636,120		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		80,542	0	80,542		
22.00	Physician Part A - Administrative		15,902	0	15,902		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		193,017	0	193,017		
24.00	Wage-related costs (RHC/FQHC)		37,836	0	37,836		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	514,884	0	514,884	13,297.19	38.72 26.00
27.00	Administrative & General	5.00	6,030,686	0	6,030,686	147,575.22	40.87 27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/21/2019 3:24 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.)		67,596	0	67,596	1,188.40	56.88	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	921,290	0	921,290	26,749.31	34.44	30.00
31.00	Laundry & Linen Service	8.00	74,006	0	74,006	5,085.37	14.55	31.00
32.00	Housekeeping	9.00	591,257	0	591,257	55,271.96	10.70	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	676,885	-460,966	215,919	13,453.24	16.05	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	460,966	460,966	32,270.04	14.28	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,150,088	0	2,150,088	47,983.55	44.81	38.00
39.00	Central Services and Supply	14.00	409,757	0	409,757	19,830.53	20.66	39.00
40.00	Pharmacy	15.00	1,361,584	0	1,361,584	29,956.97	45.45	40.00
41.00	Medical Records & Medical Records Library	16.00	689,197	0	689,197	25,922.05	26.59	41.00
42.00	Social Service	17.00	544,541	0	544,541	14,938.66	36.45	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
11/21/2019 3:24 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)	57,184,943	0	57,184,943	1,613,486.51	35.44	1.00
2.00	Excluded area salaries (see instructions)	11,178,550	0	11,178,550	236,260.21	47.31	2.00
3.00	Subtotal salaries (line 1 minus line 2)	46,006,393	0	46,006,393	1,377,226.30	33.41	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,536,901	0	1,536,901	40,598.09	37.86	4.00
5.00	Subtotal wage-related costs (see inst.)	7,304,968	0	7,304,968	0.00	15.88	5.00
6.00	Total (sum of lines 3 thru 5)	54,848,262	0	54,848,262	1,417,824.39	38.68	6.00
7.00	Total overhead cost (see instructions)	14,031,771	0	14,031,771	433,522.49	32.37	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part IV
Date/Time Prepared:
11/21/2019 3:24 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,345,727	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)	1,465,526	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)	676,419	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	296,200	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)	525,212	14.00
15.00	'Workers' Compensation Insurance	412,051	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	4,251,256	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	68,446	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	211,645	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	9,252,482	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
11/21/2019 3:24 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,322,901	9,252,482	1.00
2.00	Hospital	1,322,901	9,252,482	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	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 14-0063

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

Worksheet S-7

Date/Time Prepared:
11/21/2019 3:24 pm

		1.00		2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				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.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	354	0	354 12.00
13.00		RUB	393	0	393 13.00
14.00		RUA	1,442	0	1,442 14.00
15.00		RVC	222	0	222 15.00
16.00		RVB	253	0	253 16.00
17.00		RVA	1,339	0	1,339 17.00
18.00		RHC	18	0	18 18.00
19.00		RHB	20	0	20 19.00
20.00		RHA	134	0	134 20.00
21.00		RMC	25	0	25 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	12	0	12 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	2	0	2 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	0	0	0 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	4	0	4 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	11	0	11 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	18	0	18 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	14	0	14 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	13	0	13 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	2	0	2 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: 14-0063

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

Worksheet S-7

Date/Time Prepared:
11/21/2019 3:24 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	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	6	0	6	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	13	0	13	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		4,295	0	4,295	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)		4,168,097			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0063	Period: From 07/01/2018 To 06/30/2019	Worksheet S-10 Date/Time Prepared: 11/21/2019 3:24 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)			0.229770 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	8,733,398		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	816,186		5.00
6.00	Medicaid charges	71,377,562		6.00
7.00	Medicaid cost (line 1 times line 6)	16,400,422		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)	6,850,838		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)	6,850,838		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	9,562,483	737,104	10,299,587 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	2,197,172	737,104	2,934,276 21.00
22.00	Payments received from patients for amounts previously written off as charity care	12,370	18,456	30,826 22.00
23.00	Cost of charity care (line 21 minus line 22)	2,184,802	718,648	2,903,450 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)	6,615,995		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	731,887		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	1,125,980		27.01
28.00	Non-Medicare bad debt expense (see instructions)	5,490,015		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	1,655,534		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	4,558,984		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	11,409,822		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0063

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

Worksheet A

Date/Time Prepared:
11/21/2019 3:24 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	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		4,136,708	4,136,708	-1,756,469	2,380,239	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		39,527	39,527	2,499,906	2,539,433	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	514,884	10,534,640	11,049,524	-4,992	11,044,532	4.00
5.01	00540	NONPATIENT TELEPHONES	0	176,494	176,494	-600	175,894	5.01
5.02	00550	DATA PROCESSING	508,654	442,457	951,111	0	951,111	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	470,224	75,876	546,100	-6,852	539,248	5.03
5.04	00570	ADMITTING	909,276	150,561	1,059,837	-1,080	1,058,757	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	4,142,532	15,747,306	19,889,838	-26,609	19,863,229	5.06
7.00	00700	OPERATION OF PLANT	921,290	5,660,494	6,581,784	-960	6,580,824	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	74,006	25,775	99,781	0	99,781	8.00
9.00	00900	HOUSEKEEPING	591,257	964,840	1,556,097	-1,200	1,554,897	9.00
10.00	01000	DIETARY	676,885	1,199,271	1,876,156	-1,523,743	352,413	10.00
11.00	01100	CAFETERIA	0	0	0	1,518,886	1,518,886	11.00
13.00	01300	NURSING ADMINISTRATION	2,150,088	277,531	2,427,619	-3,720	2,423,899	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	409,757	960,493	1,370,250	-325,336	1,044,914	14.00
15.00	01500	PHARMACY	1,361,584	3,105,474	4,467,058	-2,910,501	1,556,557	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	689,197	289,359	978,556	-5,400	973,156	16.00
17.00	01700	SOCIAL SERVICE	544,541	30,365	574,906	-3,540	571,366	17.00
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	30,334	341,849	372,183	0	372,183	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,391,196	706,589	7,097,785	-41,250	7,056,535	30.00
31.00	03100	INTENSIVE CARE UNIT	2,756,663	321,448	3,078,111	-25,286	3,052,825	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	1,511,062	179,133	1,690,195	-41,538	1,648,657	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,912,657	12,358,474	15,271,131	-10,686,377	4,584,754	50.00
50.01	05001	ENDOSCOPY	747,174	565,217	1,312,391	-342,102	970,289	50.01
51.00	05100	RECOVERY ROOM	1,116,644	57,922	1,174,566	0	1,174,566	51.00
53.00	05300	ANESTHESIOLOGY	633,382	304,997	938,379	0	938,379	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,037,136	2,144,317	6,181,453	-1,029,950	5,151,503	54.00
56.00	05600	RADIOISOTOPE	728,474	596,467	1,324,941	-3,751	1,321,190	56.00
56.01	05602	ULTRASOUND/VASC LAB	606,751	27,756	634,507	0	634,507	56.01
57.00	05700	CT SCAN	752,545	427,912	1,180,457	-350	1,180,107	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,977,898	3,067,664	5,045,562	-50,063	4,995,499	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	219,394	237,972	457,366	0	457,366	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	869,897	368,795	1,238,692	-39,585	1,199,107	65.00
66.00	06600	PHYSICAL THERAPY	1,113,996	93,470	1,207,466	-1,800	1,205,666	66.00
67.00	06700	OCCUPATIONAL THERAPY	599,281	9,773	609,054	0	609,054	67.00
68.00	06800	SPEECH PATHOLOGY	129,874	1,690	131,564	0	131,564	68.00
69.00	06900	ELECTROCARDIOLOGY	540,186	94,180	634,366	181,836	816,202	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	66,034	18,706	84,740	0	84,740	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,721,190	4,721,190	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,473,696	7,473,696	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,642,345	2,642,345	73.00
74.00	07400	RENAL DIALYSIS	0	279,018	279,018	0	279,018	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,283,466	468,952	1,752,418	-4,020	1,748,398	90.00
90.01	09001	WOUND CARE	671,701	258,460	930,161	-3,195	926,966	90.01
90.02	09002	PULMONARY REHAB	165,721	10,892	176,613	0	176,613	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	192,016	192,016	-192,016	0	90.04
91.00	09100	EMERGENCY	8,943,381	1,020,422	9,963,803	-5,574	9,958,229	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	52,769,022	67,971,262	120,740,284	0	120,740,284	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0063

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

Worksheet A

Date/Time Prepared:
11/21/2019 3:24 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	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ADC	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	9,667,488	5,732,708	15,400,196	0	15,400,196	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	62,436,510	73,703,970	136,140,480	0	136,140,480	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0063

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

Worksheet A

Date/Time Prepared:
11/21/2019 3:24 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-603,433	1,776,806	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	2,539,433	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	11,044,532	4.00
5.01	00540	NONPATIENT TELEPHONES	-118,938	56,956	5.01
5.02	00550	DATA PROCESSING	-1,100	950,011	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	539,248	5.03
5.04	00570	ADMITTING	0	1,058,757	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	-4,989,512	14,873,717	5.06
7.00	00700	OPERATION OF PLANT	0	6,580,824	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	99,781	8.00
9.00	00900	HOUSEKEEPING	0	1,554,897	9.00
10.00	01000	DIETARY	0	352,413	10.00
11.00	01100	CAFETERIA	-230,078	1,288,808	11.00
13.00	01300	NURSING ADMINISTRATION	-8,233	2,415,666	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-66,528	978,386	14.00
15.00	01500	PHARMACY	0	1,556,557	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	973,156	16.00
17.00	01700	SOCIAL SERVICE	0	571,366	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	372,183	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	7,056,535	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,052,825	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	0	1,648,657	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	4,584,754	50.00
50.01	05001	ENDOSCOPY	0	970,289	50.01
51.00	05100	RECOVERY ROOM	0	1,174,566	51.00
53.00	05300	ANESTHESIOLOGY	0	938,379	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-25,464	5,126,039	54.00
56.00	05600	RADIOISOTOPE	-49,393	1,271,797	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	634,507	56.01
57.00	05700	CT SCAN	0	1,180,107	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-49,495	4,946,004	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-2,194	455,172	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-16,600	1,182,507	65.00
66.00	06600	PHYSICAL THERAPY	0	1,205,666	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	609,054	67.00
68.00	06800	SPEECH PATHOLOGY	0	131,564	68.00
69.00	06900	ELECTROCARDIOLOGY	-9,000	807,202	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	84,740	70.00
70.01	07001	SLEEP LAB	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,721,190	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,473,696	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,642,345	73.00
74.00	07400	RENAL DIALYSIS	0	279,018	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-661,872	1,086,526	90.00
90.01	09001	WOUND CARE	-24,000	902,966	90.01
90.02	09002	PULMONARY REHAB	-5,415	171,198	90.02
90.03	09003	SPINE CENTER	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	90.04
91.00	09100	EMERGENCY	-3,433,063	6,525,166	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-10,294,318	110,445,966	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	ADC	0	0	190.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0063

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

Worksheet A

Date/Time Prepared:
11/21/2019 3:24 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	15,400,196	192.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-10,294,318	125,846,162	200.00

RECLASSIFICATIONS

Provider CCN: 14-0063

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

Worksheet A-6

Date/Time Prepared:
11/21/2019 3:24 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CHARGEABLE MED SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	323,815		1.00
	0		0	323,815		
	B - CAFETERIA					
1.00	CAFETERIA	11.00	460,966	1,057,920		1.00
	0		460,966	1,057,920		
	C - RENTALS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	743,437		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
	0		0	743,437		
	D - EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,756,469		1.00
	0		0	1,756,469		
	E - DRUGS SOLD					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,642,345		1.00
	0		0	2,642,345		
	F - HEART CENTER RECLASS					
1.00	ELECTROCARDIOLOGY	69.00	0	192,016		1.00
	0		0	192,016		
	G - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	7,473,696		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
	0		0	7,473,696		
	H - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,397,375		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
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
	TOTALS		0	4,397,375		
500.00	Grand Total: Increases		460,966	18,587,073		500.00

RECLASSIFICATIONS

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet A-6
Date/Time Prepared:
11/21/2019 3:24 pm

