

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: 14-0064	Period: From 10/01/2018 To 09/30/2019	Worksheet S Parts I-III Date/Time Prepared: 2/28/2020 11:00 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 2/28/2020	Time: 11:00 am
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. ☐ Initial Report for this Provider CCN 9. ☐ Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. MARY MEDICAL CENTER (14-0064) for the cost reporting period beginning 10/01/2018 and ending 09/30/2019 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	21,684	-49,180	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	21,684	-49,180	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: 14-0064		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 2/28/2020 11:00 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 3333 N SEMINARY			PO Box:				1.00			
2.00	City: GALESBURG			State: IL		Zip Code: 61401		County: KNOX			
		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			ST. MARY MEDICAL CENTER	140064	99914	1	07/01/1966	N	P	O
4.00	Subprovider - IPF										
5.00	Subprovider - IRF										
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA										
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis										
19.00	Other										
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2018		09/30/2019		20.00
21.00	Type of Control (see instructions)						1				21.00
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N				22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y				22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		N		22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N				23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			453	230	0	0	1,999	115		24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet S-2
Part I
Date/Time Prepared:
2/28/2020 11:00 am

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					1		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.					10/01/2018	09/30/2019	38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
				1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					N		60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet S-2
Part I
Date/Time Prepared:
2/28/2020 11:00 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet S-2
Part I
Date/Time Prepared:
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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00	
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0064	Period: From 10/01/2018 To 09/30/2019	Worksheet S-2 Part I Date/Time Prepared: 2/28/2020 11:00 am	
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N		87.00	
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.			N	110.00

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			1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
			1.00	2.00	3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	56,777	0	136,045	
		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		Y	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		149006	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0064		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 2/28/2020 11:00 am					
1.00		2.00		3.00									
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.													
141.00	Name: OSF HEALTHCARE SYSTEM		Contractor's Name: WISCONSIN PHYSICIAN SERVICE			Contractor's Number: 06101			141.00				
142.00	Street: 800 NE GLEN OAK AVE		PO Box:							142.00			
143.00	City: PEORIA		State: IL		Zip Code:		61603			143.00			
									1.00				
144.00	Are provider based physicians' costs included in Worksheet A?								Y	144.00			
									1.00				
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.									145.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N				146.00			
									1.00				
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								N	147.00			
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								N	148.00			
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								N	149.00			
				Part A		Part B		Title V		Title XIX			
				1.00		2.00		3.00		4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)													
155.00	Hospital			N		N		N		N	155.00		
156.00	Subprovider - IPF			N		N		N		N	156.00		
157.00	Subprovider - IRF			N		N		N		N	157.00		
158.00	SUBPROVIDER										158.00		
159.00	SNF			N		N		N		N	159.00		
160.00	HOME HEALTH AGENCY			N		N		N		N	160.00		
161.00	CMHC			N		N		N		N	161.00		
									1.00				
Multicampus													
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00			
				Name		County		State		Zip Code	CBSA	FTE/Campus	
				0		1.00		2.00		3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)											0.00	166.00
									1.00				
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act													
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								Y	167.00			
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									168.00			
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01			
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								9.99	169.00			
								Beginning	Ending				
								1.00	2.00				
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)									170.00			
								1.00	2.00				
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)								N	0	171.00		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0064	Period: From 10/01/2018 To 09/30/2019	Worksheet S-2 Part II Date/Time Prepared: 2/28/2020 11:00 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	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.	N	A	01/29/2020 4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00
				Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
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	12/13/2019	Y 02/13/2019 17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N 18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N 19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0064	Period: From 10/01/2018 To 09/30/2019	Worksheet S-2 Part II Date/Time Prepared: 2/28/2020 11:00 am
		Description	Y/N	Y/N
		0	1.00	3.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N
		Y/N	Date	Y/N
		1.00	2.00	3.00
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		Y	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.		Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N	35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?		Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N	40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REBECCA	ROBINSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF HEALTHCARE SYSTEM		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	309-624-7644	REBECCA.C.ROBINSON@OSFHEALTHCARE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet S-2
Part II
Date/Time Prepared:
2/28/2020 11:00 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	GOVERNMENT REPORTING SENIOR ANALYST	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: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part I
Date/Time Prepared:
2/28/2020 11:00 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	75	27,375	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)		75	27,375	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,190	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		81	29,565	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		81			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part I
Date/Time Prepared:
2/28/2020 11:00 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	5,812	240	12,033			1.00
2.00	HMO and other (see instructions)	3,249	2,229				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)	5,812	240	12,033			7.00
8.00	INTENSIVE CARE UNIT	768	10	1,458			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		203	914			13.00
14.00	Total (see instructions)	6,580	453	14,405	0.00	444.27	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	6,580	453	14,405	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	444.27	27.00
28.00	Observation Bed Days		192	1,112			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	115	181			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: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part I
Date/Time Prepared:
2/28/2020 11:00 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,500	84	3,561	1.00
2.00 HMO and other (see instructions)			688	572		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	1,500	84	3,561	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part II
Date/Time Prepared:
2/28/2020 11:00 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	26,912,638	-33,763	26,878,875	873,732.00	30.76	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		1,337,304	0	1,337,304	13,232.00	101.07	3.00
4.00	Physician-Part A - Administrative		44,000	0	44,000	348.00	126.44	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		0	0	0	0.00	0.00	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)		0	0	0	0.00	0.00	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	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		53,538	222,076	275,614	10,532.00	26.17	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		625,431	0	625,431	12,327.00	50.74	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		79,352	0	79,352	464.00	171.02	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		5,067,302	0	5,067,302	138,651.00	36.55	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)		7,729,325	0	7,729,325			17.00
18.00	Wage-related costs (other) (see instructions)							18.00
19.00	Excluded areas		91,748	0	91,748			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		195,413	0	195,413			21.00
22.00	Physician Part A - Administrative		5,576	0	5,576			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		1,630,471	0	1,630,471			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	2,114,179	-215,881	1,898,298	41,624.00	45.61	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part II
Date/Time Prepared:
2/28/2020 11:00 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)		421,338	0	421,338	3,022.00	139.42	28.00
29.00	Maintenance & Repairs	6.00	536,974	0	536,974	23,749.00	22.61	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	683,716	-3,118	680,598	50,795.00	13.40	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	572,679	-274,072	298,607	18,805.00	15.88	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	273,117	273,117	17,000.00	16.07	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	875,306	-1,943	873,363	18,326.00	47.66	38.00
39.00	Central Services and Supply	14.00	0	215,881	215,881	13,963.00	15.46	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	506,544	0	506,544	24,680.00	20.52	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part III
Date/Time Prepared:
2/28/2020 11:00 am

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	25,996,672	-33,763	25,962,909	863,522.00	30.07	1.00
2.00	Excluded area salaries (see instructions)	53,538	222,076	275,614	10,532.00	26.17	2.00
3.00	Subtotal salaries (line 1 minus line 2)	25,943,134	-255,839	25,687,295	852,990.00	30.11	3.00
4.00	Subtotal other wages & related costs (see inst.)	5,772,085	0	5,772,085	151,442.00	38.11	4.00
5.00	Subtotal wage-related costs (see inst.)	9,365,372	0	9,365,372	0.00	36.46	5.00
6.00	Total (sum of lines 3 thru 5)	41,080,591	-255,839	40,824,752	1,004,432.00	40.64	6.00
7.00	Total overhead cost (see instructions)	5,710,736	-6,016	5,704,720	211,964.00	26.91	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0064	Period: From 10/01/2018 To 09/30/2019	Worksheet S-3 Part IV Date/Time Prepared: 2/28/2020 11:00 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,020,898	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)		284,288	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)		4,888,187	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		33,763	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		72,000	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		1,590,079	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		29,764	19.00
20.00	State or Federal Unemployment Taxes		24,876	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		78,207	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		8,022,062	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part V
Date/Time Prepared:
2/28/2020 11:00 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	625,431	8,022,062	1.00
2.00	Hospital	625,431	8,022,062	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0064	Period: From 10/01/2018 To 09/30/2019	Worksheet S-10 Date/Time Prepared: 2/28/2020 11:00 am
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.150051 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	9,053,454		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?	Y		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0		5.00
6.00	Medicaid charges	81,358,376		6.00
7.00	Medicaid cost (line 1 times line 6)	12,207,906		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)	3,154,452		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)	3,154,452		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)	8,394,652	2,099,483	10,494,135 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,259,626	2,099,483	3,359,109 21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0 22.00
23.00	Cost of charity care (line 21 minus line 22)	1,259,626	2,099,483	3,359,109 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)	8,002,403		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	330,906		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	509,086		27.01
28.00	Non-Medicare bad debt expense (see instructions)	7,493,317		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	1,302,560		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	4,661,669		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	7,816,121		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019