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
1.00	A - CHARGEABLE MED SUPPLIES						1.00
	CENTRAL SERVICES & SUPPLY	14.00	0	323,815	0		
	0		0	323,815			
1.00	B - CAFETERIA						1.00
	DIETARY	10.00	460,966	1,057,920	0		
	0		460,966	1,057,920			
1.00	C - RENTALS						1.00
	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,992	10		
	NONPATIENT TELEPHONES	5.01	0	600	0		
3.00	PURCHASING RECEIVING AND STORES	5.03	0	6,852	0	3.00	
4.00	ADMITTING	5.04	0	1,080	0	4.00	
5.00	OTHER ADMIN & GENERAL	5.06	0	26,609	0	5.00	
6.00	OPERATION OF PLANT	7.00	0	960	0	6.00	
7.00	HOUSEKEEPING	9.00	0	1,200	0	7.00	
8.00	DIETARY	10.00	0	4,857	0	8.00	
9.00	NURSING ADMINISTRATION	13.00	0	3,720	0	9.00	
10.00	PHARMACY	15.00	0	262,391	0	10.00	
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,400	0	11.00	
12.00	SOCIAL SERVICE	17.00	0	3,540	0	12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	41,250	0	13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	25,286	0	14.00	
15.00	CT SCAN	57.00	0	350	0	15.00	
16.00	SKILLED NURSING FACILITY	44.00	0	41,538	0	16.00	
17.00	OPERATING ROOM	50.00	0	21,250	0	17.00	
18.00	ENDOSCOPY	50.01	0	197,154	0	18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,438	0	19.00	
20.00	LABORATORY	60.00	0	50,061	0	20.00	
21.00	RESPIRATORY THERAPY	65.00	0	20,105	0	21.00	
22.00	PHYSICAL THERAPY	66.00	0	1,800	0	22.00	
23.00	ELECTROCARDIOLOGY	69.00	0	10,180	0	23.00	
24.00	CLINIC	90.00	0	4,020	0	24.00	
25.00	WOUND CARE	90.01	0	2,640	0	25.00	
26.00	EMERGENCY	91.00	0	4,164	0	26.00	
	0		0	743,437			
1.00	D - EQUIPMENT DEPRECIATION						1.00
	CAP REL COSTS-BLDG & FIXT	1.00	0	1,756,469	9		
	0		0	1,756,469			
1.00	E - DRUGS SOLD						1.00
	PHARMACY	15.00	0	2,642,345	0		
	0		0	2,642,345			
1.00	F - HEART CENTER RECLASS						1.00
	RUSH HEART CENTER	90.04	0	192,016	0		
	0		0	192,016			
1.00	G - IMPLANTS						1.00
	OPERATING ROOM	50.00	0	7,138,062	0		
	RADIOLOGY-DIAGNOSTIC	54.00	0	331,206	0		
4.00	RADIOISOTOPE	56.00	0	2,536	0	4.00	
5.00	WOUND CARE	90.01	0	555	0	5.00	
6.00	EMERGENCY	91.00	0	1,337	0	6.00	
	0		0	7,473,696			
1.00	H - MEDICAL SUPPLIES						1.00
	CENTRAL SERVICES & SUPPLY	14.00	0	1,521	0		
	PHARMACY	15.00	0	5,765	0		
3.00	OPERATING ROOM	50.00	0	3,527,065	0	3.00	
4.00	ENDOSCOPY	50.01	0	144,948	0	4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	697,306	0	5.00	
6.00	RADIOISOTOPE	56.00	0	1,215	0	6.00	
8.00	LABORATORY	60.00	0	2	0	8.00	
9.00	RESPIRATORY THERAPY	65.00	0	19,480	0	9.00	
10.00	EMERGENCY	91.00	0	73	0	10.00	
	TOTALS		0	4,397,375			
500.00	Grand Total: Decreases		460,966	18,587,073		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
11/21/2019 3:24 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,680,216	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	40,361,884	0	0	0	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	40,093,134	272,393	0	272,393	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	89,135,234	272,393	0	272,393	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	89,135,234	272,393	0	272,393	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	8,680,216	0				1.00
2.00	Land Improvements	0	0				2.00
3.00	Buildings and Fixtures	40,361,884	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	40,365,527	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	89,407,627	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	89,407,627	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
11/21/2019 3:24 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	4,092,147	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	34,841	0	4,686	0	2.00
3.00	Total (sum of lines 1-2)	4,092,147	34,841	0	4,686	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	44,561	4,136,708				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	39,527				2.00
3.00	Total (sum of lines 1-2)	44,561	4,176,235				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
11/21/2019 3:24 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	49,042,100	0	49,042,100	0.548523	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	40,365,527	0	40,365,527	0.451477	0	2.00
3.00	Total (sum of lines 1-2)	89,407,627	0	89,407,627	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1,732,245	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,756,469	778,278	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,488,714	778,278	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	44,561	1,776,806	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	4,686	0	0	2,539,433	2.00
3.00	Total (sum of lines 1-2)	0	4,686	0	44,561	4,316,239	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0063

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

Worksheet A-8

Date/Time Prepared:
11/21/2019 3:24 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	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-118,938	NONPATIENT TELEPHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)	A	-9,062	OTHER ADMIN & GENERAL	5.06	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,151,931			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-230,078	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		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	-603,433	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	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER MISC	B	-159,070	OTHER ADMIN & GENERAL	5.06	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0063

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

Worksheet A-8

Date/Time Prepared:
11/21/2019 3:24 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
33.01	SALE OF SILVER	B	-1,468	RADIOLOGY-DIAGNOSTIC	54.00	0	33.01
33.02	PHYSICIAN RECRUTING	B	-82,550	OTHER ADMIN & GENERAL	5.06	0	33.02
33.03	ER PHYSICIAN OPERATING INCOME	B	0		0.00	0	33.03
33.05	INFO CENTER	B	0	OTHER ADMIN & GENERAL	5.06	0	33.05
34.00	INTEREST INCOME	B	-101,562	OTHER ADMIN & GENERAL	5.06	0	34.00
34.01	MEDICAL EXEC INCOME	B	0		0.00	0	34.01
35.00	PULMONARY REHAB PROGRAM REVENUE	B	-5,415	PULMONARY REHAB	90.02	0	35.00
36.00	NSGO REVENUE	B	-8,233	NURSING ADMINISTRATION	13.00	0	36.00
38.00	DIABETES ENDOCRINE OPERATING INCOME	B	0		0.00	0	38.00
40.00	BREAST CENTER CLIENT REVENUE	B	-49,393	RADIOISOTOPE	56.00	0	40.00
41.00	LAB CLIENT REVENUE	B	-49,495	LABORATORY	60.00	0	41.00
42.00	BLOOD BANK CLIENT REVENUE	B	-2,194	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0	42.00
43.00	NUCLEAR MED CLIENT REVNUUE	B	0		0.00	0	43.00
44.00	DIAGNOSTIC CLIENT REVENUE	B	0		0.00	0	44.00
45.00	OTHER OPERATING INCOME	B	-142,182	OTHER ADMIN & GENERAL	5.06	0	45.00
45.01	CPD REVENUE	B	-66,528	CENTRAL SERVICES & SUPPLY	14.00	0	45.01
45.02	GAIN/LOSS ON ASSET DISPOSAL	B	2,337	OTHER ADMIN & GENERAL	5.06	0	45.02
45.03	INFORMATION SERVICES OTHER OPERTING	B	-1,100	DATA PROCESSING	5.02	0	45.03
45.04	RT - CLIENT REVENUE	B	-16,600	RESPIRATORY THERAPY	65.00	0	45.04
45.05	PRROVIDER ASSESSMENT TAX	A	-4,497,423	OTHER ADMIN & GENERAL	5.06	0	45.05
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,294,318				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0063

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

Worksheet A-8-2

Date/Time Prepared:
11/21/2019 3:24 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	54.00	RADIOLOGY-DIAGNOSTIC	23,996	23,996	0	271,900	0	1.00
2.00	90.00	CLINIC	696,872	661,872	35,000	211,500	520	2.00
3.00	90.01	WOUND CARE	24,000	24,000	0	211,500	0	3.00
4.00	91.00	EMERGENCY	3,512,305	3,433,063	79,242	211,500	1,318	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	22,000	0	22,000	211,500	366	6.00
7.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	7.00
8.00	90.04	RUSH HEART CENTER	192,000	0	192,000	211,500	2,080	8.00
9.00	69.00	ELECTROCARDIOLOGY	9,000	9,000	0	211,500	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,480,173	4,151,931	328,242		4,284	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	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	1.00
2.00	90.00	CLINIC	52,875	2,644	0	0	0	2.00
3.00	90.01	WOUND CARE	0	0	0	0	0	3.00
4.00	91.00	EMERGENCY	134,018	6,701	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	37,216	1,861	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	7.00
8.00	90.04	RUSH HEART CENTER	211,500	10,575	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			435,609	21,781	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	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	23,996		1.00
2.00	90.00	CLINIC	0	52,875	0	661,872		2.00
3.00	90.01	WOUND CARE	0	0	0	24,000		3.00
4.00	91.00	EMERGENCY	0	134,018	0	3,433,063		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	0	0	0		5.00
6.00	50.00	OPERATING ROOM	0	37,216	0	0		6.00
7.00	65.00	RESPIRATORY THERAPY	0	0	0	0		7.00
8.00	90.04	RUSH HEART CENTER	0	211,500	0	0		8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	9,000		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	435,609	0	4,151,931		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/21/2019 3:24 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,776,806	1,776,806			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,539,433	2,539,433			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	11,044,532	23,250	3,668	11,071,450	4.00
5.01	00540	NONPATIENT TELEPHONES	56,956	2,051	2,055		5.01
5.02	00550	DATA PROCESSING	950,011	18,650	191,612	90,946	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	539,248	57,155	10,152	84,075	5.03
5.04	00570	ADMITTING	1,058,757	14,034	10,755	162,577	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	20,569	49,744	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	14,873,717	81,218	74,875	740,676	5.06
7.00	00700	OPERATION OF PLANT	6,580,824	675,054	62,132	164,725	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	99,781	7,846	461	13,232	8.00
9.00	00900	HOUSEKEEPING	1,554,897	14,672	9,395	105,716	9.00
10.00	01000	DIETARY	352,413	68,546	16,016	38,606	10.00
11.00	01100	CAFETERIA	1,288,808	0	0	82,420	11.00
13.00	01300	NURSING ADMINISTRATION	2,415,666	16,231	43,447	384,431	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	978,386	35,648	39,821	73,264	14.00
15.00	01500	PHARMACY	1,556,557	10,308	15,109	243,448	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	973,156	28,265	58,130	123,227	16.00
17.00	01700	SOCIAL SERVICE	571,366	2,715	263	97,363	17.00
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	372,183	0	0	5,424	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,056,535	116,836	94,855	1,142,733	30.00
31.00	03100	INTENSIVE CARE UNIT	3,052,825	32,059	110,576	492,886	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	1,648,657	66,885	16,079	270,175	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,584,754	85,347	204,260	520,777	50.00
50.01	05001	ENDOSCOPY	970,289	17,439	76,154	133,593	50.01
51.00	05100	RECOVERY ROOM	1,174,566	6,848	8,943	199,654	51.00
53.00	05300	ANESTHESIOLOGY	938,379	1,760	45,869	113,247	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,126,039	60,178	434,656	721,832	54.00
56.00	05600	RADIOISOTOPE	1,271,797	59,956	358,656	130,250	56.00
56.01	05602	ULTRASOUND/VASC LAB	634,507	2,552	79,225	108,486	56.01
57.00	05700	CT SCAN	1,180,107	2,128	182,071	134,554	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	4,946,004	40,885	73,200	353,644	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	455,172	2,338	74	39,227	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,182,507	7,178	68,003	155,536	65.00
66.00	06600	PHYSICAL THERAPY	1,205,666	42,003	11,559	199,180	66.00
67.00	06700	OCCUPATIONAL THERAPY	609,054	5,524	1,600	107,150	67.00
68.00	06800	SPEECH PATHOLOGY	131,564	1,024	187	23,221	68.00
69.00	06900	ELECTROCARDIOLOGY	807,202	5,310	46,171	96,584	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	84,740	1,516	2,177	11,807	70.00
70.01	07001	SLEEP LAB	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,721,190	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,473,696	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,642,345	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	279,018	0	132	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	1,086,526	76,735	25,867	229,481	90.00
90.01	09001	WOUND CARE	902,966	18,098	7,866	120,099	90.01
90.02	09002	PULMONARY REHAB	171,198	0	6,294	29,631	90.02
90.03	09003	SPINE CENTER	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	90.04
91.00	09100	EMERGENCY	6,525,166	42,127	49,188	1,599,059	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part I
Date/Time Prepared:
11/21/2019 3:24 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	110,445,966	1,770,938	2,491,297	9,342,936	60,848	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	4,510	66	0	214	190.00
190.01	19001	ADC	0	0	10,532	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	15,400,196	1,358	37,538	1,728,514	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	125,846,162	1,776,806	2,539,433	11,071,450	61,062	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

Period:
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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	1,252,502					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5,710	698,051				5.03
5.04	00570	ADMITTING	11,082	2,437	1,261,032			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	3,142	0	76,022		5.05
5.06	00590	OTHER ADMIN & GENERAL	207,976	5,966	0	0	15,992,125	5.06
7.00	00700	OPERATION OF PLANT	68,819	899	0	0	7,555,875	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,043	54	0	0	122,417	8.00
9.00	00900	HOUSEKEEPING	16,271	53	0	0	1,701,432	9.00
10.00	01000	DIETARY	19,617	1,885	0	0	499,756	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,371,228	11.00
13.00	01300	NURSING ADMINISTRATION	25,383	870	0	0	2,887,418	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14,327	58,635	0	0	1,200,830	14.00
15.00	01500	PHARMACY	46,708	17,689	0	0	1,890,888	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,232	1,786	0	0	1,198,646	16.00
17.00	01700	SOCIAL SERVICE	6,011	105	0	0	678,144	17.00
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	3,892	65	0	0	381,564	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	74,214	23,257	58,350	3,518	8,575,752	30.00
31.00	03100	INTENSIVE CARE UNIT	32,185	10,057	20,229	1,220	3,754,069	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	17,673	3,503	11,475	692	2,037,064	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	159,675	291,018	137,378	8,284	5,994,701	50.00
50.01	05001	ENDOSCOPY	13,722	20,362	31,438	1,896	1,266,818	50.01
51.00	05100	RECOVERY ROOM	12,281	460	24,514	1,478	1,428,744	51.00
53.00	05300	ANESTHESIOLOGY	9,812	38,972	52,292	3,153	1,203,484	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	64,633	97,615	164,141	9,897	6,682,199	54.00
56.00	05600	RADIOISOTOPE	13,854	5,142	26,404	1,592	1,870,218	56.00
56.01	05602	ULTRASOUND/VASC LAB	6,634	2,211	22,335	1,347	857,725	56.01
57.00	05700	CT SCAN	12,343	4,262	96,993	5,848	1,618,627	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	52,756	27,575	169,346	10,197	5,677,564	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,782	1,124	6,488	391	509,596	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	12,952	10,634	14,340	865	1,453,084	65.00
66.00	06600	PHYSICAL THERAPY	12,625	4,400	17,824	1,075	1,495,188	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,368	3,166	8,722	526	742,324	67.00
68.00	06800	SPEECH PATHOLOGY	1,376	161	1,815	109	159,778	68.00
69.00	06900	ELECTROCARDIOLOGY	8,641	3,040	33,500	2,020	1,002,468	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	886	213	893	54	102,393	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	47,383	2,857	4,771,430	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	74,902	4,516	7,553,114	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	69,427	4,186	2,715,958	73.00
74.00	07400	RENAL DIALYSIS	2,917	0	5,119	309	287,495	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	18,323	3,969	9,686	584	1,453,631	90.00
90.01	09001	WOUND CARE	9,726	9,613	8,191	494	1,077,267	90.01
90.02	09002	PULMONARY REHAB	1,847	125	1,383	83	210,561	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	104,182	31,002	146,464	8,831	8,508,051	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,091,478	685,467	1,261,032	76,022	108,489,626	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	3	0	0	4,793	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0063

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
190.01	19001	ADC	0	615	0	0	11,147	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	161,024	11,966	0	0	17,340,596	192.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,252,502	698,051	1,261,032	76,022	125,846,162	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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From 07/01/2018
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Cost Center Description			OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL	15,992,125					5.06
7.00	00700	OPERATION OF PLANT	1,099,954	8,655,829				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	17,821	76,750	216,988			8.00
9.00	00900	HOUSEKEEPING	247,688	143,529	0	2,092,649		9.00
10.00	01000	DIETARY	72,752	670,557	0	68,602	1,311,667	10.00
11.00	01100	CAFETERIA	199,618	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	420,339	158,779	0	19,981	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	174,812	348,727	562	33,302	0	14.00
15.00	01500	PHARMACY	275,268	100,839	25	17,420	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	174,494	276,501	0	46,879	0	16.00
17.00	01700	SOCIAL SERVICE	98,721	26,561	0	4,714	0	17.00
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	55,547	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,248,424	1,142,955	50,895	450,142	854,709	30.00
31.00	03100	INTENSIVE CARE UNIT	546,502	313,619	12,411	112,202	83,975	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	296,548	654,302	16,610	159,850	372,983	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	872,685	834,908	38,142	269,080	0	50.00
50.01	05001	ENDOSCOPY	184,418	170,593	5,346	19,981	0	50.01
51.00	05100	RECOVERY ROOM	207,991	66,989	6,105	13,321	0	51.00
53.00	05300	ANESTHESIOLOGY	175,198	17,218	0	33,302	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	972,768	588,696	18,340	159,030	0	54.00
56.00	05600	RADIOISOTOPE	272,259	586,518	13,321	50,722	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	124,864	24,969	0	6,660	0	56.01
57.00	05700	CT SCAN	235,633	20,821	0	13,321	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	826,517	399,963	0	133,208	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	74,185	22,874	0	6,660	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	211,534	70,215	0	18,034	0	65.00
66.00	06600	PHYSICAL THERAPY	217,663	410,898	3,731	79,925	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	108,065	54,043	1,756	21,774	0	67.00
68.00	06800	SPEECH PATHOLOGY	23,260	10,013	0	4,714	0	68.00
69.00	06900	ELECTROCARDIOLOGY	145,935	51,949	2,818	79,925	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,906	14,831	145	0	0	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	694,606	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,099,552	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	395,378	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	41,852	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	211,614	750,659	945	89,352	0	90.00
90.01	09001	WOUND CARE	156,824	177,045	805	79,925	0	90.01
90.02	09002	PULMONARY REHAB	30,653	0	0	0	0	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	1,238,568	412,113	45,031	93,963	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	13,465,416	8,598,434	216,988	2,085,989	1,311,667	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	698	44,115	0	6,660	0	190.00
190.01	19001	ADC	1,623	0	0	0	0	190.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	2,524,388	13,280	0	0	0	192.00
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)	15,992,125	8,655,829	216,988	2,092,649	1,311,667	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,570,846					11.00
13.00	01300	NURSING ADMINISTRATION	55,168	3,541,685				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,801	0	1,781,034			14.00
15.00	01500	PHARMACY	34,429	0	0	2,318,869		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	29,802	0	0	0	1,726,322	16.00
17.00	01700	SOCIAL SERVICE	17,167	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	231,126	943,159	48,849	0	79,885	30.00
31.00	03100	INTENSIVE CARE UNIT	85,929	350,694	23,959	0	27,694	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	58,956	240,586	7,268	0	15,710	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	108,682	443,534	508,028	0	188,077	50.00
50.01	05001	ENDOSCOPY	24,935	0	97,474	0	43,040	50.01
51.00	05100	RECOVERY ROOM	29,850	121,806	1,145	0	33,561	51.00
53.00	05300	ANESTHESIOLOGY	10,693	43,676	103,861	0	71,591	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	127,839	0	242,383	0	224,718	54.00
56.00	05600	RADIOISOTOPE	23,856	0	10,266	0	36,149	56.00
56.01	05602	ULTRASOUND/VASC LAB	16,639	0	5,717	0	30,578	56.01
57.00	05700	CT SCAN	21,962	0	10,637	0	132,788	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	75,692	0	62,242	0	231,746	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	7,025	0	3,054	0	8,883	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	31,648	0	28,121	0	19,632	65.00
66.00	06600	PHYSICAL THERAPY	32,247	131,624	10,001	0	24,402	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,167	70,029	8,107	0	11,941	67.00
68.00	06800	SPEECH PATHOLOGY	3,333	13,552	311	0	2,485	68.00
69.00	06900	ELECTROCARDIOLOGY	20,092	82,005	7,155	0	45,863	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,439	0	417	0	1,222	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	158,095	0	64,870	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	285,610	0	102,545	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	43,045	2,318,869	95,050	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	7,008	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	38,649	157,672	5,080	0	13,260	90.00
90.01	09001	WOUND CARE	17,598	71,811	24,457	0	11,213	90.01
90.02	09002	PULMONARY REHAB	5,275	21,550	310	0	1,894	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	208,302	849,987	71,608	0	200,517	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,358,301	3,541,685	1,767,200	2,318,869	1,726,322	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
190.01	19001	ADC	0	0	145	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	212,545	0	13,689	0	0	192.00
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)	1,570,846	3,541,685	1,781,034	2,318,869	1,726,322	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SOCIAL SERVICE	SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			17.00	21.00	22.00	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
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN & GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
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	825,307				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		437,111		22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	825,307	0	319,091	14,770,294	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	5,311,054	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	3,859,877	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	48,082	9,305,919	50.00
50.01	05001	ENDOSCOPY	0	0	0	1,812,605	50.01
51.00	05100	RECOVERY ROOM	0	0	0	1,909,512	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	1,659,023	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	21,856	9,037,829	54.00
56.00	05600	RADIOISOTOPE	0	0	48,082	2,911,391	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	0	0	1,067,152	56.01
57.00	05700	CT SCAN	0	0	0	2,053,789	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	7,406,932	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	632,277	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,832,268	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,405,679	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,035,206	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	217,446	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,438,210	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	135,353	70.00
70.01	07001	SLEEP LAB	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,689,001	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,040,821	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,568,300	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	336,355	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	2,720,862	90.00
90.01	09001	WOUND CARE	0	0	0	1,616,945	90.01
90.02	09002	PULMONARY REHAB	0	0	0	270,243	90.02
90.03	09003	SPINE CENTER	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	11,628,140	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
			17.00	21.00	22.00	24.00	25.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	825,307	0	437,111	105,672,483	-437,111	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	56,266	0	190.00
190.01	19001	ADC	0	0	0	12,915	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	20,104,498	0	192.00
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)	825,307	0	437,111	125,846,162	-437,111	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
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00570	ADMITTING	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00590	OTHER ADMIN & GENERAL	5.06
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	ENDOSCOPY	50.01
51.00	05100	RECOVERY ROOM	51.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
56.00	05600	RADIOISOTOPE	56.00
56.01	05602	ULTRASOUND/VASC LAB	56.01
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
70.01	07001	SLEEP LAB	70.01
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
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	WOUND CARE	90.01
90.02	09002	PULMONARY REHAB	90.02
90.03	09003	SPINE CENTER	90.03
90.04	09005	RUSH HEART CENTER	90.04
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	99.10
SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	109.00
110.00	11000	INTESTINAL ACQUISITION	110.00
111.00	11100	ISLET ACQUISITION	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00
190.01	19001	ADC	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

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		26.00	
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	125,409,051	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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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	23,250	3,668	26,918	4.00
5.01	00540	NONPATIENT TELEPHONES	0	2,051	2,055	4,106	5.01
5.02	00550	DATA PROCESSING	0	18,650	191,612	210,262	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	57,155	10,152	67,307	5.03
5.04	00570	ADMITTING	0	14,034	10,755	24,789	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	20,569	49,744	70,313	5.05
5.06	00590	OTHER ADMIN & GENERAL	0	81,218	74,875	156,093	5.06
7.00	00700	OPERATION OF PLANT	0	675,054	62,132	737,186	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	7,846	461	8,307	8.00
9.00	00900	HOUSEKEEPING	0	14,672	9,395	24,067	9.00
10.00	01000	DIETARY	0	68,546	16,016	84,562	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	16,231	43,447	59,678	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	35,648	39,821	75,469	14.00
15.00	01500	PHARMACY	0	10,308	15,109	25,417	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	28,265	58,130	86,395	16.00
17.00	01700	SOCIAL SERVICE	0	2,715	263	2,978	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	116,836	94,855	211,691	30.00
31.00	03100	INTENSIVE CARE UNIT	0	32,059	110,576	142,635	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	0	66,885	16,079	82,964	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	85,347	204,260	289,607	50.00
50.01	05001	ENDOSCOPY	0	17,439	76,154	93,593	50.01
51.00	05100	RECOVERY ROOM	0	6,848	8,943	15,791	51.00
53.00	05300	ANESTHESIOLOGY	0	1,760	45,869	47,629	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	60,178	434,656	494,834	54.00
56.00	05600	RADIOISOTOPE	0	59,956	358,656	418,612	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	2,552	79,225	81,777	56.01
57.00	05700	CT SCAN	0	2,128	182,071	184,199	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	40,885	73,200	114,085	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	2,338	74	2,412	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	7,178	68,003	75,181	65.00
66.00	06600	PHYSICAL THERAPY	0	42,003	11,559	53,562	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,524	1,600	7,124	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,024	187	1,211	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,310	46,171	51,481	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,516	2,177	3,693	70.00
70.01	07001	SLEEP LAB	0	0	0	0	70.01
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	0	132	132	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	76,735	25,867	102,602	90.00
90.01	09001	WOUND CARE	0	18,098	7,866	25,964	90.01
90.02	09002	PULMONARY REHAB	0	0	6,294	6,294	90.02
90.03	09003	SPINE CENTER	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	42,127	49,188	91,315	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

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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	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,770,938	2,491,297	4,262,235	22,729	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	4,510	66	4,576	0	190.00
190.01	19001	ADC	0	0	10,532	10,532	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	1,358	37,538	38,896	4,189	192.00
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)	0	1,776,806	2,539,433	4,316,239	26,918	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
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
5.01	00540	NONPATIENT TELEPHONES	4,106					5.01
5.02	00550	DATA PROCESSING	86	210,569				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	115	960	68,587			5.03
5.04	00570	ADMITTING	93	1,863	239	27,380		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	173	0	309	0	70,795	5.05
5.06	00590	OTHER ADMIN & GENERAL	517	34,950	586	0	0	5.06
7.00	00700	OPERATION OF PLANT	230	11,571	88	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	175	5	0	0	8.00
9.00	00900	HOUSEKEEPING	29	2,736	5	0	0	9.00
10.00	01000	DIETARY	180	3,298	185	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	93	4,268	85	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	50	2,409	5,761	0	0	14.00
15.00	01500	PHARMACY	72	7,853	1,738	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	259	1,720	176	0	0	16.00
17.00	01700	SOCIAL SERVICE	22	1,011	10	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	654	6	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	367	12,478	2,285	1,272	3,285	30.00
31.00	03100	INTENSIVE CARE UNIT	137	5,411	988	441	1,139	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	129	2,971	344	250	646	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	216	26,847	28,599	2,994	7,735	50.00
50.01	05001	ENDOSCOPY	129	2,307	2,001	685	1,770	50.01
51.00	05100	RECOVERY ROOM	0	2,065	45	534	1,380	51.00
53.00	05300	ANESTHESIOLOGY	0	1,650	3,829	1,140	2,944	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	216	10,867	9,591	3,577	9,242	54.00
56.00	05600	RADIOISOTOPE	173	2,329	505	575	1,487	56.00
56.01	05602	ULTRASOUND/VASC LAB	29	1,115	217	487	1,258	56.01
57.00	05700	CT SCAN	22	2,075	419	2,114	5,461	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	266	8,870	2,709	3,588	9,331	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	804	110	141	365	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	72	2,178	1,045	313	807	65.00
66.00	06600	PHYSICAL THERAPY	58	2,123	432	388	1,004	66.00
67.00	06700	OCCUPATIONAL THERAPY	14	1,071	311	190	491	67.00
68.00	06800	SPEECH PATHOLOGY	22	231	16	40	102	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,453	299	730	1,886	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7	149	21	19	50	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,033	2,668	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,632	4,217	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,513	3,909	73.00
74.00	07400	RENAL DIALYSIS	0	491	0	112	288	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	165	3,081	390	211	545	90.00
90.01	09001	WOUND CARE	14	1,635	944	179	461	90.01
90.02	09002	PULMONARY REHAB	0	310	12	30	78	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	137	17,516	3,046	3,192	8,246	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,092	183,495	67,351	27,380	70,795	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	14	0	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
190.01	19001	ADC	0	0	60	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	27,074	1,176	0	0	192.00
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)	4,106	210,569	68,587	27,380	70,795	202.00