Worksheet A

Date/Time Prepared:
2/28/2020 11:00 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		787,755	787,755	44,494	832,249 1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,657,943	1,657,943	243,065	1,901,008 2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0 3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	7,859,754	7,859,754	1,791,278	9,651,032 4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,114,179	15,282,741	17,396,920	-2,250,230	15,146,690 5.00
6.00	00600	MAINTENANCE & REPAIRS	536,974	1,711,948	2,248,922	-506,788	1,742,134 6.00
7.00	00700	OPERATION OF PLANT	0	777,147	777,147	5,819	782,966 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	236,858	236,858	0	236,858 8.00
9.00	00900	HOUSEKEEPING	683,716	193,860	877,576	0	877,576 9.00
10.00	01000	DIETARY	572,679	360,438	933,117	-445,030	488,087 10.00
11.00	01100	CAFETERIA	0	0	0	445,014	445,014 11.00
13.00	01300	NURSING ADMINISTRATION	875,306	-24,193	851,113	38,412	889,525 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	-170,493	-170,493	215,881	45,388 14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	506,544	14,155	520,699	0	520,699 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	550,783	550,783 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	1,337,304	0	1,337,304	0	1,337,304 19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,739,054	2,462,574	7,201,628	721,109	7,922,737 30.00
31.00	03100	INTENSIVE CARE UNIT	1,263,120	323,954	1,587,074	0	1,587,074 31.00
43.00	04300	NURSERY	0	0	0	354,360	354,360 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,787,947	4,070,591	5,858,538	-3,606,371	2,252,167 50.00
51.00	05100	RECOVERY ROOM	1,015,612	54,884	1,070,496	0	1,070,496 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,570,069	369,418	1,939,487	-1,117,223	822,264 52.00
53.00	05300	ANESTHESIOLOGY	4,605	1,421,389	1,425,994	-8,324	1,417,670 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,309,655	201,891	1,511,546	575,621	2,087,167 54.00
56.00	05600	RADIOISOTOPE	176,384	275,012	451,396	0	451,396 56.00
57.00	05700	CT SCAN	365,332	456,852	822,184	-93,937	728,247 57.00
58.00	05800	MRI	265,737	169,729	435,466	-130,000	305,466 58.00
60.00	06000	LABORATORY	1,504,809	1,125,612	2,630,421	97,830	2,728,251 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	394,858	394,858	0	394,858 63.00
65.00	06500	RESPIRATORY THERAPY	596,850	140,432	737,282	-80,096	657,186 65.00
65.10	06501	CARDIAC STRESS LAB	297,962	17,605	315,567	-468	315,099 65.10
65.20	06502	CARDIAC REHAB	266,936	6,770	273,706	-227,695	46,011 65.20
66.00	06600	PHYSICAL THERAPY	874,033	40,892	914,925	10,846	925,771 66.00
67.00	06700	OCCUPATIONAL THERAPY	190,335	2,378	192,713	31,894	224,607 67.00
68.00	06800	SPEECH PATHOLOGY	166,008	2,432	168,440	27,876	196,316 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	65,225	65,225 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,650	4,497	11,147	0	11,147 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,789,757	1,789,757 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,820,750	1,820,750 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	858,989	3,240,400	4,099,389	209,810	4,309,199 73.00
76.00	03610	SLEEP LAB	134,391	17,676	152,067	0	152,067 76.00
76.01	03020	PAIN CLINIC	42,759	281,968	324,727	-41,052	283,675 76.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	2,795,161	4,254,338	7,049,499	-760,305	6,289,194 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	26,859,100	48,024,065	74,883,165	-227,695	74,655,470 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	61,716	87,805	149,521	0	149,521 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,566	1,566	0	1,566 192.00
193.00	19300	NONPAID WORKERS	0	3,952	3,952	0	3,952 193.00
194.00	07950	PHYSICIAN PRACTICES	0	0	0	0	0 194.00
194.20	07952	FUND DEVELOPMENT	0	198,696	198,696	0	198,696 194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	0	71	71	0	71 194.30
194.40	07954	INDUSTRIAL MEDICINE	-8,178	32	-8,146	0	-8,146 194.40
194.50	07955	FOUNDATION	0	95,843	95,843	0	95,843 194.50
194.70	07956	FITNESS CENTER	0	0	0	227,695	227,695 194.70
200.00		TOTAL (SUM OF LINES 118 through 199)	26,912,638	48,412,030	75,324,668	0	75,324,668 200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019

Worksheet A

Date/Time Prepared:
2/28/2020 11:00 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,029,065	1,861,314	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,007,366	2,908,374	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-690,661	8,960,371	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-6,801,980	8,344,710	5.00
6.00	00600	MAINTENANCE & REPAIRS	36	1,742,170	6.00
7.00	00700	OPERATION OF PLANT	0	782,966	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	236,858	8.00
9.00	00900	HOUSEKEEPING	0	877,576	9.00
10.00	01000	DIETARY	0	488,087	10.00
11.00	01100	CAFETERIA	-137,542	307,472	11.00
13.00	01300	NURSING ADMINISTRATION	424,582	1,314,107	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	45,388	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-14,547	506,152	16.00
17.00	01700	SOCIAL SERVICE	-107,822	442,961	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-1,337,304	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,037,384	6,885,353	30.00
31.00	03100	INTENSIVE CARE UNIT	-3,138	1,583,936	31.00
43.00	04300	NURSERY	0	354,360	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,000	2,251,167	50.00
51.00	05100	RECOVERY ROOM	-1,000	1,069,496	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-900	821,364	52.00
53.00	05300	ANESTHESIOLOGY	-1,153,675	263,995	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-11,381	2,075,786	54.00
56.00	05600	RADIOISOTOPE	0	451,396	56.00
57.00	05700	CT SCAN	0	728,247	57.00
58.00	05800	MRI	0	305,466	58.00
60.00	06000	LABORATORY	-500	2,727,751	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	394,858	63.00
65.00	06500	RESPIRATORY THERAPY	-2,238	654,948	65.00
65.10	06501	CARDIAC STRESS LAB	-4,137	310,962	65.10
65.20	06502	CARDIAC REHAB	-6,627	39,384	65.20
66.00	06600	PHYSICAL THERAPY	-4,227	921,544	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	224,607	67.00
68.00	06800	SPEECH PATHOLOGY	0	196,316	68.00
69.00	06900	ELECTROCARDIOLOGY	0	65,225	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,147	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,789,757	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,820,750	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-38,108	4,271,091	73.00
76.00	03610	SLEEP LAB	0	152,067	76.00
76.01	03020	PAIN CLINIC	-240,000	43,675	76.01
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-3,307,002	2,982,192	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-12,440,124	62,215,346	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	149,521	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,566	192.00
193.00	19300	NONPAID WORKERS	0	3,952	193.00
194.00	07950	PHYSICIAN PRACTICES	0	0	194.00
194.20	07952	FUND DEVELOPMENT	0	198,696	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	0	71	194.30
194.40	07954	INDUSTRIAL MEDICINE	0	-8,146	194.40
194.50	07955	FOUNDATION	0	95,843	194.50
194.70	07956	FITNESS CENTER	0	227,695	194.70
200.00		TOTAL (SUM OF LINES 118 through 199)	-12,440,124	62,884,544	200.00