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Cost Center Description			OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL	193,948					5.06
7.00	00700	OPERATION OF PLANT	13,344	762,820				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	216	6,764	15,499			8.00
9.00	00900	HOUSEKEEPING	3,005	12,649	0	42,748		9.00
10.00	01000	DIETARY	883	59,095	0	1,401	149,698	10.00
11.00	01100	CAFETERIA	2,422	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,099	13,993	0	408	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,121	30,733	40	680	0	14.00
15.00	01500	PHARMACY	3,339	8,887	2	356	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,117	24,367	0	958	0	16.00
17.00	01700	SOCIAL SERVICE	1,198	2,341	0	96	0	17.00
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	674	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,145	100,723	3,634	9,197	97,546	30.00
31.00	03100	INTENSIVE CARE UNIT	6,630	27,639	887	2,292	9,584	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	3,597	57,662	1,186	3,265	42,568	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,587	73,579	2,724	5,497	0	50.00
50.01	05001	ENDOSCOPY	2,237	15,034	382	408	0	50.01
51.00	05100	RECOVERY ROOM	2,523	5,904	436	272	0	51.00
53.00	05300	ANESTHESIOLOGY	2,125	1,517	0	680	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,801	51,881	1,310	3,249	0	54.00
56.00	05600	RADIOISOTOPE	3,303	51,689	952	1,036	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	1,515	2,200	0	136	0	56.01
57.00	05700	CT SCAN	2,858	1,835	0	272	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	10,027	35,248	0	2,721	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	900	2,016	0	136	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,566	6,188	0	368	0	65.00
66.00	06600	PHYSICAL THERAPY	2,641	36,212	267	1,633	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,311	4,763	125	445	0	67.00
68.00	06800	SPEECH PATHOLOGY	282	882	0	96	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,770	4,578	201	1,633	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	181	1,307	10	0	0	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,426	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,339	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,796	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	508	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	2,567	66,154	68	1,825	0	90.00
90.01	09001	WOUND CARE	1,902	15,603	58	1,633	0	90.01
90.02	09002	PULMONARY REHAB	372	0	0	0	0	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	15,025	36,319	3,217	1,919	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	163,352	757,762	15,499	42,612	149,698	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	8	3,888	0	136	0	190.00
190.01	19001	ADC	20	0	0	0	0	190.01

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Cost Center Description			OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	30,568	1,170	0	0	0	192.00
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)	193,948	762,820	15,499	42,748	149,698	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,623					11.00
13.00	01300	NURSING ADMINISTRATION	92	84,651				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	38	0	117,479			14.00
15.00	01500	PHARMACY	57	0	0	48,313		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	50	0	0	0	116,342	16.00
17.00	01700	SOCIAL SERVICE	29	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	385	22,543	3,222	0	5,384	30.00
31.00	03100	INTENSIVE CARE UNIT	143	8,382	1,580	0	1,866	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	98	5,750	479	0	1,059	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	181	10,601	33,509	0	12,675	50.00
50.01	05001	ENDOSCOPY	42	0	6,430	0	2,901	50.01
51.00	05100	RECOVERY ROOM	50	2,911	76	0	2,262	51.00
53.00	05300	ANESTHESIOLOGY	18	1,044	6,851	0	4,825	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	213	0	15,988	0	15,144	54.00
56.00	05600	RADIOISOTOPE	40	0	677	0	2,436	56.00
56.01	05602	ULTRASOUND/VASC LAB	28	0	377	0	2,061	56.01
57.00	05700	CT SCAN	37	0	702	0	8,949	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	126	0	4,106	0	15,616	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	12	0	201	0	599	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	53	0	1,855	0	1,323	65.00
66.00	06600	PHYSICAL THERAPY	54	3,146	660	0	1,644	66.00
67.00	06700	OCCUPATIONAL THERAPY	29	1,674	535	0	805	67.00
68.00	06800	SPEECH PATHOLOGY	6	324	21	0	168	68.00
69.00	06900	ELECTROCARDIOLOGY	34	1,960	472	0	3,091	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2	0	28	0	82	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	10,428	0	4,372	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	18,839	0	6,911	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,839	48,313	6,406	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	472	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	65	3,769	335	0	894	90.00
90.01	09001	WOUND CARE	29	1,716	1,613	0	756	90.01
90.02	09002	PULMONARY REHAB	9	515	20	0	128	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	348	20,316	4,723	0	13,513	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,268	84,651	116,566	48,313	116,342	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEN	0	0	0	0	0	190.00

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
190.01	19001	ADC	0	0	10	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	355	0	903	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,623	84,651	117,479	48,313	116,342	202.00

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Cost Center Description			INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SOCIAL SERVICE	SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			17.00	21.00	22.00	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
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN & GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
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	7,922				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0		1,347		22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,922			499,859	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0			210,953	0 31.00
40.00	04000	SUBPROVIDER - IPF	0			0	0 40.00
41.00	04100	SUBPROVIDER - IRF	0			0	0 41.00
44.00	04400	SKILLED NURSING FACILITY	0			203,625	0 44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0			506,618	0 50.00
50.01	05001	ENDOSCOPY	0			128,244	0 50.01
51.00	05100	RECOVERY ROOM	0			34,735	0 51.00
53.00	05300	ANESTHESIOLOGY	0			74,528	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			629,669	0 54.00
56.00	05600	RADIOISOTOPE	0			484,131	0 56.00
56.01	05602	ULTRASOUND/VASC LAB	0			91,464	0 56.01
57.00	05700	CT SCAN	0			209,270	0 57.00
58.00	05800	MRI	0			0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0			0	0 59.00
60.00	06000	LABORATORY	0			207,553	0 60.00
60.01	06001	BLOOD LABORATORY	0			0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0			7,791	0 62.00
64.00	06400	INTRAVENOUS THERAPY	0			0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0			92,327	0 65.00
66.00	06600	PHYSICAL THERAPY	0			104,309	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0			19,149	0 67.00
68.00	06800	SPEECH PATHOLOGY	0			3,457	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0			69,823	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0			5,578	0 70.00
70.01	07001	SLEEP LAB	0			0	0 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0			26,927	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0			44,938	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			67,776	0 73.00
74.00	07400	RENAL DIALYSIS	0			2,003	0 74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0			0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0			0	0 89.00
90.00	09000	CLINIC	0			183,229	0 90.00
90.01	09001	WOUND CARE	0			52,799	0 90.01
90.02	09002	PULMONARY REHAB	0			7,840	0 90.02
90.03	09003	SPINE CENTER	0			0	0 90.03
90.04	09005	RUSH HEART CENTER	0			0	0 90.04
91.00	09100	EMERGENCY	0			222,722	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0			0	0 99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0			0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0			0	0 110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/21/2019 3:24 pm

Cost Center Description			SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
				SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
			17.00	21.00	22.00	24.00	25.00	
111.00	11100	ISLET ACQUISITION	0			0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,922	0	0	4,191,317	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0			8,622	0	190.00
190.01	19001	ADC	0			10,622	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0			104,331	0	192.00
200.00		Cross Foot Adjustments		0	1,347	1,347	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	7,922	0	1,347	4,316,239	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/21/2019 3:24 pm

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
5.01	00540	NONPATIENT TELEPHONES	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	5.03
5.04	00570	ADMITTING	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00590	OTHER ADMIN & GENERAL	5.06
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
44.00	04400	SKILLED NURSING FACILITY	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	ENDOSCOPY	50.01
51.00	05100	RECOVERY ROOM	51.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
56.00	05600	RADIOISOTOPE	56.00
56.01	05602	ULTRASOUND/VASC LAB	56.01
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
70.01	07001	SLEEP LAB	70.01
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
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	WOUND CARE	90.01
90.02	09002	PULMONARY REHAB	90.02
90.03	09003	SPINE CENTER	90.03
90.04	09005	RUSH HEART CENTER	90.04
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	99.10
SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	109.00
110.00	11000	INTESTINAL ACQUISITION	110.00
111.00	11100	ISLET ACQUISITION	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00
190.01	19001	ADC	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/21/2019 3:24 pm

Cost Center Description		Total	
		26.00	
200.00	Cross Foot Adjustments	1,347	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	4,316,239	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/21/2019 3:24 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALA RIE)	NONPATIENT TELEPHONES (NBR OF PHO NES)	DATA PROCESSING (# OF TERM)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	414,895					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,890,628				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,429	2,731	61,921,626			4.00
5.01	00540	NONPATIENT TELEPHONES	479	1,530	0	571		5.01
5.02	00550	DATA PROCESSING	4,355	142,657	508,654	12	119,787,116	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	13,346	7,558	470,224	16	546,100	5.03
5.04	00570	ADMITTING	3,277	8,007	909,276	13	1,059,837	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,803	37,035	0	24	0	5.05
5.06	00590	OTHER ADMIN & GENERAL	18,965	55,745	4,142,532	72	19,889,838	5.06
7.00	00700	OPERATION OF PLANT	157,629	46,258	921,290	32	6,581,784	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,832	343	74,006	0	99,781	8.00
9.00	00900	HOUSEKEEPING	3,426	6,995	591,257	4	1,556,097	9.00
10.00	01000	DIETARY	16,006	11,924	215,919	25	1,876,156	10.00
11.00	01100	CAFETERIA	0	0	460,966	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,790	32,347	2,150,088	13	2,427,619	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,324	29,647	409,757	7	1,370,250	14.00
15.00	01500	PHARMACY	2,407	11,249	1,361,584	10	4,467,058	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,600	43,278	689,197	36	978,556	16.00
17.00	01700	SOCIAL SERVICE	634	196	544,541	3	574,906	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	30,334	0	372,183	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,282	70,620	6,391,196	51	7,097,785	30.00
31.00	03100	INTENSIVE CARE UNIT	7,486	82,325	2,756,663	19	3,078,111	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	15,618	11,971	1,511,062	18	1,690,195	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,929	152,073	2,912,657	30	15,271,131	50.00
50.01	05001	ENDOSCOPY	4,072	56,697	747,174	18	1,312,391	50.01
51.00	05100	RECOVERY ROOM	1,599	6,658	1,116,644	0	1,174,566	51.00
53.00	05300	ANESTHESIOLOGY	411	34,150	633,382	0	938,379	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,052	323,605	4,037,136	30	6,181,453	54.00
56.00	05600	RADIOISOTOPE	14,000	267,022	728,474	24	1,324,941	56.00
56.01	05602	ULTRASOUND/VASC LAB	596	58,984	606,751	4	634,507	56.01
57.00	05700	CT SCAN	497	135,553	752,545	3	1,180,457	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	9,547	54,498	1,977,898	37	5,045,562	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	546	55	219,394	0	457,366	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,676	50,629	869,897	10	1,238,692	65.00
66.00	06600	PHYSICAL THERAPY	9,808	8,606	1,113,996	8	1,207,466	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,290	1,191	599,281	2	609,054	67.00
68.00	06800	SPEECH PATHOLOGY	239	139	129,874	3	131,564	68.00
69.00	06900	ELECTROCARDIOLOGY	1,240	34,375	540,186	0	826,382	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	354	1,621	66,034	1	84,740	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
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	98	0	0	279,018	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	17,918	19,258	1,283,466	23	1,752,418	90.00
90.01	09001	WOUND CARE	4,226	5,856	671,701	2	930,161	90.01
90.02	09002	PULMONARY REHAB	0	4,686	165,721	0	176,613	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	9,837	36,621	8,943,381	19	9,963,803	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/21/2019 3:24 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALA RIE)	NONPATIENT TELEPHONES (NBR OF PHO NES)	DATA PROCESSING (# OF TERM)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	413,525	1,854,791	52,254,138	569	104,386,920	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,053	49	0	2	0	190.00
190.01	19001	ADC	0	7,841	0	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	317	27,947	9,667,488	0	15,400,196	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,776,806	2,539,433	11,071,450	61,062	1,252,502	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.282544	1.343169	0.178798	106.938704	0.010456	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			26,918	4,106	210,569	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000435	7.190893	0.001758	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: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/21/2019 3:24 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES & EXPENSE)	ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	4,329,922					5.03
5.04	00570	ADMITTING	15,115	458,003,297				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	19,491	0	458,003,297			5.05
5.06	00590	OTHER ADMIN & GENERAL	37,006	0	0	-15,992,125	109,854,037	5.06
7.00	00700	OPERATION OF PLANT	5,579	0	0	0	7,555,875	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	338	0	0	0	122,417	8.00
9.00	00900	HOUSEKEEPING	330	0	0	0	1,701,432	9.00
10.00	01000	DIETARY	11,690	0	0	0	499,756	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,371,228	11.00
13.00	01300	NURSING ADMINISTRATION	5,396	0	0	0	2,887,418	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	363,706	0	0	0	1,200,830	14.00
15.00	01500	PHARMACY	109,723	0	0	0	1,890,888	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,080	0	0	0	1,198,646	16.00
17.00	01700	SOCIAL SERVICE	652	0	0	0	678,144	17.00
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	402	0	0	0	381,564	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	144,260	21,195,227	21,195,227	0	8,575,752	30.00
31.00	03100	INTENSIVE CARE UNIT	62,380	7,347,937	7,347,937	0	3,754,069	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	21,726	4,168,097	4,168,097	0	2,037,064	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,805,163	49,901,166	49,901,166	0	5,994,701	50.00
50.01	05001	ENDOSCOPY	126,302	11,419,460	11,419,460	0	1,266,818	50.01
51.00	05100	RECOVERY ROOM	2,852	8,904,598	8,904,598	0	1,428,744	51.00
53.00	05300	ANESTHESIOLOGY	241,735	18,994,695	18,994,695	0	1,203,484	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	605,493	59,622,687	59,622,687	0	6,682,199	54.00
56.00	05600	RADIOISOTOPE	31,892	9,591,029	9,591,029	0	1,870,218	56.00
56.01	05602	ULTRASOUND/VASC LAB	13,715	8,113,092	8,113,092	0	857,725	56.01
57.00	05700	CT SCAN	26,435	35,231,622	35,231,622	0	1,618,627	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	171,045	61,458,747	61,458,747	0	5,677,564	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	6,973	2,356,821	2,356,821	0	509,596	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	65,959	5,208,843	5,208,843	0	1,453,084	65.00
66.00	06600	PHYSICAL THERAPY	27,292	6,474,377	6,474,377	0	1,495,188	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,641	3,168,282	3,168,282	0	742,324	67.00
68.00	06800	SPEECH PATHOLOGY	999	659,453	659,453	0	159,778	68.00
69.00	06900	ELECTROCARDIOLOGY	18,854	12,168,460	12,168,460	0	1,002,468	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,322	324,257	324,257	0	102,393	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,211,446	17,211,446	0	4,771,430	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	27,207,398	27,207,398	0	7,553,114	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	25,218,833	25,218,833	0	2,715,958	73.00
74.00	07400	RENAL DIALYSIS	0	1,859,437	1,859,437	0	287,495	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	24,619	3,518,255	3,518,255	0	1,453,631	90.00
90.01	09001	WOUND CARE	59,627	2,975,131	2,975,131	0	1,077,267	90.01
90.02	09002	PULMONARY REHAB	774	502,425	502,425	0	210,561	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	192,301	53,201,522	53,201,522	0	8,508,051	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,251,867	458,003,297	458,003,297	-15,992,125	92,497,501	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/21/2019 3:24 pm

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES E XPENSE)	ADMITTING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	18	0	0	0	4,793	190.00
190.01	19001	ADC	3,813	0	0	0	11,147	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	74,224	0	0	0	17,340,596	192.00
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)	698,051	1,261,032	76,022		15,992,125	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.161216	0.002753	0.000166		0.145576	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	68,587	27,380	70,795		193,948	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.015840	0.000060	0.000155		0.001766	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: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/21/2019 3:24 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (PROD FTES)	
		7.00	8.00	9.00	10.00	11.00	
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
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMIN & GENERAL					5.06
7.00	00700	OPERATION OF PLANT	206,612				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,832	720,088			8.00
9.00	00900	HOUSEKEEPING	3,426	0	40,845		9.00
10.00	01000	DIETARY	16,006	0	1,339	56,559	10.00
11.00	01100	CAFETERIA	0	0	0	65,518	11.00
13.00	01300	NURSING ADMINISTRATION	3,790	0	390	2,301	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,324	1,865	650	0	14.00
15.00	01500	PHARMACY	2,407	83	340	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,600	0	915	0	16.00
17.00	01700	SOCIAL SERVICE	634	0	92	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,282	168,891	8,786	36,855	30.00
31.00	03100	INTENSIVE CARE UNIT	7,486	41,188	2,190	3,621	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	15,618	55,123	3,120	16,083	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,929	126,577	5,252	0	50.00
50.01	05001	ENDOSCOPY	4,072	17,740	390	0	50.01
51.00	05100	RECOVERY ROOM	1,599	20,261	260	0	51.00
53.00	05300	ANESTHESIOLOGY	411	0	650	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,052	60,861	3,104	0	54.00
56.00	05600	RADIOISOTOPE	14,000	44,207	990	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	596	0	130	0	56.01
57.00	05700	CT SCAN	497	0	260	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	9,547	0	2,600	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	546	0	130	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,676	0	352	0	65.00
66.00	06600	PHYSICAL THERAPY	9,808	12,383	1,560	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,290	5,828	425	0	67.00
68.00	06800	SPEECH PATHOLOGY	239	0	92	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,240	9,351	1,560	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	354	481	0	0	70.00
70.01	07001	SLEEP LAB	0	0	0	0	70.01
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	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	17,918	3,137	1,744	0	90.00
90.01	09001	WOUND CARE	4,226	2,673	1,560	0	90.01
90.02	09002	PULMONARY REHAB	0	0	0	0	90.02
90.03	09003	SPINE CENTER	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	90.04
91.00	09100	EMERGENCY	9,837	149,439	1,834	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	205,242	720,088	40,715	56,559	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/21/2019 3:24 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (PROD FTES)	
		7.00	8.00	9.00	10.00	11.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,053	0	130	0	190.00
190.01	19001	ADC	0	0	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	317	0	0	8,865	192.00
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)	8,655,829	216,988	2,092,649	1,311,667	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	41.894125	0.301335	51.233909	23.191128	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	762,820	15,499	42,748	149,698	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.692041	0.021524	1.046591	2.646758	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: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/21/2019 3:24 pm

Cost Center Description			NURSING ADMINISTRATION (HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (DAYS)	
			13.00	14.00	15.00	16.00	17.00	
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
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMIN & GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	755,028					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,066,748				14.00
15.00	01500	PHARMACY	0	0	100			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	458,003,297		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	12,285	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	201,066	111,539	0	21,195,227	12,285	30.00
31.00	03100	INTENSIVE CARE UNIT	74,762	54,708	0	7,347,937	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	51,289	16,595	0	4,168,097	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	94,554	1,160,014	0	49,901,166	0	50.00
50.01	05001	ENDOSCOPY	0	222,569	0	11,419,460	0	50.01
51.00	05100	RECOVERY ROOM	25,967	2,614	0	8,904,598	0	51.00
53.00	05300	ANESTHESIOLOGY	9,311	237,153	0	18,994,695	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	553,448	0	59,622,687	0	54.00
56.00	05600	RADIOISOTOPE	0	23,441	0	9,591,029	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	13,054	0	8,113,092	0	56.01
57.00	05700	CT SCAN	0	24,288	0	35,231,622	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	142,121	0	61,458,747	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	6,973	0	2,356,821	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	64,211	0	5,208,843	0	65.00
66.00	06600	PHYSICAL THERAPY	28,060	22,835	0	6,474,377	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,929	18,511	0	3,168,282	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,889	710	0	659,453	0	68.00
69.00	06900	ELECTROCARDIOLOGY	17,482	16,337	0	12,168,460	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	952	0	324,257	0	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	360,988	0	17,211,446	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	652,153	0	27,207,398	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	98,288	100	25,218,833	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,859,437	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	33,613	11,599	0	3,518,255	0	90.00
90.01	09001	WOUND CARE	15,309	55,844	0	2,975,131	0	90.01
90.02	09002	PULMONARY REHAB	4,594	708	0	502,425	0	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	181,203	163,507	0	53,201,522	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	755,028	4,035,160	100	458,003,297	12,285	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

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

Worksheet B-1

Date/Time Prepared:
11/21/2019 3:24 pm

Cost Center Description			NURSING ADMINISTRATION (HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (DAYS)	
			13.00	14.00	15.00	16.00	17.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	ADC	0	330	0	0	0	190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	31,258	0	0	0	192.00
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)	3,541,685	1,781,034	2,318,869	1,726,322	825,307	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4.690800	0.437950	23,188.690000	0.003769	67.180057	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	84,651	117,479	48,313	116,342	7,922	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.112116	0.028888	483.130000	0.000254	0.644851	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: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet B-1
Date/Time Prepared:
11/21/2019 3:24 pm

Cost Center Description			INTERNS & RESIDENTS		
			SERVICES-SALAR	SERVICES-OTHER	
			Y & FRINGES	PRGM COSTS	
			APPRV (ASSIGNED TIME)	APPRV (ASSIGNED TIME)	
			21.00	22.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING RECEIVING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	OTHER ADMIN & GENERAL			5.06
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
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
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		100	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	73	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
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	11	50.00
50.01	05001	ENDOSCOPY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5	54.00
56.00	05600	RADIOISOTOPE	0	11	56.00
56.01	05602	ULTRASOUND/VASC LAB	0	0	56.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	SLEEP LAB	0	0	70.01
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
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	WOUND CARE	0	0	90.01
90.02	09002	PULMONARY REHAB	0	0	90.02
90.03	09003	SPINE CENTER	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	90.04
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet B-1
Date/Time Prepared:
11/21/2019 3:24 pm

Cost Center Description			INTERNS & RESIDENTS			
			SERVICES-SALAR	SERVICES-OTHER		
			Y & FRINGES APPRV (ASSIGNED TIME) 21.00	PRGM COSTS APPRV (ASSIGNED TIME) 22.00		
111.00	11100	ISLET ACQUISITION	0	0		111.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	100		118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0		190.00
190.01	19001	ADC	0	0		190.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0		192.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	437,111		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	4,371.110000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	1,347		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	13.470000		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)				206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)				207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/21/2019 3:24 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	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	14,451,203		14,451,203	0	14,451,203	30.00
31.00	03100	INTENSIVE CARE UNIT	5,311,054		5,311,054	0	5,311,054	31.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
44.00	04400	SKILLED NURSING FACILITY	3,859,877		3,859,877	0	3,859,877	44.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,257,837		9,257,837	0	9,257,837	50.00
50.01	05001	ENDOSCOPY	1,812,605		1,812,605	0	1,812,605	50.01
51.00	05100	RECOVERY ROOM	1,909,512		1,909,512	0	1,909,512	51.00
53.00	05300	ANESTHESIOLOGY	1,659,023		1,659,023	0	1,659,023	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,015,973		9,015,973	0	9,015,973	54.00
56.00	05600	RADIOISOTOPE	2,863,309		2,863,309	0	2,863,309	56.00
56.01	05602	ULTRASOUND/VASC LAB	1,067,152		1,067,152	0	1,067,152	56.01
57.00	05700	CT SCAN	2,053,789		2,053,789	0	2,053,789	57.00
58.00	05800	MRI	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	7,406,932		7,406,932	0	7,406,932	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	632,277		632,277	0	632,277	62.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,832,268	0	1,832,268	0	1,832,268	65.00
66.00	06600	PHYSICAL THERAPY	2,405,679	0	2,405,679	0	2,405,679	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,035,206	0	1,035,206	0	1,035,206	67.00
68.00	06800	SPEECH PATHOLOGY	217,446	0	217,446	0	217,446	68.00
69.00	06900	ELECTROCARDIOLOGY	1,438,210		1,438,210	0	1,438,210	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	135,353		135,353	0	135,353	70.00
70.01	07001	SLEEP LAB	0		0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,689,001		5,689,001	0	5,689,001	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,040,821		9,040,821	0	9,040,821	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,568,300		5,568,300	0	5,568,300	73.00
74.00	07400	RENAL DIALYSIS	336,355		336,355	0	336,355	74.00
	OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	2,720,862		2,720,862	0	2,720,862	90.00
90.01	09001	WOUND CARE	1,616,945		1,616,945	0	1,616,945	90.01
90.02	09002	PULMONARY REHAB	270,243		270,243	0	270,243	90.02
90.03	09003	SPINE CENTER	0		0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0		0	0	0	90.04
91.00	09100	EMERGENCY	11,628,140		11,628,140	0	11,628,140	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,468,896		1,468,896	0	1,468,896	92.00
	OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0		0		0	99.10
	SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
200.00		Subtotal (see instructions)	106,704,268	0	106,704,268	0	106,704,268	200.00
201.00		Less Observation Beds	1,468,896		1,468,896		1,468,896	201.00
202.00		Total (see instructions)	105,235,372	0	105,235,372	0	105,235,372	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/21/2019 3:24 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	19,422,698		19,422,698			30.00
31.00	03100	INTENSIVE CARE UNIT	7,347,937		7,347,937			31.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
44.00	04400	SKILLED NURSING FACILITY	4,168,097		4,168,097			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,381,579	41,519,587	49,901,166	0.185523	0.000000	50.00
50.01	05001	ENDOSCOPY	1,179,191	10,240,269	11,419,460	0.158729	0.000000	50.01
51.00	05100	RECOVERY ROOM	1,224,784	7,679,814	8,904,598	0.214441	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	2,887,413	16,107,282	18,994,695	0.087341	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,877,968	49,744,719	59,622,687	0.151217	0.000000	54.00
56.00	05600	RADIOISOTOPE	627,087	8,963,942	9,591,029	0.298540	0.000000	56.00
56.01	05602	ULTRASOUND/VASC LAB	1,519,802	6,593,290	8,113,092	0.131535	0.000000	56.01
57.00	05700	CT SCAN	7,642,196	27,589,426	35,231,622	0.058294	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
60.00	06000	LABORATORY	16,099,444	45,359,303	61,458,747	0.120519	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,067,544	1,289,277	2,356,821	0.268275	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	2,965,346	2,243,497	5,208,843	0.351761	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,901,951	3,572,426	6,474,377	0.371569	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,664,690	503,592	3,168,282	0.326740	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	485,665	173,788	659,453	0.329737	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	3,880,279	8,288,181	12,168,460	0.118192	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	105,168	219,089	324,257	0.417425	0.000000	70.00
70.01	07001	SLEEP LAB	0	0	0	0.000000	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,385,114	11,826,332	17,211,446	0.330536	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,310,755	19,896,643	27,207,398	0.332293	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,388,092	9,830,741	25,218,833	0.220799	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,763,782	95,655	1,859,437	0.180891	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	5,771	3,512,484	3,518,255	0.773356	0.000000	90.00
90.01	09001	WOUND CARE	29,799	2,945,332	2,975,131	0.543487	0.000000	90.01
90.02	09002	PULMONARY REHAB	139	502,286	502,425	0.537877	0.000000	90.02
90.03	09003	SPINE CENTER	0	0	0	0.000000	0.000000	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0.000000	0.000000	90.04
91.00	09100	EMERGENCY	8,214,393	44,987,129	53,201,522	0.218568	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	262,611	1,509,918	1,772,529	0.828701	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
200.00		Subtotal (see instructions)	132,809,295	325,194,002	458,003,297			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	132,809,295	325,194,002	458,003,297			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/21/2019 3:24 pm

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
40.00	04000	SUBPROVIDER - IPF				40.00
41.00	04100	SUBPROVIDER - IRF				41.00
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.185523			50.00
50.01	05001	ENDOSCOPY	0.158729			50.01
51.00	05100	RECOVERY ROOM	0.214441			51.00
53.00	05300	ANESTHESIOLOGY	0.087341			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.151217			54.00
56.00	05600	RADIOISOTOPE	0.298540			56.00
56.01	05602	ULTRASOUND/VASC LAB	0.131535			56.01
57.00	05700	CT SCAN	0.058294			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.120519			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.268275			62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.351761			65.00
66.00	06600	PHYSICAL THERAPY	0.371569			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.326740			67.00
68.00	06800	SPEECH PATHOLOGY	0.329737			68.00
69.00	06900	ELECTROCARDIOLOGY	0.118192			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.417425			70.00
70.01	07001	SLEEP LAB	0.000000			70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.330536			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.332293			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.220799			73.00
74.00	07400	RENAL DIALYSIS	0.180891			74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000	CLINIC	0.773356			90.00
90.01	09001	WOUND CARE	0.543487			90.01
90.02	09002	PULMONARY REHAB	0.537877			90.02
90.03	09003	SPINE CENTER	0.000000			90.03
90.04	09005	RUSH HEART CENTER	0.000000			90.04
91.00	09100	EMERGENCY	0.218568			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.828701			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
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: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/21/2019 3:24 pm