RECLASSIFICATIONS

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-6

Date/Time Prepared:
2/28/2020 11:00 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - PROPERTY INSURANCE RECLASS					
1.00	OTHER CAP REL COSTS	3.00	0	69,696		1.00
	0		0	69,696		
	B - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	273,117	171,897		1.00
	0		273,117	171,897		
	C - SHARED PHYS BENEFIT RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	357,204		1.00
	0		0	357,204		
	D - REHAB ADMIN RECLASS					
1.00	OCCUPATIONAL THERAPY	67.00	18,181	2,011		1.00
2.00	SPEECH PATHOLOGY	68.00	15,890	1,758		2.00
	0		34,071	3,769		
	E - EKG SALARY RECLASS					
1.00	ELECTROCARDIOLOGY	69.00	65,225	0		1.00
	0		65,225	0		
	F - IMPLANTABLE MEDICAL DEVICE RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,820,750		1.00
2.00		0.00	0	0		2.00
	0		0	1,820,750		
	G - MED/SURG SUP RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,789,757		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
	0		0	1,789,757		
	H - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	107,583		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	107,583		
	I - DISABILITY RECLASS					
1.00	HOUSEKEEPING	9.00	0	3,118		1.00
2.00	DIETARY	10.00	0	955		2.00
3.00	NURSING ADMINISTRATION	13.00	0	1,943		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	3,083		4.00
5.00	OPERATING ROOM	50.00	0	6,466		5.00
6.00	RECOVERY ROOM	51.00	0	1,067		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	498		7.00
8.00	LABORATORY	60.00	0	1,671		8.00
9.00	EMERGENCY	91.00	0	14,962		9.00
	0		0	33,763		
	J - CARDIO PULMONARY REHAB					
1.00	FITNESS CENTER	194.70	222,076	5,619		1.00
	0		222,076	5,619		
	K - ALTERNATIVE BIRTHING CENTER RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	604,151	142,149		1.00
2.00	NURSERY	43.00	286,864	67,496		2.00
	0		891,015	209,645		
	M - MINISTRY ALLOCATION					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,052,997		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	175,471		2.00
3.00	PHYSICAL THERAPY	66.00	0	55,558		3.00
4.00	OCCUPATIONAL THERAPY	67.00	0	11,702		4.00
5.00	SPEECH PATHOLOGY	68.00	0	10,228		5.00
6.00	DRUGS CHARGED TO PATIENTS	73.00	0	102,227		6.00
7.00	SOCIAL SERVICE	17.00	0	550,783		7.00
	0		0	1,958,966		
	N - ED SHARED PHYSICIAN RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	365,182		1.00
	0		0	365,182		
	O - TO RECLASS EQUIPMENT DEPRECIATION					
1.00	OPERATION OF PLANT	7.00	0	5,819		1.00
2.00	NURSING ADMINISTRATION	13.00	0	38,412		2.00
3.00	OPERATING ROOM	50.00	0	23,139		3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,039		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

RECLASSIFICATIONS

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-6

Date/Time Prepared:
2/28/2020 11:00 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	210,621	13.00
	0		0	279,030	
P - TO RECLASS MAINTENACE COST					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	582,536	1.00
2.00	LABORATORY	60.00	0	97,830	2.00
	0		0	680,366	
Q - HOSPITALIST AND PALLIATIVE RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	15,895	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,242	2.00
	TOTALS		0	23,137	
R - TO RECLASS CENTRAL SUPPLY COST					
1.00	CENTRAL SERVICES & SUPPLY	14.00	215,881	0	1.00
	TOTALS		215,881	0	
500.00	Grand Total: Increases		1,701,385	7,876,364	500.00

RECLASSIFICATIONS

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet A-6
Date/Time Prepared:
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		Decreases				Wkst. A-7 Ref.	
		Cost Center	Line #	Salary	Other		
		6.00	7.00	8.00	9.00	10.00	
A - PROPERTY INSURANCE RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00		0	69,696	0	1.00
	0			0	69,696		
B - CAFETERIA RECLASS							
1.00	DIETARY	10.00		273,117	171,897	0	1.00
	0			273,117	171,897		
C - SHARED PHYS BENEFIT RECLASS							
1.00	EMERGENCY	91.00		0	357,204	0	1.00
	0			0	357,204		
D - REHAB ADMIN RECLASS							
1.00	PHYSICAL THERAPY	66.00		34,071	3,769	0	1.00
2.00		0.00		0	0	0	2.00
	0			34,071	3,769		
E - EKG SALARY RECLASS							
1.00	RESPIRATORY THERAPY	65.00		65,225	0	0	1.00
	0			65,225	0		
F - IMPLANTABLE MEDICAL DEVICE RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00		0	1,082	0	1.00
2.00	OPERATING ROOM	50.00		0	1,819,668	0	2.00
	0			0	1,820,750		
G - MED/SURG SUP RECLASS							
1.00	OPERATING ROOM	50.00		0	1,705,990	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00		0	17,602	0	2.00
3.00	PAIN CLINIC	76.01		0	41,052	0	3.00
4.00	EMERGENCY	91.00		0	25,113	0	4.00
	0			0	1,789,757		
H - DRUGS CHARGED TO PATIENTS							
1.00	OPERATING ROOM	50.00		0	103,852	0	1.00
2.00	PHYSICAL THERAPY	66.00		0	1,319	0	2.00
3.00	EMERGENCY	91.00		0	2,412	0	3.00
	0			0	107,583		
I - DISABILITY RECLASS							
1.00	HOUSEKEEPING	9.00		3,118	0	0	1.00
2.00	DIETARY	10.00		955	0	0	2.00
3.00	NURSING ADMINISTRATION	13.00		1,943	0	0	3.00
4.00	ADULTS & PEDIATRICS	30.00		3,083	0	0	4.00
5.00	OPERATING ROOM	50.00		6,466	0	0	5.00
6.00	RECOVERY ROOM	51.00		1,067	0	0	6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00		498	0	0	7.00
8.00	LABORATORY	60.00		1,671	0	0	8.00
9.00	EMERGENCY	91.00		14,962	0	0	9.00
	0			33,763	0		
J - CARDIO PULMONARY REHAB							
1.00	CARDIAC REHAB	65.20		222,076	5,619	0	1.00
	0			222,076	5,619		
K - ALTERNATIVE BIRTHING CENTER RECLASS							
1.00	DELIVERY ROOM & LABOR ROOM	52.00		891,015	209,645	0	1.00
2.00		0.00		0	0	0	2.00
	0			891,015	209,645		
M - MINISTRY ALLOCATION							
1.00	ADMINISTRATIVE & GENERAL	5.00		0	1,958,966	0	1.00
2.00		0.00		0	0	0	2.00
3.00		0.00		0	0	0	3.00
4.00		0.00		0	0	0	4.00
5.00		0.00		0	0	0	5.00
6.00		0.00		0	0	0	6.00
7.00		0.00		0	0	0	7.00
	0			0	1,958,966		
N - ED SHARED PHYSICIAN RECLASS							
1.00	EMERGENCY	91.00		0	365,182	0	1.00
	0			0	365,182		
O - TO RECLASS EQUIPMENT DEPRECIATION							
1.00	ADMINISTRATIVE & GENERAL	5.00		0	4,605	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00		0	1,893	0	2.00
3.00	DIETARY	10.00		0	16	0	3.00
4.00	ADULTS & PEDIATRICS	30.00		0	2,054	0	4.00
5.00	ANESTHESIOLOGY	53.00		0	8,324	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00		0	6,915	0	6.00
7.00	CT SCAN	57.00		0	93,937	0	7.00
8.00	MRI	58.00		0	130,000	0	8.00
9.00	CARDIAC STRESS LAB	65.10		0	468	0	9.00
10.00	RESPIRATORY THERAPY	65.00		0	14,871	0	10.00
11.00	PHYSICAL THERAPY	66.00		0	5,553	0	11.00
12.00	EMERGENCY	91.00		0	10,394	0	12.00

RECLASSIFICATIONS

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-6

Date/Time Prepared:
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
13.00		0.00	0	0	9	13.00
			0	279,030		
P - TO RECLASS MAINTENANCE COST						
1.00	MAINTENANCE & REPAIRS	6.00	0	680,366	0	1.00
2.00		0.00	0	0	0	2.00
			0	680,366		
Q - HOSPITALIST AND PALLIATIVE RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	23,137	0	1.00
2.00		0.00	0	0	9	2.00
	TOTALS		0	23,137		
R - TO RECLASS CENTRAL SUPPLY COST						
1.00	ADMINISTRATIVE & GENERAL	5.00	215,881	0	0	1.00
	TOTALS		215,881	0		
500.00	Grand Total: Decreases		1,735,148	7,842,601		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet A-7
Part I
Date/Time Prepared:
2/28/2020 11:00 am