			Title XIX		Hospital		Cost
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	14,451,203		14,451,203	0	14,451,203
31.00	03100	INTENSIVE CARE UNIT	5,311,054		5,311,054	0	5,311,054
40.00	04000	SUBPROVIDER - IPF	0		0	0	0
41.00	04100	SUBPROVIDER - IRF	0		0	0	0
44.00	04400	SKILLED NURSING FACILITY	3,859,877		3,859,877	0	3,859,877
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,257,837		9,257,837	0	9,257,837
50.01	05001	ENDOSCOPY	1,812,605		1,812,605	0	1,812,605
51.00	05100	RECOVERY ROOM	1,909,512		1,909,512	0	1,909,512
53.00	05300	ANESTHESIOLOGY	1,659,023		1,659,023	0	1,659,023
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,015,973		9,015,973	0	9,015,973
56.00	05600	RADIOISOTOPE	2,863,309		2,863,309	0	2,863,309
56.01	05602	ULTRASOUND/VASC LAB	1,067,152		1,067,152	0	1,067,152
57.00	05700	CT SCAN	2,053,789		2,053,789	0	2,053,789
58.00	05800	MRI	0		0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0
60.00	06000	LABORATORY	7,406,932		7,406,932	0	7,406,932
60.01	06001	BLOOD LABORATORY	0		0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	632,277		632,277	0	632,277
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0
65.00	06500	RESPIRATORY THERAPY	1,832,268	0	1,832,268	0	1,832,268
66.00	06600	PHYSICAL THERAPY	2,405,679	0	2,405,679	0	2,405,679
67.00	06700	OCCUPATIONAL THERAPY	1,035,206	0	1,035,206	0	1,035,206
68.00	06800	SPEECH PATHOLOGY	217,446	0	217,446	0	217,446
69.00	06900	ELECTROCARDIOLOGY	1,438,210		1,438,210	0	1,438,210
70.00	07000	ELECTROENCEPHALOGRAPHY	135,353		135,353	0	135,353
70.01	07001	SLEEP LAB	0		0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,689,001		5,689,001	0	5,689,001
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,040,821		9,040,821	0	9,040,821
73.00	07300	DRUGS CHARGED TO PATIENTS	5,568,300		5,568,300	0	5,568,300
74.00	07400	RENAL DIALYSIS	336,355		336,355	0	336,355
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0
90.00	09000	CLINIC	2,720,862		2,720,862	0	2,720,862
90.01	09001	WOUND CARE	1,616,945		1,616,945	0	1,616,945
90.02	09002	PULMONARY REHAB	270,243		270,243	0	270,243
90.03	09003	SPINE CENTER	0		0	0	0
90.04	09005	RUSH HEART CENTER	0		0	0	0
91.00	09100	EMERGENCY	11,628,140		11,628,140	0	11,628,140
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,468,896		1,468,896	0	1,468,896
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0		0		0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0		0		0
110.00	11000	INTESTINAL ACQUISITION	0		0		0
111.00	11100	ISLET ACQUISITION	0		0		0
200.00		Subtotal (see instructions)	106,704,268	0	106,704,268	0	106,704,268
201.00		Less Observation Beds	1,468,896		1,468,896		1,468,896
202.00		Total (see instructions)	105,235,372	0	105,235,372	0	105,235,372

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/21/2019 3:24 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	19,422,698		19,422,698			30.00
31.00	03100	INTENSIVE CARE UNIT	7,347,937		7,347,937			31.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
44.00	04400	SKILLED NURSING FACILITY	4,168,097		4,168,097			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,381,579	41,519,587	49,901,166	0.185523	0.000000	50.00
50.01	05001	ENDOSCOPY	1,179,191	10,240,269	11,419,460	0.158729	0.000000	50.01
51.00	05100	RECOVERY ROOM	1,224,784	7,679,814	8,904,598	0.214441	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	2,887,413	16,107,282	18,994,695	0.087341	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,877,968	49,744,719	59,622,687	0.151217	0.000000	54.00
56.00	05600	RADIOISOTOPE	627,087	8,963,942	9,591,029	0.298540	0.000000	56.00
56.01	05602	ULTRASOUND/VASC LAB	1,519,802	6,593,290	8,113,092	0.131535	0.000000	56.01
57.00	05700	CT SCAN	7,642,196	27,589,426	35,231,622	0.058294	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
60.00	06000	LABORATORY	16,099,444	45,359,303	61,458,747	0.120519	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,067,544	1,289,277	2,356,821	0.268275	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	2,965,346	2,243,497	5,208,843	0.351761	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,901,951	3,572,426	6,474,377	0.371569	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,664,690	503,592	3,168,282	0.326740	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	485,665	173,788	659,453	0.329737	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	3,880,279	8,288,181	12,168,460	0.118192	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	105,168	219,089	324,257	0.417425	0.000000	70.00
70.01	07001	SLEEP LAB	0	0	0	0.000000	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,385,114	11,826,332	17,211,446	0.330536	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,310,755	19,896,643	27,207,398	0.332293	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,388,092	9,830,741	25,218,833	0.220799	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,763,782	95,655	1,859,437	0.180891	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	5,771	3,512,484	3,518,255	0.773356	0.000000	90.00
90.01	09001	WOUND CARE	29,799	2,945,332	2,975,131	0.543487	0.000000	90.01
90.02	09002	PULMONARY REHAB	139	502,286	502,425	0.537877	0.000000	90.02
90.03	09003	SPINE CENTER	0	0	0	0.000000	0.000000	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0.000000	0.000000	90.04
91.00	09100	EMERGENCY	8,214,393	44,987,129	53,201,522	0.218568	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	262,611	1,509,918	1,772,529	0.828701	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
200.00		Subtotal (see instructions)	132,809,295	325,194,002	458,003,297			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	132,809,295	325,194,002	458,003,297			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/21/2019 3:24 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
44.00	04400	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	ENDOSCOPY	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.000000			51.00
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	05602	ULTRASOUND/VASC LAB	0.000000			56.01
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
60.01	06001	BLOOD LABORATORY	0.000000			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
70.01	07001	SLEEP LAB	0.000000			70.01
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
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000	CLINIC	0.000000			90.00
90.01	09001	WOUND CARE	0.000000			90.01
90.02	09002	PULMONARY REHAB	0.000000			90.02
90.03	09003	SPINE CENTER	0.000000			90.03
90.04	09005	RUSH HEART CENTER	0.000000			90.04
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION				109.00
110.00	11000	INTESTINAL ACQUISITION				110.00
111.00	11100	ISLET ACQUISITION				111.00
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: 14-0063	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part I Date/Time Prepared: 11/21/2019 3:24 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	499,859	0	499,859	13,675	36.55	30.00	
31.00	INTENSIVE CARE UNIT	210,953		210,953	2,414	87.39	31.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00	
44.00	SKILLED NURSING FACILITY	203,625		203,625	5,361	37.98	44.00	
200.00	Total (lines 30 through 199)	914,437		914,437	21,450		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	6,101	222,992					30.00
31.00	INTENSIVE CARE UNIT	1,151	100,586					31.00
40.00	SUBPROVIDER - IPF	0	0					40.00
41.00	SUBPROVIDER - IRF	0	0					41.00
44.00	SKILLED NURSING FACILITY	4,295	163,124					44.00
200.00	Total (lines 30 through 199)	11,547	486,702					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0063	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part II Date/Time Prepared: 11/21/2019 3:24 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	506,618	49,901,166	0.010152	3,693,242	37,494	50.00	
50.01	05001	ENDOSCOPY	128,244	11,419,460	0.011230	587,607	6,599	50.01	
51.00	05100	RECOVERY ROOM	34,735	8,904,598	0.003901	536,013	2,091	51.00	
53.00	05300	ANESTHESIOLOGY	74,528	18,994,695	0.003924	1,270,814	4,987	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	629,669	59,622,687	0.010561	4,682,258	49,449	54.00	
56.00	05600	RADIOISOTOPE	484,131	9,591,029	0.050477	278,571	14,061	56.00	
56.01	05602	ULTRASOUND/VASC LAB	91,464	8,113,092	0.011274	661,076	7,453	56.01	
57.00	05700	CT SCAN	209,270	35,231,622	0.005940	3,250,049	19,305	57.00	
58.00	05800	MRI	0	0	0.000000	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00	
60.00	06000	LABORATORY	207,553	61,458,747	0.003377	7,303,671	24,664	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	7,791	2,356,821	0.003306	543,708	1,797	62.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	92,327	5,208,843	0.017725	1,503,446	26,649	65.00	
66.00	06600	PHYSICAL THERAPY	104,309	6,474,377	0.016111	401,301	6,465	66.00	
67.00	06700	OCCUPATIONAL THERAPY	19,149	3,168,282	0.006044	205,494	1,242	67.00	
68.00	06800	SPEECH PATHOLOGY	3,457	659,453	0.005242	187,217	981	68.00	
69.00	06900	ELECTROCARDIOLOGY	69,823	12,168,460	0.005738	1,889,185	10,840	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	5,578	324,257	0.017202	53,507	920	70.00	
70.01	07001	SLEEP LAB	0	0	0.000000	0	0	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,927	17,211,446	0.001564	2,203,527	3,446	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	44,938	27,207,398	0.001652	4,103,837	6,780	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	67,776	25,218,833	0.002688	6,868,989	18,464	73.00	
74.00	07400	RENAL DIALYSIS	2,003	1,859,437	0.001077	1,150,851	1,239	74.00	
	OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00	
90.00	09000	CLINIC	183,229	3,518,255	0.052080	3,066	160	90.00	
90.01	09001	WOUND CARE	52,799	2,975,131	0.017747	26,662	473	90.01	
90.02	09002	PULMONARY REHAB	7,840	502,425	0.015604	0	0	90.02	
90.03	09003	SPINE CENTER	0	0	0.000000	0	0	90.03	
90.04	09005	RUSH HEART CENTER	0	0	0.000000	0	0	90.04	
91.00	09100	EMERGENCY	222,722	53,201,522	0.004186	3,707,716	15,520	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	50,808	1,772,529	0.028664	130,960	3,754	92.00	
200.00		Total (lines 50 through 199)	3,327,688	427,064,565		45,242,767	264,833	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0063		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/21/2019 3:24 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		
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	13,675	0.00	6,101		30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	2,414	0.00	1,151		31.00		
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0		40.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0		41.00		
44.00	04400	SKILLED NURSING FACILITY	0	0	5,361	0.00	4,295		44.00		
200.00	Total (lines 30 through 199)		0	0	21,450		11,547		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
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: 14-0063		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/21/2019 3:24 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
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	05602	ULTRASOUND/VASC LAB	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001	SLEEP LAB	0	0	0	0	0	70.01
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
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND CARE	0	0	0	0	0	90.01
90.02	09002	PULMONARY REHAB	0	0	0	0	0	90.02
90.03	09003	SPINE CENTER	0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0063		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/21/2019 3:24 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	49,901,166	0.000000	50.00
50.01	05001	ENDOSCOPY		0	0	0	11,419,460	0.000000	50.01
51.00	05100	RECOVERY ROOM		0	0	0	8,904,598	0.000000	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	18,994,695	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	59,622,687	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	9,591,029	0.000000	56.00
56.01	05602	ULTRASOUND/VASC LAB		0	0	0	8,113,092	0.000000	56.01
57.00	05700	CT SCAN		0	0	0	35,231,622	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
60.00	06000	LABORATORY		0	0	0	61,458,747	0.000000	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	2,356,821	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	5,208,843	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	6,474,377	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	3,168,282	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	659,453	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	12,168,460	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	324,257	0.000000	70.00
70.01	07001	SLEEP LAB		0	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	17,211,446	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	27,207,398	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	25,218,833	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	1,859,437	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0.000000	89.00
90.00	09000	CLINIC		0	0	0	3,518,255	0.000000	90.00
90.01	09001	WOUND CARE		0	0	0	2,975,131	0.000000	90.01
90.02	09002	PULMONARY REHAB		0	0	0	502,425	0.000000	90.02
90.03	09003	SPINE CENTER		0	0	0	0	0.000000	90.03
90.04	09005	RUSH HEART CENTER		0	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY		0	0	0	53,201,522	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	1,772,529	0.000000	92.00
200.00		Total (lines 50 through 199)		0	0	0	427,064,565		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0063		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/21/2019 3:24 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	3,693,242	0	10,812,179	0	50.00
50.01	05001	ENDOSCOPY		0.000000	587,607	0	2,869,589	0	50.01
51.00	05100	RECOVERY ROOM		0.000000	536,013	0	1,986,302	0	51.00
53.00	05300	ANESTHESIOLOGY		0.000000	1,270,814	0	4,354,428	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	4,682,258	0	19,561,905	0	54.00
56.00	05600	RADIOISOTOPE		0.000000	278,571	0	1,891,812	0	56.00
56.01	05602	ULTRASOUND/VASC LAB		0.000000	661,076	0	1,512,160	0	56.01
57.00	05700	CT SCAN		0.000000	3,250,049	0	9,149,078	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
60.00	06000	LABORATORY		0.000000	7,303,671	0	5,661,354	0	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.000000	543,708	0	355,802	0	62.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	1,503,446	0	892,064	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	401,301	0	14,043	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	205,494	0	8,654	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	187,217	0	3,799	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	1,889,185	0	3,262,983	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	53,507	0	65,643	0	70.00
70.01	07001	SLEEP LAB		0.000000	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	2,203,527	0	3,284,284	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	4,103,837	0	5,134,559	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	6,868,989	0	2,319,088	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	1,150,851	0	61,976	0	74.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000	0	0	0	0	89.00
90.00	09000	CLINIC		0.000000	3,066	0	1,276,502	0	90.00
90.01	09001	WOUND CARE		0.000000	26,662	0	1,639,515	0	90.01
90.02	09002	PULMONARY REHAB		0.000000	0	0	264,936	0	90.02
90.03	09003	SPINE CENTER		0.000000	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER		0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY		0.000000	3,707,716	0	6,807,251	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	130,960	0	547,778	0	92.00
200.00		Total (lines 50 through 199)			45,242,767	0	83,737,684	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0063		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/21/2019 3:24 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		0.185523	10,812,179	0	0	2,005,908	50.00
50.01	05001	ENDOSCOPY		0.158729	2,869,589	0	0	455,487	50.01
51.00	05100	RECOVERY ROOM		0.214441	1,986,302	0	0	425,945	51.00
53.00	05300	ANESTHESIOLOGY		0.087341	4,354,428	0	0	380,320	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.151217	19,561,905	0	0	2,958,093	54.00
56.00	05600	RADIOISOTOPE		0.298540	1,891,812	0	0	564,782	56.00
56.01	05602	ULTRASOUND/VASC LAB		0.131535	1,512,160	0	0	198,902	56.01
57.00	05700	CT SCAN		0.058294	9,149,078	0	0	533,336	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
60.00	06000	LABORATORY		0.120519	5,661,354	0	0	682,301	60.00
60.01	06001	BLOOD LABORATORY		0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.268275	355,802	0	0	95,453	62.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.351761	892,064	0	0	313,793	65.00
66.00	06600	PHYSICAL THERAPY		0.371569	14,043	0	0	5,218	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.326740	8,654	0	0	2,828	67.00
68.00	06800	SPEECH PATHOLOGY		0.329737	3,799	0	0	1,253	68.00
69.00	06900	ELECTROCARDIOLOGY		0.118192	3,262,983	0	0	385,658	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.417425	65,643	0	0	27,401	70.00
70.01	07001	SLEEP LAB		0.000000	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.330536	3,284,284	0	0	1,085,574	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.332293	5,134,559	0	0	1,706,178	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.220799	2,319,088	0	67,137	512,052	73.00
74.00	07400	RENAL DIALYSIS		0.180891	61,976	0	0	11,211	74.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0.000000				0	89.00
90.00	09000	CLINIC		0.773356	1,276,502	0	506	987,190	90.00
90.01	09001	WOUND CARE		0.543487	1,639,515	0	0	891,055	90.01
90.02	09002	PULMONARY REHAB		0.537877	264,936	0	0	142,503	90.02
90.03	09003	SPINE CENTER		0.000000	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER		0.000000	0	0	0	0	90.04
91.00	09100	EMERGENCY		0.218568	6,807,251	0	0	1,487,847	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.828701	547,778	0	0	453,944	92.00
200.00		Subtotal (see instructions)			83,737,684	0	67,643	16,314,232	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0	0	201.00
202.00		Net Charges (line 200 - line 201)			83,737,684	0	67,643	16,314,232	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part V
Date/Time Prepared:
11/21/2019 3:24 pm