		Beginning Balances	Acquisitions			Disposals and Retirements		
			Purchases	Donation	Total			
		1.00	2.00	3.00	4.00	5.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	314,848	0	0	0	0	1.00	
2.00	Land Improvements	890,110	66,170	0	66,170	0	2.00	
3.00	Buildings and Fixtures	44,232,809	340,841	0	340,841	2,702,462	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	25,749,369	1,736,247	0	1,736,247	3,898,506	5.00	
6.00	Movable Equipment	129,130	0	0	0	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	71,316,266	2,143,258	0	2,143,258	6,600,968	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	71,316,266	2,143,258	0	2,143,258	6,600,968	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	314,848	0				1.00	
2.00	Land Improvements	956,280	0				2.00	
3.00	Buildings and Fixtures	41,871,188	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	23,587,110	0				5.00	
6.00	Movable Equipment	129,130	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	66,858,556	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	66,858,556	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet A-7
Part II
Date/Time Prepared:
2/28/2020 11:00 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	787,755	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,657,943	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,445,698	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	787,755				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,657,943				2.00
3.00	Total (sum of lines 1-2)	0	2,445,698				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet A-7
Part III
Date/Time Prepared:
2/28/2020 11:00 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	41,871,188	0	41,871,188	0.638403	44,494	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	23,716,240	0	23,716,240	0.361597	25,202	2.00
3.00	Total (sum of lines 1-2)	65,587,428	0	65,587,428	1.000000	69,696	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	44,494	1,649,072	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	25,202	2,530,123	0	2.00
3.00	Total (sum of lines 1-2)	0	0	69,696	4,179,195	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	167,748	44,494	0	0	1,861,314	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	353,049	25,202	0	0	2,908,374	2.00
3.00	Total (sum of lines 1-2)	520,797	69,696	0	0	4,769,688	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8

Date/Time Prepared:
2/28/2020 11:00 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-5,742,632			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)			0OPERATION OF PLANT	7.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-1,450,335			0	12.00
13.00	Laundry and linen service			0LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00	Cafeteria-employees and guests	B	-128,476	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	B	-1,500	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-14,547	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-9,066	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-108,372	ADMINISTRATIVE & GENERAL	5.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	640,571	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	249,262	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist	A	-1,337,304	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	PHARMACY 340B	A	-36,608	DRUGS CHARGED TO PATIENTS	73.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8

Date/Time Prepared:
2/28/2020 11:00 am

			Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
Cost Center Description	Basis/Code (2)	Amount	Cost Center	Line #	Wkst. A-7 Ref.	
	1.00	2.00	3.00	4.00	5.00	
37.06 RADIOLOGY	B	-180	RADIOLOGY-DIAGNOSTIC	54.00	0	37.06
37.07 DPA PROVIDER TAX	A	-3,755,424	ADMINISTRATIVE & GENERAL	5.00	0	37.07
37.09 MARKETING AND ADVERTISING	A	-715	ADMINISTRATIVE & GENERAL	5.00	0	37.09
37.10 PHYS OFFICE AND RENT	B	-3,752	ADMINISTRATIVE & GENERAL	5.00	0	37.10
37.11 COMMUNITY HEALTH EDUCATION	A	-3,233	ADMINISTRATIVE & GENERAL	5.00	0	37.11
37.13 PROPERTY TAX	A	-2,189	ADMINISTRATIVE & GENERAL	5.00	0	37.13
37.14 PART B EMPLOYEE BENEFITS - CRNA	A	-363,221	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.14
37.15 PART B EMPLOYEE BENEFITS	A	-357,204	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.15
37.16 UNEMPLOYMENT CLAIMS	A	29,764	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.16
37.17 IHA, AHA, CHA DUES	B	-23,245	ADMINISTRATIVE & GENERAL	5.00	0	37.17
37.18 CLINICAL LABORATORY SVCS	B	-500	LABORATORY	60.00	0	37.18
37.20 PHYSICAL THERAPY	B	-1,125	PHYSICAL THERAPY	66.00	0	37.20
37.21 OTHER REVENUE - ADMIN AND GENERAL	B	-4,189	ADMINISTRATIVE & GENERAL	5.00	0	37.21
37.22 VENDING MACHINE REVENUES	B	-677	EMERGENCY	91.00	0	37.22
37.23 CARDIAC REHAB	A	-6,627	CARDIAC REHAB	65.20	0	37.23
38.00 RECRUITING EXPENSES - A&P	A	-3,000	ADULTS & PEDIATRICS	30.00	0	38.00
39.00 RECRUITING EXPENSES - ICU	A	-900	INTENSIVE CARE UNIT	31.00	0	39.00
40.00 RECRUITING EXPENSES - OR	A	-1,000	OPERATING ROOM	50.00	0	40.00
45.00 RECRUITING EXPENSES - RECOVERY	A	-1,000	RECOVERY ROOM	51.00	0	45.00
46.00 RECRUITING EXPENSES - L&D	A	-900	DELIVERY ROOM & LABOR ROOM	52.00	0	46.00
47.01 RECRUITING EXPENSES - ER	A	-1,800	EMERGENCY	91.00	0	47.01
47.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	47.02
47.03 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	47.03
47.04 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	47.04
47.05 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	47.05
47.06 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	47.06
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-12,440,124				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8-1

Date/Time Prepared:
2/28/2020 11:00 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	MINISTRY CHARGES - BLDG	220,746	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MINISTRY CHARGES - EQUIPMENT	1,065,026	659,971	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY CHARGES - POOLED EB	1,052,997	1,052,997	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHARGES - POOLED A&	3,567,100	6,878,677	3.01
3.04	7.00	OPERATION OF PLANT	MINISTRY CHARGES - POOLED EN	665,926	665,926	3.04
3.05	31.00	INTENSIVE CARE UNIT	MINISTRY CHARGES - POOLED EI	200,264	200,264	3.05
3.06	54.00	RADIOLOGY-DIAGNOSTIC	MINISTRY CHARGES - POOLED IM	582,536	582,536	3.06
3.07	60.00	LABORATORY	MINISTRY CHARGES - POOLED LA	97,830	97,830	3.07
3.08	66.00	PHYSICAL THERAPY	MINISTRY CHARGES - POOLED RE	55,558	55,558	3.08
3.09	67.00	OCCUPATIONAL THERAPY	MINISTRY CHARGES - POOLED RE	11,702	11,702	3.09
3.10	68.00	SPEECH PATHOLOGY	MINISTRY CHARGES - POOLED RE	10,228	10,228	3.10
4.00	73.00	DRUGS CHARGED TO PATIENTS	MINISTRY CHARGES - POOLED PH	513,879	513,879	4.00
4.01	1.00	CAP REL COSTS-BLDG & FIXT	MINISTRY CHARGES - INTEREST	167,748	0	4.01
4.02	2.00	CAP REL COSTS-MVBLE EQUIP	MINISTRY CHARGES - INTEREST	353,049	0	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	MINISTRY CHARGES - FUNCTIONA	2,588,689	2,176,538	4.03
4.04	13.00	NURSING ADMINISTRATION	MINISTRY CHARGES - FUNCTIONA	424,582	0	4.04
4.05	17.00	SOCIAL SERVICE	MINISTRY CHARGES - FUNCTIONA	442,961	550,783	4.05
4.06	54.00	RADIOLOGY-DIAGNOSTIC	SFI RENT	221,797	232,998	4.06
4.07	6.00	MAINTENANCE & REPAIRS	SFI RENT	1,388	1,352	4.07
4.08	66.00	PHYSICAL THERAPY	SFI RENT	4,315	7,417	4.08
4.09	60.00	LABORATORY	SYSTEMS LAB	961,555	961,555	4.09
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			13,209,876	14,660,211	5.00

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

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

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

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

6.00	B	OSF HEALTHCARE SYSTEMS	100.00	OSF HEALTHCARE	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8-1

Date/Time Prepared:
2/28/2020 11:00 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	220,746	9		1.00
2.00	405,055	9		2.00
3.00	0	0		3.00
3.01	-3,311,577	0		3.01
3.04	0	0		3.04
3.05	0	0		3.05
3.06	0	0		3.06
3.07	0	0		3.07
3.08	0	0		3.08
3.09	0	0		3.09
3.10	0	0		3.10
4.00	0	0		4.00
4.01	167,748	11		4.01
4.02	353,049	11		4.02
4.03	412,151	0		4.03
4.04	424,582	0		4.04
4.05	-107,822	0		4.05
4.06	-11,201	0		4.06
4.07	36	0		4.07
4.08	-3,102	0		4.08
4.09	0	0		4.09
5.00	-1,450,335			5.00

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

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

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

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

6.00	CATHOLIC SYSTEM		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019

Worksheet A-8-2

Date/Time Prepared:
2/28/2020 11:00 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	1,435	1,435	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,034,384	1,034,384	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	12,000	0	12,000	211,500	96	3.00
4.00	53.00	ANESTHESIOLOGY	1,159,200	1,150,488	8,712	239,400	48	4.00
5.00	65.00	RESPIRATORY THERAPY	12,000	0	12,000	211,500	96	5.00
6.00	65.10	CARDIAC STRESS LAB	20,000	0	20,000	211,500	156	6.00
7.00	76.01	PAIN CLINIC	240,000	240,000	0	0	0	7.00
8.00	91.00	EMERGENCY	3,346,825	3,273,825	73,000	211,500	416	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			5,825,844	5,700,132	125,712		812	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	9,762	488	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	5,525	276	0	0	0	4.00
5.00	65.00	RESPIRATORY THERAPY	9,762	488	0	0	0	5.00
6.00	65.10	CARDIAC STRESS LAB	15,863	793	0	0	0	6.00
7.00	76.01	PAIN CLINIC	0	0	0	0	0	7.00
8.00	91.00	EMERGENCY	42,300	2,115	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			83,212	4,160	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	1,435		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,034,384		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	9,762	2,238	2,238		3.00
4.00	53.00	ANESTHESIOLOGY	0	5,525	3,187	1,153,675		4.00
5.00	65.00	RESPIRATORY THERAPY	0	9,762	2,238	2,238		5.00
6.00	65.10	CARDIAC STRESS LAB	0	15,863	4,137	4,137		6.00
7.00	76.01	PAIN CLINIC	0	0	0	240,000		7.00
8.00	91.00	EMERGENCY	0	42,300	30,700	3,304,525		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	83,212	42,500	5,742,632		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/28/2020 11:00 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	4.00	4A
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,861,314	1,861,314			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,908,374		2,908,374		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,960,371	0	0	8,960,371	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	8,344,710	353,147	1,447,247	665,739	10,810,843
6.00	00600	MAINTENANCE & REPAIRS	1,742,170	255,694	18,269	188,318	2,204,451
7.00	00700	OPERATION OF PLANT	782,966	108,741	91,450	0	983,157
8.00	00800	LAUNDRY & LINEN SERVICE	236,858	7,068	0	0	243,926
9.00	00900	HOUSEKEEPING	877,576	8,758	12,021	238,688	1,137,043
10.00	01000	DIETARY	488,087	35,441	26,935	104,722	655,185
11.00	01100	CAFETERIA	307,472	25,314	3,315	95,783	431,884
13.00	01300	NURSING ADMINISTRATION	1,314,107	4,895	235,745	306,291	1,861,038
14.00	01400	CENTRAL SERVICES & SUPPLY	45,388	8,421	0	75,710	129,519
16.00	01600	MEDICAL RECORDS & LIBRARY	506,152	8,569	498	177,647	692,866
17.00	01700	SOCIAL SERVICE	442,961	0	0	0	442,961
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,885,353	234,218	15,215	1,872,794	9,007,580
31.00	03100	INTENSIVE CARE UNIT	1,583,936	48,151	42,091	442,980	2,117,158
43.00	04300	NURSERY	354,360	8,503	1,312	100,604	464,779
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,251,167	166,240	261,170	624,771	3,303,348
51.00	05100	RECOVERY ROOM	1,069,496	70,201	0	355,804	1,495,501
52.00	05200	DELIVERY ROOM & LABOR ROOM	821,364	35,375	37,284	237,972	1,131,995
53.00	05300	ANESTHESIOLOGY	263,995	1,574	13,830	1,615	281,014
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,075,786	67,782	152,749	459,300	2,755,617
56.00	05600	RADIOISOTOPE	451,396	4,518	0	61,858	517,772
57.00	05700	CT SCAN	728,247	8,372	110,714	128,123	975,456
58.00	05800	MRI	305,466	8,774	149,467	93,195	556,902
60.00	06000	LABORATORY	2,727,751	74,145	93,773	527,155	3,422,824
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	394,858	0	0	0	394,858
65.00	06500	RESPIRATORY THERAPY	654,948	9,840	48,085	186,442	899,315
65.10	06501	CARDIAC STRESS LAB	310,962	10,053	14,517	104,496	440,028
65.20	06502	CARDIAC REHAB	39,384	1,894	138	15,733	57,149
66.00	06600	PHYSICAL THERAPY	921,544	75,957	15,596	294,577	1,307,674
67.00	06700	OCCUPATIONAL THERAPY	224,607	22,042	253	73,127	320,029
68.00	06800	SPEECH PATHOLOGY	196,316	20,582	221	63,792	280,911
69.00	06900	ELECTROCARDIOLOGY	65,225	918	0	22,875	89,018
70.00	07000	ELECTROENCEPHALOGRAPHY	11,147	0	12,845	2,332	26,324
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,789,757	0	0	0	1,789,757
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,820,750	0	0	0	1,820,750
73.00	07300	DRUGS CHARGED TO PATIENTS	4,271,091	14,366	41,355	301,250	4,628,062
76.00	03610	SLEEP LAB	152,067	7,700	0	47,131	206,898
76.01	03020	PAIN CLINIC	43,675	0	0	14,996	58,671
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	2,982,192	72,849	48,616	975,024	4,078,681
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	62,215,346	1,780,102	2,894,711	8,860,844	62,020,944
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	149,521	5,961	0	21,644	177,126
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,566	0	0	0	1,566
193.00	19300	NONPAID WORKERS	3,952	35,629	0	0	39,581
194.00	07950	PHYSICIAN PRACTICES	0	0	13,236	0	13,236
194.20	07952	FUND DEVELOPMENT	198,696	0	0	0	198,696
194.30	07953	PUBLIC RELATIONS/MARKETING	71	951	0	0	1,022
194.40	07954	INDUSTRIAL MEDICINE	-8,146	23,985	427	0	16,266
194.50	07955	FOUNDATION	95,843	0	0	0	95,843
194.70	07956	FITNESS CENTER	227,695	14,686	0	77,883	320,264
200.00		Cross Foot Adjustments				0	0
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	62,884,544	1,861,314	2,908,374	8,960,371	62,884,544