			Title XVIII		Hospital	PPS
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	ENDOSCOPY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
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	05602	ULTRASOUND/VASC LAB	0	0		56.01
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01	07001	SLEEP LAB	0	0		70.01
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	14,824		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
	OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	391		90.00
90.01	09001	WOUND CARE	0	0		90.01
90.02	09002	PULMONARY REHAB	0	0		90.02
90.03	09003	SPINE CENTER	0	0		90.03
90.04	09005	RUSH HEART CENTER	0	0		90.04
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	15,215		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	15,215		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0063 Component CCN: 14-5583		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/21/2019 3:24 pm	
				Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
50.01	05001	ENDOSCOPY		0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM		0	0	0	0	0	51.00
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	05602	ULTRASOUND/VASC LAB		0	0	0	0	0	56.01
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
70.01	07001	SLEEP LAB		0	0	0	0	0	70.01
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
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0	89.00
90.00	09000	CLINIC		0	0	0	0	0	90.00
90.01	09001	WOUND CARE		0	0	0	0	0	90.01
90.02	09002	PULMONARY REHAB		0	0	0	0	0	90.02
90.03	09003	SPINE CENTER		0	0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER		0	0	0	0	0	90.04
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0063 Component CCN: 14-5583		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/21/2019 3:24 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	49,901,166	0.000000	50.00
50.01	05001	ENDOSCOPY		0	0	0	11,419,460	0.000000	50.01
51.00	05100	RECOVERY ROOM		0	0	0	8,904,598	0.000000	51.00
53.00	05300	ANESTHESIOLOGY		0	0	0	18,994,695	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	59,622,687	0.000000	54.00
56.00	05600	RADIOISOTOPE		0	0	0	9,591,029	0.000000	56.00
56.01	05602	ULTRASOUND/VASC LAB		0	0	0	8,113,092	0.000000	56.01
57.00	05700	CT SCAN		0	0	0	35,231,622	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
60.00	06000	LABORATORY		0	0	0	61,458,747	0.000000	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	2,356,821	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	5,208,843	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	6,474,377	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	3,168,282	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	659,453	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	12,168,460	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	324,257	0.000000	70.00
70.01	07001	SLEEP LAB		0	0	0	0	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	17,211,446	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	27,207,398	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	25,218,833	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	1,859,437	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC		0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	0.000000	89.00
90.00	09000	CLINIC		0	0	0	3,518,255	0.000000	90.00
90.01	09001	WOUND CARE		0	0	0	2,975,131	0.000000	90.01
90.02	09002	PULMONARY REHAB		0	0	0	502,425	0.000000	90.02
90.03	09003	SPINE CENTER		0	0	0	0	0.000000	90.03
90.04	09005	RUSH HEART CENTER		0	0	0	0	0.000000	90.04
91.00	09100	EMERGENCY		0	0	0	53,201,522	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	1,772,529	0.000000	92.00
200.00		Total (lines 50 through 199)		0	0	0	427,064,565		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0063 Component CCN: 14-5583		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/21/2019 3:24 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		4,031	0	0	0	50.00
50.01	05001	ENDOSCOPY	0.000000		0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.000000		1,226	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.000000		2,663	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		163,840	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0.000000		0	0	0	0	56.00
56.01	05602	ULTRASOUND/VASC LAB	0.000000		23,944	0	0	0	56.01
57.00	05700	CT SCAN	0.000000		30,112	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
60.00	06000	LABORATORY	0.000000		591,351	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000		0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		3,938	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		158,582	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000		1,767,054	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		1,842,733	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		163,292	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		24,675	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		0	0	0	0	70.00
70.01	07001	SLEEP LAB	0.000000		0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		114,615	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		1,085,987	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000		0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	0	0	0	89.00
90.00	09000	CLINIC	0.000000		0	0	0	0	90.00
90.01	09001	WOUND CARE	0.000000		3,137	0	0	0	90.01
90.02	09002	PULMONARY REHAB	0.000000		0	0	0	0	90.02
90.03	09003	SPINE CENTER	0.000000		0	0	0	0	90.03
90.04	09005	RUSH HEART CENTER	0.000000		0	0	0	0	90.04
91.00	09100	EMERGENCY	0.000000		0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		504	0	0	0	92.00
200.00		Total (lines 50 through 199)			5,981,684	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0063

Period:

Worksheet D

Component CCN: 14-5583

From 07/01/2018
To 06/30/2019Part V
Date/Time Prepared:
11/21/2019 3:24 pm

Title XVIII

Skilled Nursing
Facility

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	0.185523	0	0	0	0 50.00
50.01	05001 ENDOSCOPY	0.158729	0	0	0	0 50.01
51.00	05100 RECOVERY ROOM	0.214441	0	0	0	0 51.00
53.00	05300 ANESTHESIOLOGY	0.087341	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.151217	0	0	0	0 54.00
56.00	05600 RADIOISOTOPE	0.298540	0	0	0	0 56.00
56.01	05602 ULTRASOUND/VASC LAB	0.131535	0	0	0	0 56.01
57.00	05700 CT SCAN	0.058294	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
60.00	06000 LABORATORY	0.120519	0	0	0	0 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.268275	0	0	0	0 62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.351761	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0.371569	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.326740	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.329737	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.118192	0	0	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.417425	0	0	0	0 70.00
70.01	07001 SLEEP LAB	0.000000	0	0	0	0 70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.330536	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.332293	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.220799	0	0	635	0 73.00
74.00	07400 RENAL DIALYSIS	0.180891	0	0	0	0 74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000				0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0 89.00
90.00	09000 CLINIC	0.773356	0	0	0	0 90.00
90.01	09001 WOUND CARE	0.543487	0	0	0	0 90.01
90.02	09002 PULMONARY REHAB	0.537877	0	0	0	0 90.02
90.03	09003 SPINE CENTER	0.000000	0	0	0	0 90.03
90.04	09005 RUSH HEART CENTER	0.000000	0	0	0	0 90.04
91.00	09100 EMERGENCY	0.218568	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.828701	0	0	0	0 92.00
200.00	Subtotal (see instructions)		0	0	635	0 200.00
201.00	Less PBP Clinic Lab. Services-Program			0	0	0 201.00
202.00	Only Charges					
	Net Charges (line 200 - line 201)		0	0	635	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 14-0063	Period: From 07/01/2018 To 06/30/2019	Worksheet D Part V Date/Time Prepared: 11/21/2019 3:24 pm
		Component CCN: 14-5583		
		Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description	Costs		
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
		6.00	7.00	
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	05001 ENDOSCOPY	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	51.00
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	05602 ULTRASOUND/VASC LAB	0	0	56.01
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001 SLEEP LAB	0	0	70.01
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	140	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 WOUND CARE	0	0	90.01
90.02	09002 PULMONARY REHAB	0	0	90.02
90.03	09003 SPINE CENTER	0	0	90.03
90.04	09005 RUSH HEART CENTER	0	0	90.04
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00	Subtotal (see instructions)	0	140	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	140	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0063	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/21/2019 3:24 pm
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		13,675	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,675	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)		12,285	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)		6,101	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)		14,451,203	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)		14,451,203	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)		14,451,203	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,056.76	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,447,293	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)		6,447,293	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0063

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

Worksheet D-1

Date/Time Prepared:
11/21/2019 3:24 pm

		Title XVIII		Hospital	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,311,054	2,414	2,200.11	1,151	2,532,327
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)					8,903,201
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					17,882,821
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					323,578
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					264,833
52.00	Total Program excludable cost (sum of lines 50 and 51)					588,411
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					17,294,410
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					1,390
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,056.76
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,468,896

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0063

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

Worksheet D-1

Date/Time Prepared:
11/21/2019 3:24 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	499,859	14,451,203	0.034589	1,468,896	50,808	90.00
91.00	Nursing School cost	0	14,451,203	0.000000	1,468,896	0	91.00
92.00	Allied health cost	0	14,451,203	0.000000	1,468,896	0	92.00
93.00	All other Medical Education	0	14,451,203	0.000000	1,468,896	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0063 Component CCN: 14-5583	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/21/2019 3:24 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)		5,361	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,361	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)		5,361	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)		4,295	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,859,877	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,859,877	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,859,877	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: 14-0063 Component CCN: 14-5583	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/21/2019 3:24 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)				3,859,877	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				719.99	71.00
72.00 Program routine service cost (line 9 x line 71)				3,092,357	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)				3,092,357	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)				3,092,357	83.00
84.00 Program inpatient ancillary services (see instructions)				1,754,259	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)				4,846,616	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: 14-0063

Period:

Worksheet D-1

Component CCN: 14-5583

From 07/01/2018
To 06/30/2019Date/Time Prepared:
11/21/2019 3:24 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: 14-0063	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/21/2019 3:24 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		9,266,186		30.00
31.00	03100	INTENSIVE CARE UNIT		3,682,721		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.185523	3,693,242	685,181	50.00
50.01	05001	ENDOSCOPY	0.158729	587,607	93,270	50.01
51.00	05100	RECOVERY ROOM	0.214441	536,013	114,943	51.00
53.00	05300	ANESTHESIOLOGY	0.087341	1,270,814	110,994	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.151217	4,682,258	708,037	54.00
56.00	05600	RADIOISOTOPE	0.298540	278,571	83,165	56.00
56.01	05602	ULTRASOUND/VASC LAB	0.131535	661,076	86,955	56.01
57.00	05700	CT SCAN	0.058294	3,250,049	189,458	57.00
58.00	05800	MRI	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000	LABORATORY	0.120519	7,303,671	880,231	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.268275	543,708	145,863	62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.351761	1,503,446	528,854	65.00
66.00	06600	PHYSICAL THERAPY	0.371569	401,301	149,111	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.326740	205,494	67,143	67.00
68.00	06800	SPEECH PATHOLOGY	0.329737	187,217	61,732	68.00
69.00	06900	ELECTROCARDIOLOGY	0.118192	1,889,185	223,287	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.417425	53,507	22,335	70.00
70.01	07001	SLEEP LAB	0.000000	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.330536	2,203,527	728,345	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.332293	4,103,837	1,363,676	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.220799	6,868,989	1,516,666	73.00
74.00	07400	RENAL DIALYSIS	0.180891	1,150,851	208,179	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.773356	3,066	2,371	90.00
90.01	09001	WOUND CARE	0.543487	26,662	14,490	90.01
90.02	09002	PULMONARY REHAB	0.537877	0	0	90.02
90.03	09003	SPINE CENTER	0.000000	0	0	90.03
90.04	09005	RUSH HEART CENTER	0.000000	0	0	90.04
91.00	09100	EMERGENCY	0.218568	3,707,716	810,388	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.828701	130,960	108,527	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		45,242,767	8,903,201	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)		45,242,767		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0063 Component CCN: 14-5583	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/21/2019 3:24 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
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
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.185523	4,031	748	50.00
50.01	05001 ENDOSCOPY	0.158729	0	0	50.01
51.00	05100 RECOVERY ROOM	0.214441	1,226	263	51.00
53.00	05300 ANESTHESIOLOGY	0.087341	2,663	233	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.151217	163,840	24,775	54.00
56.00	05600 RADIOISOTOPE	0.298540	0	0	56.00
56.01	05602 ULTRASOUND/VASC LAB	0.131535	23,944	3,149	56.01
57.00	05700 CT SCAN	0.058294	30,112	1,755	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.120519	591,351	71,269	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.268275	3,938	1,056	62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.351761	158,582	55,783	65.00
66.00	06600 PHYSICAL THERAPY	0.371569	1,767,054	656,582	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.326740	1,842,733	602,095	67.00
68.00	06800 SPEECH PATHOLOGY	0.329737	163,292	53,843	68.00
69.00	06900 ELECTROCARDIOLOGY	0.118192	24,675	2,916	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.417425	0	0	70.00
70.01	07001 SLEEP LAB	0.000000	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.330536	114,615	37,884	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.332293	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.220799	1,085,987	239,785	73.00
74.00	07400 RENAL DIALYSIS	0.180891	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.773356	0	0	90.00
90.01	09001 WOUND CARE	0.543487	3,137	1,705	90.01
90.02	09002 PULMONARY REHAB	0.537877	0	0	90.02
90.03	09003 SPINE CENTER	0.000000	0	0	90.03
90.04	09005 RUSH HEART CENTER	0.000000	0	0	90.04
91.00	09100 EMERGENCY	0.218568	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.828701	504	418	92.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,981,684	1,754,259	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		5,981,684		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A
Date/Time Prepared:
11/21/2019 3:24 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)			4,076,842	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			12,187,436	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)			43,498	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			3,695,543	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			161.19	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)			1.23	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)			0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).			0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)			0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)			1.23	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			6.19	10.00
11.00	FTE count for residents in dental and podiatric programs.			2.60	11.00
12.00	Current year allowable FTE (see instructions)			3.83	12.00
13.00	Total allowable FTE count for the prior year.			3.79	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.			3.71	14.00
15.00	Sum of lines 12 through 14 divided by 3.			3.78	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			3.78	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.023451	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.023595	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.023451	21.00
22.00	IME payment adjustment (see instructions)			207,093	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			47,055	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)			4.96	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)			207,093	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			47,055	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			6.47	30.00
31.00	Percentage of Medicaid patient days (see instructions)			16.21	31.00
32.00	Sum of lines 30 and 31			22.68	32.00
33.00	Allowable disproportionate share percentage (see instructions)			7.93	33.00
34.00	Disproportionate share adjustment (see instructions)			322,440	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0063	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/21/2019 3:24 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.000101391	0.000105425	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	686,082	872,167	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	172,930	652,333	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	825,263		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)	17,662,572		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)		17,709,627	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,444,799	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).		130,854	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)		19,285,280	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		19,285,280	61.00
62.00	Deductibles billed to program beneficiaries		1,765,424	62.00
63.00	Coinsurance billed to program beneficiaries		30,905	63.00
64.00	Allowable bad debts (see instructions)		507,984	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		330,190	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		286,515	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		17,819,141	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)		91,023	70.93
70.94	HRR adjustment amount (see instructions)		-67,524	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A
Date/Time Prepared:
11/21/2019 3:24 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)		17,842,640		71.00
71.01	Sequestration adjustment (see instructions)		356,853		71.01
71.02	Demonstration payment adjustment amount after sequestration		0		71.02
72.00	Interim payments		17,487,449		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)		-1,662		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		803,978		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)	0.0000000000	0.0000000000		101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0		102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000		103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0		104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/21/2019 3:24 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	4,076,842	0	4,076,842		4,076,842
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,187,436	0		12,187,436	12,187,436
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00	43,498	0	0	43,498	43,498
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	3,695,543	0	1,058,943	2,636,600	3,695,543
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.023451	0.023451	0.023451	0.023451	
6.00	IME payment adjustment (see instructions)	22.00	207,093	0	51,910	155,183	207,093
6.01	IME payment adjustment for managed care (see instructions)	22.01	47,055	0	0	47,055	47,055
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	207,093	0	51,910	155,183	207,093
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	47,055	0	0	47,055	47,055
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0793	0.0793	0.0793	0.0793	
11.00	Disproportionate share adjustment (see instructions)	34.00	322,440	0	80,824	241,616	322,440
11.01	Uncompensated care payments	36.00	825,263	0	172,930	652,333	825,263
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	17,662,572	0	4,382,506	13,280,066	17,662,572
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	17,709,627	0	4,382,506	13,327,121	17,709,627
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,444,799	0	356,577	1,088,222	1,444,799
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ aquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/21/2019 3:24 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	4,739,083	14,415,343	19,154,426
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	1,345,286	0	332,039	1,013,247	1,345,286
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	97	0	0	97	97
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.0269	0.0269	0.0269	0.0269	
23.00	Indirect medical education adjustment (see instructions)	6.00	36,188	0	8,932	27,256	36,188
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0470	0.0470	0.0470	0.0470	
25.00	Disproportionate share adjustment (see instructions)	11.00	63,228	0	15,606	47,622	63,228
26.00	Total prospective capital payments (see instructions)	12.00	1,444,799	0	356,577	1,088,222	1,444,799
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/21/2019 3:24 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	4,076,842	4,076,842		4,076,842	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,187,436		12,187,436	12,187,436	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	43,498	0	43,498	43,498	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	3,695,543	1,058,943	2,636,600	3,695,543	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.023451	0.023451	0.023451		5.00
6.00	IME payment adjustment (see instructions)	22.00	207,093	51,910	155,183	207,093	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	47,055	13,484	33,571	47,055	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	207,093	51,910	155,183	207,093	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	47,055	13,484	33,571	47,055	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0793	0.0793	0.0793		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	322,440	80,824	241,616	322,440	11.00
11.01	Uncompensated care payments	36.00	825,263	172,930	652,333	825,263	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	17,662,572	4,382,506	13,280,066	17,662,572	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	17,709,627	4,395,990	13,313,637	17,709,627	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,444,799	356,577	1,088,222	1,444,799	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			4,752,567	14,401,859	19,154,426	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/21/2019 3:24 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,345,286	332,039	1,013,247	1,345,286	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	97	0	97	97	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0269	0.0269	0.0269		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	36,188	8,932	27,256	36,188	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0470	0.0470	0.0470		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	63,228	15,606	47,622	63,228	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,444,799	356,577	1,088,222	1,444,799	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	91,023	-608	91,631	91,023	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-67,524	-24,869	-42,655	-67,524	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0063	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/21/2019 3:24 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		15,215	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		16,314,232	2.00
3.00	OPPS payments		13,570,631	3.00
4.00	Outlier payment (see instructions)		51,825	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		15,215	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		67,643	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)		67,643	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)		67,643	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		52,428	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		15,215	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)		13,622,456	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)		2,595,420	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)		11,042,251	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		91,975	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)		11,134,226	30.00
31.00	Primary payer payments		1,742	31.00
32.00	Subtotal (line 30 minus line 31)		11,132,484	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)		617,996	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		401,697	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		363,694	36.00
37.00	Subtotal (see instructions)		11,534,181	37.00
38.00	MSP-LCC reconciliation amount from PS&R		81	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)		11,534,100	40.00
40.01	Sequestration adjustment (see instructions)		230,682	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		11,255,308	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		48,110	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		258,110	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: 14-0063 Component CCN: 14-5583	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/21/2019 3:24 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		140	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
4.01	Outlier reconciliation amount (see instructions)			4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)			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)		140	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		635	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		635	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)		635	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		495	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)		140	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)		0	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)			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)		140	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)		140	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		140	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)		140	37.00
38.00	MSP-LCC reconciliation amount from PS&R			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)		140	40.00
40.01	Sequestration adjustment (see instructions)		3	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		131	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		6	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)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/21/2019 3:24 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		17,458,912		11,244,712	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	06/19/2019	28,537	06/19/2019	10,596	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)		28,537		10,596	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)		17,487,449		11,255,308	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		48,110	6.01
6.02	SETTLEMENT TO PROGRAM		1,662		0	6.02
7.00	Total Medicare program liability (see instructions)		17,485,787		11,303,418	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: 14-0063
 Component CCN: 14-5583

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

 Worksheet E-1
 Part I
 Date/Time Prepared:
 11/21/2019 3:24 pm

		Title XVIII		Skilled Nursing Facility		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,084,838		131		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)		2,084,838		131		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		6		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		2,084,838		137		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: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part II
Date/Time Prepared:
11/21/2019 3:24 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: 14-0063 Component CCN: 14-5583	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VI Date/Time Prepared: 11/21/2019 3:24 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)			2,254,599 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)			2,254,599 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			127,213 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)			2,127,386 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)			2,127,386 15.00
15.01	Sequestration adjustment (see instructions)			42,548 15.01
15.02	Demonstration payment adjustment amount after sequestration			0 15.02
16.00	Interim payments			2,084,838 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: 14-0063	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/21/2019 3:24 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.			1.42	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			0.36	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			1.06	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			6.19	6.00
7.00	Enter the lesser of line 5 or line 6			1.06	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.	0.00	4.56	4.56	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.	0.00	0.78	0.78	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.60		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		2.60		10.01
11.00	Total weighted FTE count	0.00	3.38		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	3.17		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	2.61		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	3.05		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	0.00	3.05		17.00
18.00	Per resident amount	121,095.98	121,095.98		18.00
19.00	Approved amount for resident costs	0	369,343	369,343	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)			5.13	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)			369,343	25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	7,252	1,882		26.00
27.00	Total Inpatient Days (see instructions)	14,699	14,699		27.00
28.00	Ratio of inpatient days to total inpatient days	0.493367	0.128036		28.00
29.00	Program direct GME amount	182,222	47,289		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		6,682		30.00
31.00	Net Program direct GME amount			222,829	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0063	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/21/2019 3:24 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)			1,859,437	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)			23,229,777	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			23,229,777	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			16,329,587	42.00
43.00	Primary payer payments (see instructions)			1,742	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			16,327,845	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			39,557,622	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.587239	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.412761	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			222,829	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			130,854	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			91,975	50.00

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

Provider CCN: 14-0063

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

Worksheet G

Date/Time Prepared:
11/21/2019 3:24 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	9,856,739	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	53,305,369	0	0	0	4.00
5.00	Other receivable	718,158	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-29,930,556	0	0	0	6.00
7.00	Inventory	4,297,626	0	0	0	7.00
8.00	Prepaid expenses	521,653	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	-926,194	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	37,842,795	0	0	0	11.00
FIXED ASSETS						
12.00	Land	8,680,216	0	0	0	12.00
13.00	Land improvements	2,144,790	0	0	0	13.00
14.00	Accumulated depreciation	-1,280,348	0	0	0	14.00
15.00	Buildings	38,153,326	0	0	0	15.00
16.00	Accumulated depreciation	-24,021,483	0	0	0	16.00
17.00	Leasehold improvements	63,768	0	0	0	17.00
18.00	Accumulated depreciation	-35,870	0	0	0	18.00
19.00	Fixed equipment	40,365,527	0	0	0	19.00
20.00	Accumulated depreciation	-30,135,485	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	33,934,441	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	40,098,102	0	0	0	31.00
32.00	Deposits on leases	465,008	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	18,674,495	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	59,237,605	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	131,014,841	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,277,399	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	33,835,271	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	37,112,670	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	17,261,500	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	17,261,500	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	54,374,170	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	76,640,671				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	76,640,671	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	131,014,841	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0063

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

Worksheet G-1

Date/Time Prepared:
11/21/2019 3:24 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		68,677,792		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		7,909,902				2.00
3.00	Total (sum of line 1 and line 2)		76,587,694		0		3.00
4.00	ROUNDING	180		0		0	4.00
5.00	INCREASE IN TEMP RESTRICTED NET ASSE	52,797		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)		52,977		0		10.00
11.00	Subtotal (line 3 plus line 10)		76,640,671		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)		76,640,671		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	ROUNDING		0				4.00
5.00	INCREASE IN TEMP RESTRICTED NET ASSE		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: 14-0063

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/21/2019 3:24 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	20,729,385		20,729,385	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	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	4,168,097		4,168,097	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)	24,897,482		24,897,482	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,380,145		7,380,145	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)	7,380,145		7,380,145	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	32,277,627		32,277,627	17.00
18.00	Ancillary services	93,356,658	271,689,067	365,045,725	18.00
19.00	Outpatient services	8,340,104	70,651,802	78,991,906	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
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON REIMBURSABLE	0	19,458,922	19,458,922	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	133,974,389	361,799,791	495,774,180	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		136,140,480		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)		136,140,480		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0063

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

Worksheet G-3

Date/Time Prepared:
11/21/2019 3:24 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	495,774,180	1.00
2.00	Less contractual allowances and discounts on patients' accounts	352,061,961	2.00
3.00	Net patient revenues (line 1 minus line 2)	143,712,219	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	136,140,480	4.00
5.00	Net income from service to patients (line 3 minus line 4)	7,571,739	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	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	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	8,238,946	24.00
25.00	Total other income (sum of lines 6-24)	8,238,946	25.00
26.00	Total (line 5 plus line 25)	15,810,685	26.00
27.00	BAD DEBTS	7,900,783	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	7,900,783	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	7,909,902	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0063	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/21/2019 3:24 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,345,286	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		97	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)		40.27	3.00
4.00	Number of interns & residents (see instructions)		3.78	4.00
5.00	Indirect medical education percentage (see instructions)		2.69	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)		36,188	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.47	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		16.21	8.00
9.00	Sum of lines 7 and 8		22.68	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.70	10.00
11.00	Disproportionate share adjustment (see instructions)		63,228	11.00
12.00	Total prospective capital payments (see instructions)		1,444,799	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