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,810,843					5.00
6.00	00600	MAINTENANCE & REPAIRS	457,659	2,662,110				6.00
7.00	00700	OPERATION OF PLANT	204,110	231,126	1,418,393			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	50,641	15,024	8,766	318,357		8.00
9.00	00900	HOUSEKEEPING	236,058	18,614	10,861	0	1,402,576	9.00
10.00	01000	DIETARY	136,021	75,328	43,951	0	44,071	10.00
11.00	01100	CAFETERIA	89,662	53,803	31,392	0	31,478	11.00
13.00	01300	NURSING ADMINISTRATION	386,365	10,405	6,071	0	6,088	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	26,889	17,900	10,444	0	10,472	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	143,844	18,213	10,627	0	10,656	16.00
17.00	01700	SOCIAL SERVICE	91,962	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,870,017	497,827	290,464	48,029	291,254	30.00
31.00	03100	INTENSIVE CARE UNIT	439,537	102,343	59,714	15,918	59,876	31.00
43.00	04300	NURSERY	96,491	18,074	10,545	2,908	10,574	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	685,798	353,339	206,161	68,764	206,722	50.00
51.00	05100	RECOVERY ROOM	310,476	149,210	87,059	27,697	87,296	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	235,010	75,189	43,870	0	43,990	52.00
53.00	05300	ANESTHESIOLOGY	58,340	3,346	1,952	0	1,958	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	572,085	144,068	84,059	53,484	84,288	54.00
56.00	05600	RADIOISOTOPE	107,493	9,603	5,603	0	5,619	56.00
57.00	05700	CT SCAN	202,511	17,795	10,383	10,379	10,411	57.00
58.00	05800	MRI	115,617	18,649	10,881	11,143	10,911	58.00
60.00	06000	LABORATORY	710,602	157,593	91,950	0	92,201	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	81,975	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	186,704	20,915	12,203	0	12,236	65.00
65.10	06501	CARDIAC STRESS LAB	91,353	21,368	12,467	0	12,501	65.10
65.20	06502	CARDIAC REHAB	11,865	4,026	2,349	0	2,355	65.20
66.00	06600	PHYSICAL THERAPY	271,482	161,445	94,198	15,918	94,454	66.00
67.00	06700	OCCUPATIONAL THERAPY	66,440	46,849	27,335	0	27,409	67.00
68.00	06800	SPEECH PATHOLOGY	58,319	43,747	25,525	0	25,594	68.00
69.00	06900	ELECTROCARDIOLOGY	18,481	1,952	1,139	0	1,142	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,465	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	371,566	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	378,000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	960,818	30,536	17,816	0	17,865	73.00
76.00	03610	SLEEP LAB	42,953	16,366	9,549	1,592	9,575	76.00
76.01	03020	PAIN CLINIC	12,181	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	846,763	154,840	90,343	62,525	90,589	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,631,553	2,489,493	1,317,677	318,357	1,301,585	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	36,773	12,671	7,393	0	7,413	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	325	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	8,217	75,729	44,185	0	44,306	193.00
194.00	07950	PHYSICIAN PRACTICES	2,748	0	0	0	0	194.00
194.20	07952	FUND DEVELOPMENT	41,251	0	0	0	0	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	212	2,022	1,180	0	1,183	194.30
194.40	07954	INDUSTRIAL MEDICINE	3,377	50,980	29,745	0	29,826	194.40
194.50	07955	FOUNDATION	19,898	0	0	0	0	194.50
194.70	07956	FITNESS CENTER	66,489	31,215	18,213	0	18,263	194.70
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)	10,810,843	2,662,110	1,418,393	318,357	1,402,576	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
			10.00	11.00	13.00	14.00	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	954,556					10.00
11.00	01100	CAFETERIA	0	638,219				11.00
13.00	01300	NURSING ADMINISTRATION	0	13,850	2,283,817			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	11,602	86,364	293,190		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	20,922	0	0	897,128	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	805,932	158,510	1,179,878	19,254	63,673	30.00
31.00	03100	INTENSIVE CARE UNIT	104,464	30,052	223,697	4,072	10,660	31.00
43.00	04300	NURSERY	13,110	7,539	56,117	1,916	3,798	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	55,401	412,384	0	104,707	50.00
51.00	05100	RECOVERY ROOM	0	25,885	192,678	2,447	28,881	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,050	17,827	132,699	3,487	8,991	52.00
53.00	05300	ANESTHESIOLOGY	0	11,015	0	5,565	29,655	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	37,557	0	4,503	53,669	54.00
56.00	05600	RADIOISOTOPE	0	3,977	0	126	14,036	56.00
57.00	05700	CT SCAN	0	10,098	0	6,454	90,961	57.00
58.00	05800	MRI	0	6,294	0	2,180	26,027	58.00
60.00	06000	LABORATORY	0	51,908	0	4,605	158,810	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	5,176	63.00
65.00	06500	RESPIRATORY THERAPY	0	15,372	0	5,516	27,002	65.00
65.10	06501	CARDIAC STRESS LAB	0	7,262	0	643	23,857	65.10
65.20	06502	CARDIAC REHAB	0	1,141	0	69	2,146	65.20
66.00	06600	PHYSICAL THERAPY	0	17,896	0	764	19,075	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,718	0	35	3,503	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,375	0	34	2,203	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,833	0	0	7,504	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	156	0	0	198	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	106,637	29,766	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	108,485	25,091	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,798	0	2,559	89,931	73.00
76.00	03610	SLEEP LAB	0	3,112	0	372	2,849	76.00
76.01	03020	PAIN CLINIC	0	1,055	0	0	7,692	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	91,350	0	13,467	57,267	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	954,556	629,505	2,283,817	293,190	897,128	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,729	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	PHYSICIAN PRACTICES	0	0	0	0	0	194.00
194.20	07952	FUND DEVELOPMENT	0	0	0	0	0	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	0	0	0	0	0	194.30
194.40	07954	INDUSTRIAL MEDICINE	0	484	0	0	0	194.40
194.50	07955	FOUNDATION	0	0	0	0	0	194.50
194.70	07956	FITNESS CENTER	0	6,501	0	0	0	194.70
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)	954,556	638,219	2,283,817	293,190	897,128	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/28/2020 11:00 am

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	534,923					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	446,840	0	14,679,258	0	14,679,258	30.00
31.00	03100	INTENSIVE CARE UNIT	54,142	0	3,221,633	0	3,221,633	31.00
43.00	04300	NURSERY	33,941	0	719,792	0	719,792	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	5,396,624	0	5,396,624	50.00
51.00	05100	RECOVERY ROOM	0	0	2,407,130	0	2,407,130	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,724,108	0	1,724,108	52.00
53.00	05300	ANESTHESIOLOGY	0	0	392,845	0	392,845	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,789,330	0	3,789,330	54.00
56.00	05600	RADIOISOTOPE	0	0	664,229	0	664,229	56.00
57.00	05700	CT SCAN	0	0	1,334,448	0	1,334,448	57.00
58.00	05800	MRI	0	0	758,604	0	758,604	58.00
60.00	06000	LABORATORY	0	0	4,690,493	0	4,690,493	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	482,009	0	482,009	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,179,263	0	1,179,263	65.00
65.10	06501	CARDIAC STRESS LAB	0	0	609,479	0	609,479	65.10
65.20	06502	CARDIAC REHAB	0	0	81,100	0	81,100	65.20
66.00	06600	PHYSICAL THERAPY	0	0	1,982,906	0	1,982,906	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	495,318	0	495,318	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	440,708	0	440,708	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	121,069	0	121,069	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	32,143	0	32,143	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	2,297,726	0	2,297,726	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,332,326	0	2,332,326	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	5,767,385	0	5,767,385	73.00
76.00	03610	SLEEP LAB	0	0	293,266	0	293,266	76.00
76.01	03020	PAIN CLINIC	0	0	79,599	0	79,599	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	5,485,825	0	5,485,825	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	534,923	0	61,458,616	0	61,458,616	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	243,105	0	243,105	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,891	0	1,891	192.00
193.00	19300	NONPAID WORKERS	0	0	212,018	0	212,018	193.00
194.00	07950	PHYSICIAN PRACTICES	0	0	15,984	0	15,984	194.00
194.20	07952	FUND DEVELOPMENT	0	0	239,947	0	239,947	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	0	0	5,619	0	5,619	194.30
194.40	07954	INDUSTRIAL MEDICINE	0	0	130,678	0	130,678	194.40
194.50	07955	FOUNDATION	0	0	115,741	0	115,741	194.50
194.70	07956	FITNESS CENTER	0	0	460,945	0	460,945	194.70
200.00		Cross Foot Adjustments		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)	534,923	0	62,884,544	0	62,884,544	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	15,517	353,147	1,447,247	1,815,911	0 5.00
6.00	00600	MAINTENANCE & REPAIRS	15,502	255,694	18,269	289,465	0 6.00
7.00	00700	OPERATION OF PLANT	0	108,741	91,450	200,191	0 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	7,068	0	7,068	0 8.00
9.00	00900	HOUSEKEEPING	0	8,758	12,021	20,779	0 9.00
10.00	01000	DIETARY	0	35,441	26,935	62,376	0 10.00
11.00	01100	CAFETERIA	0	25,314	3,315	28,629	0 11.00
13.00	01300	NURSING ADMINISTRATION	0	4,895	235,745	240,640	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,421	0	8,421	0 14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,569	498	9,067	0 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	9,399	234,218	15,215	258,832	0 30.00
31.00	03100	INTENSIVE CARE UNIT	3,218	48,151	42,091	93,460	0 31.00
43.00	04300	NURSERY	0	8,503	1,312	9,815	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	166,972	166,240	261,170	594,382	0 50.00
51.00	05100	RECOVERY ROOM	0	70,201	0	70,201	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	35,375	37,284	72,659	0 52.00
53.00	05300	ANESTHESIOLOGY	0	1,574	13,830	15,404	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	70,629	67,782	152,749	291,160	0 54.00
56.00	05600	RADIOISOTOPE	0	4,518	0	4,518	0 56.00
57.00	05700	CT SCAN	0	8,372	110,714	119,086	0 57.00
58.00	05800	MRI	0	8,774	149,467	158,241	0 58.00
60.00	06000	LABORATORY	68,067	74,145	93,773	235,985	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	2,382	9,840	48,085	60,307	0 65.00
65.10	06501	CARDIAC STRESS LAB	0	10,053	14,517	24,570	0 65.10
65.20	06502	CARDIAC REHAB	0	1,894	138	2,032	0 65.20
66.00	06600	PHYSICAL THERAPY	6,318	75,957	15,596	97,871	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	22,042	253	22,295	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	20,582	221	20,803	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	918	0	918	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	12,845	12,845	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	86,600	14,366	41,355	142,321	0 73.00
76.00	03610	SLEEP LAB	2,574	7,700	0	10,274	0 76.00
76.01	03020	PAIN CLINIC	0	0	0	0	0 76.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	72,849	48,616	121,465	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	447,178	1,780,102	2,894,711	5,121,991	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,961	0	5,961	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
193.00	19300	NONPAID WORKERS	0	35,629	0	35,629	0 193.00
194.00	07950	PHYSICIAN PRACTICES	0	0	13,236	13,236	0 194.00
194.20	07952	FUND DEVELOPMENT	0	0	0	0	0 194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	0	951	0	951	0 194.30
194.40	07954	INDUSTRIAL MEDICINE	0	23,985	427	24,412	0 194.40
194.50	07955	FOUNDATION	0	0	0	0	0 194.50
194.70	07956	FITNESS CENTER	0	14,686	0	14,686	0 194.70
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)	447,178	1,861,314	2,908,374	5,216,866	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
2/28/2020 11:00 am

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,815,911					5.00
6.00	00600	MAINTENANCE & REPAIRS	76,874	366,339				6.00
7.00	00700	OPERATION OF PLANT	34,285	31,806	266,282			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,506	2,067	1,646	19,287		8.00
9.00	00900	HOUSEKEEPING	39,651	2,562	2,039	0	65,031	9.00
10.00	01000	DIETARY	22,848	10,366	8,251	0	2,043	10.00
11.00	01100	CAFETERIA	15,061	7,404	5,893	0	1,459	11.00
13.00	01300	NURSING ADMINISTRATION	64,898	1,432	1,140	0	282	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,517	2,463	1,961	0	486	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	24,162	2,506	1,995	0	494	16.00
17.00	01700	SOCIAL SERVICE	15,447	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	314,106	68,506	54,528	2,910	13,503	30.00
31.00	03100	INTENSIVE CARE UNIT	73,830	14,084	11,210	964	2,776	31.00
43.00	04300	NURSERY	16,208	2,487	1,980	176	490	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	115,194	48,624	38,704	4,167	9,585	50.00
51.00	05100	RECOVERY ROOM	52,151	20,533	16,344	1,678	4,048	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	39,475	10,347	8,236	0	2,040	52.00
53.00	05300	ANESTHESIOLOGY	9,800	461	367	0	91	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	96,094	19,826	15,781	3,240	3,908	54.00
56.00	05600	RADIOISOTOPE	18,056	1,322	1,052	0	261	56.00
57.00	05700	CT SCAN	34,016	2,449	1,949	629	483	57.00
58.00	05800	MRI	19,420	2,566	2,043	675	506	58.00
60.00	06000	LABORATORY	119,361	21,687	17,262	0	4,275	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	13,769	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	31,361	2,878	2,291	0	567	65.00
65.10	06501	CARDIAC STRESS LAB	15,345	2,940	2,341	0	580	65.10
65.20	06502	CARDIAC REHAB	1,993	554	441	0	109	65.20
66.00	06600	PHYSICAL THERAPY	45,601	22,217	17,684	964	4,379	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,160	6,447	5,132	0	1,271	67.00
68.00	06800	SPEECH PATHOLOGY	9,796	6,020	4,792	0	1,187	68.00
69.00	06900	ELECTROCARDIOLOGY	3,104	269	214	0	53	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	918	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	62,412	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	63,493	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	161,390	4,202	3,345	0	828	73.00
76.00	03610	SLEEP LAB	7,215	2,252	1,793	96	444	76.00
76.01	03020	PAIN CLINIC	2,046	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	142,232	21,308	16,961	3,788	4,200	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,785,795	342,585	247,375	19,287	60,348	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,177	1,744	1,388	0	344	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	55	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	1,380	10,421	8,295	0	2,054	193.00
194.00	07950	PHYSICIAN PRACTICES	462	0	0	0	0	194.00
194.20	07952	FUND DEVELOPMENT	6,929	0	0	0	0	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	36	278	221	0	55	194.30
194.40	07954	INDUSTRIAL MEDICINE	567	7,015	5,584	0	1,383	194.40
194.50	07955	FOUNDATION	3,342	0	0	0	0	194.50
194.70	07956	FITNESS CENTER	11,168	4,296	3,419	0	847	194.70
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)	1,815,911	366,339	266,282	19,287	65,031	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
2/28/2020 11:00 am

Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	
			10.00	11.00	13.00	14.00	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	105,884					10.00
11.00	01100	CAFETERIA	0	58,446				11.00
13.00	01300	NURSING ADMINISTRATION	0	1,268	309,660			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,063	11,710	30,621		14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,916	0	0	40,140	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	89,398	14,517	159,977	2,011	2,849	30.00
31.00	03100	INTENSIVE CARE UNIT	11,588	2,752	30,331	425	477	31.00
43.00	04300	NURSERY	1,454	690	7,609	200	170	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	5,073	55,915	0	4,686	50.00
51.00	05100	RECOVERY ROOM	0	2,370	26,125	256	1,292	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,444	1,633	17,993	364	402	52.00
53.00	05300	ANESTHESIOLOGY	0	1,009	0	581	1,327	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,439	0	470	2,402	54.00
56.00	05600	RADIOISOTOPE	0	364	0	13	628	56.00
57.00	05700	CT SCAN	0	925	0	674	4,070	57.00
58.00	05800	MRI	0	576	0	228	1,165	58.00
60.00	06000	LABORATORY	0	4,754	0	481	7,099	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	232	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,408	0	576	1,208	65.00
65.10	06501	CARDIAC STRESS LAB	0	665	0	67	1,068	65.10
65.20	06502	CARDIAC REHAB	0	105	0	7	96	65.20
66.00	06600	PHYSICAL THERAPY	0	1,639	0	80	854	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	340	0	4	157	67.00
68.00	06800	SPEECH PATHOLOGY	0	401	0	4	99	68.00
69.00	06900	ELECTROCARDIOLOGY	0	168	0	0	336	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14	0	0	9	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	11,138	1,332	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,329	1,123	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,813	0	267	4,024	73.00
76.00	03610	SLEEP LAB	0	285	0	39	128	76.00
76.01	03020	PAIN CLINIC	0	97	0	0	344	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	8,365	0	1,407	2,563	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	105,884	57,649	309,660	30,621	40,140	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	158	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	PHYSICIAN PRACTICES	0	0	0	0	0	194.00
194.20	07952	FUND DEVELOPMENT	0	0	0	0	0	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	0	0	0	0	0	194.30
194.40	07954	INDUSTRIAL MEDICINE	0	44	0	0	0	194.40
194.50	07955	FOUNDATION	0	0	0	0	0	194.50
194.70	07956	FITNESS CENTER	0	595	0	0	0	194.70
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)	105,884	58,446	309,660	30,621	40,140	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
2/28/2020 11:00 am

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	15,447					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,904		994,041	0	994,041	30.00
31.00	03100	INTENSIVE CARE UNIT	1,563		243,460	0	243,460	31.00
43.00	04300	NURSERY	980		42,259	0	42,259	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0		876,330	0	876,330	50.00
51.00	05100	RECOVERY ROOM	0		194,998	0	194,998	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		156,593	0	156,593	52.00
53.00	05300	ANESTHESIOLOGY	0		29,040	0	29,040	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		436,320	0	436,320	54.00
56.00	05600	RADIOISOTOPE	0		26,214	0	26,214	56.00
57.00	05700	CT SCAN	0		164,281	0	164,281	57.00
58.00	05800	MRI	0		185,420	0	185,420	58.00
60.00	06000	LABORATORY	0		410,904	0	410,904	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		14,001	0	14,001	63.00
65.00	06500	RESPIRATORY THERAPY	0		100,596	0	100,596	65.00
65.10	06501	CARDIAC STRESS LAB	0		47,576	0	47,576	65.10
65.20	06502	CARDIAC REHAB	0		5,337	0	5,337	65.20
66.00	06600	PHYSICAL THERAPY	0		191,289	0	191,289	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		46,806	0	46,806	67.00
68.00	06800	SPEECH PATHOLOGY	0		43,102	0	43,102	68.00
69.00	06900	ELECTROCARDIOLOGY	0		5,062	0	5,062	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		13,786	0	13,786	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		74,882	0	74,882	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		75,945	0	75,945	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		318,190	0	318,190	73.00
76.00	03610	SLEEP LAB	0		22,526	0	22,526	76.00
76.01	03020	PAIN CLINIC	0		2,487	0	2,487	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0		322,289	0	322,289	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,447	0	5,043,734	0	5,043,734	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		15,772	0	15,772	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		55	0	55	192.00
193.00	19300	NONPAID WORKERS	0		57,779	0	57,779	193.00
194.00	07950	PHYSICIAN PRACTICES	0		13,698	0	13,698	194.00
194.20	07952	FUND DEVELOPMENT	0		6,929	0	6,929	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	0		1,541	0	1,541	194.30
194.40	07954	INDUSTRIAL MEDICINE	0		39,005	0	39,005	194.40
194.50	07955	FOUNDATION	0		3,342	0	3,342	194.50
194.70	07956	FITNESS CENTER	0		35,011	0	35,011	194.70
200.00		Cross Foot Adjustments		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)	15,447	0	5,216,866	0	5,216,866	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/28/2020 11:00 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	226,988				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2,529,581			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	25,549,748		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	43,066	1,258,756	1,898,298	-10,810,843	5.00
6.00	00600	MAINTENANCE & REPAIRS	31,182	15,890	536,974	0	6.00
7.00	00700	OPERATION OF PLANT	13,261	79,539	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	862	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,068	10,455	680,598	0	9.00
10.00	01000	DIETARY	4,322	23,427	298,607	0	10.00
11.00	01100	CAFETERIA	3,087	2,883	273,117	0	11.00
13.00	01300	NURSING ADMINISTRATION	597	205,041	873,363	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,027	0	215,881	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,045	433	506,544	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	28,563	13,233	5,340,122	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,872	36,609	1,263,120	0	31.00
43.00	04300	NURSERY	1,037	1,141	286,864	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	20,273	227,155	1,781,481	0	50.00
51.00	05100	RECOVERY ROOM	8,561	0	1,014,545	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,314	32,428	678,556	0	52.00
53.00	05300	ANESTHESIOLOGY	192	12,029	4,605	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,266	132,855	1,309,655	0	54.00
56.00	05600	RADIOISOTOPE	551	0	176,384	0	56.00
57.00	05700	CT SCAN	1,021	96,294	365,332	0	57.00
58.00	05800	MRI	1,070	130,000	265,737	0	58.00
60.00	06000	LABORATORY	9,042	81,560	1,503,138	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,200	41,822	531,625	0	65.00
65.10	06501	CARDIAC STRESS LAB	1,226	12,626	297,962	0	65.10
65.20	06502	CARDIAC REHAB	231	120	44,860	0	65.20
66.00	06600	PHYSICAL THERAPY	9,263	13,565	839,962	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,688	220	208,515	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,510	192	181,898	0	68.00
69.00	06900	ELECTROCARDIOLOGY	112	0	65,225	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,172	6,650	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,752	35,969	858,989	0	73.00
76.00	03610	SLEEP LAB	939	0	134,391	0	76.00
76.01	03020	PAIN CLINIC	0	0	42,759	0	76.01
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	8,884	42,284	2,780,199	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	217,084	2,517,698	25,265,956	-10,810,843	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	727	0	61,716	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	4,345	0	0	0	193.00
194.00	07950	PHYSICIAN PRACTICES	0	11,512	0	0	194.00
194.20	07952	FUND DEVELOPMENT	0	0	0	0	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	116	0	0	0	194.30
194.40	07954	INDUSTRIAL MEDICINE	2,925	371	0	0	194.40
194.50	07955	FOUNDATION	0	0	0	0	194.50
194.70	07956	FITNESS CENTER	1,791	0	222,076	0	194.70
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)	1,861,314	2,908,374	8,960,371	10,810,843	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.200055	1.149745	0.350703	0.207607	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0	1,815,911	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000	0.034872	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/28/2020 11:00 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5A	5.00	
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: 14-0064

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/28/2020 11:00 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	152,740					6.00
7.00	00700	OPERATION OF PLANT	13,261	139,479				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	862	862	409,740			8.00
9.00	00900	HOUSEKEEPING	1,068	1,068	0	137,549		9.00
10.00	01000	DIETARY	4,322	4,322	0	4,322	61,670	10.00
11.00	01100	CAFETERIA	3,087	3,087	0	3,087	0	11.00
13.00	01300	NURSING ADMINISTRATION	597	597	0	597	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,027	1,027	0	1,027	0	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,045	1,045	0	1,045	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	28,563	28,563	61,815	28,563	52,068	30.00
31.00	03100	INTENSIVE CARE UNIT	5,872	5,872	20,487	5,872	6,749	31.00
43.00	04300	NURSERY	1,037	1,037	3,743	1,037	847	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,273	20,273	88,504	20,273	0	50.00
51.00	05100	RECOVERY ROOM	8,561	8,561	35,647	8,561	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,314	4,314	0	4,314	2,006	52.00
53.00	05300	ANESTHESIOLOGY	192	192	0	192	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,266	8,266	68,836	8,266	0	54.00
56.00	05600	RADIOISOTOPE	551	551	0	551	0	56.00
57.00	05700	CT SCAN	1,021	1,021	13,358	1,021	0	57.00
58.00	05800	MRI	1,070	1,070	14,341	1,070	0	58.00
60.00	06000	LABORATORY	9,042	9,042	0	9,042	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,200	1,200	0	1,200	0	65.00
65.10	06501	CARDIAC STRESS LAB	1,226	1,226	0	1,226	0	65.10
65.20	06502	CARDIAC REHAB	231	231	0	231	0	65.20
66.00	06600	PHYSICAL THERAPY	9,263	9,263	20,487	9,263	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,688	2,688	0	2,688	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,510	2,510	0	2,510	0	68.00
69.00	06900	ELECTROCARDIOLOGY	112	112	0	112	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,752	1,752	0	1,752	0	73.00
76.00	03610	SLEEP LAB	939	939	2,049	939	0	76.00
76.01	03020	PAIN CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	8,884	8,884	80,473	8,884	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	142,836	129,575	409,740	127,645	61,670	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	727	727	0	727	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	4,345	4,345	0	4,345	0	193.00
194.00	07950	PHYSICIAN PRACTICES	0	0	0	0	0	194.00
194.20	07952	FUND DEVELOPMENT	0	0	0	0	0	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	116	116	0	116	0	194.30
194.40	07954	INDUSTRIAL MEDICINE	2,925	2,925	0	2,925	0	194.40
194.50	07955	FOUNDATION	0	0	0	0	0	194.50
194.70	07956	FITNESS CENTER	1,791	1,791	0	1,791	0	194.70
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,662,110	1,418,393	318,357	1,402,576	954,556	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.429030	10.169223	0.776973	10.196919	15.478450	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	366,339	266,282	19,287	65,031	105,884	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.398448	1.909119	0.047071	0.472784	1.716945	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: 14-0064

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/28/2020 11:00 am

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			11.00	13.00	14.00	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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	36,910					11.00
13.00	01300	NURSING ADMINISTRATION	801	17,744				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	671	671	4,920,781			14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,210	0	0	409,584,094		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	14,405	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,167	9,167	323,154	29,074,391	12,033	30.00
31.00	03100	INTENSIVE CARE UNIT	1,738	1,738	68,344	4,867,547	1,458	31.00
43.00	04300	NURSERY	436	436	32,160	1,734,317	914	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,204	3,204	0	47,811,442	0	50.00
51.00	05100	RECOVERY ROOM	1,497	1,497	41,068	13,187,597	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,031	1,031	58,526	4,105,407	0	52.00
53.00	05300	ANESTHESIOLOGY	637	0	93,406	13,540,964	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,172	0	75,579	24,506,177	0	54.00
56.00	05600	RADIOISOTOPE	230	0	2,122	6,409,148	0	56.00
57.00	05700	CT SCAN	584	0	108,323	41,534,571	0	57.00
58.00	05800	MRI	364	0	36,594	11,884,653	0	58.00
60.00	06000	LABORATORY	3,002	0	77,291	72,452,553	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,363,563	0	63.00
65.00	06500	RESPIRATORY THERAPY	889	0	92,576	12,329,906	0	65.00
65.10	06501	CARDIAC STRESS LAB	420	0	10,788	10,893,736	0	65.10
65.20	06502	CARDIAC REHAB	66	0	1,151	979,984	0	65.20
66.00	06600	PHYSICAL THERAPY	1,035	0	12,815	8,710,272	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	215	0	591	1,599,563	0	67.00
68.00	06800	SPEECH PATHOLOGY	253	0	569	1,006,128	0	68.00
69.00	06900	ELECTROCARDIOLOGY	106	0	0	3,426,379	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9	0	0	90,184	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,789,757	13,591,614	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,820,750	11,456,883	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,145	0	42,951	41,064,390	0	73.00
76.00	03610	SLEEP LAB	180	0	6,248	1,301,088	0	76.00
76.01	03020	PAIN CLINIC	61	0	0	3,512,392	0	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	5,283	0	226,018	26,149,245	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	36,406	17,744	4,920,781	409,584,094	14,405	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	100	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	PHYSICIAN PRACTICES	0	0	0	0	0	194.00
194.20	07952	FUND DEVELOPMENT	0	0	0	0	0	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	0	0	0	0	0	194.30
194.40	07954	INDUSTRIAL MEDICINE	28	0	0	0	0	194.40
194.50	07955	FOUNDATION	0	0	0	0	0	194.50
194.70	07956	FITNESS CENTER	376	0	0	0	0	194.70
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)	638,219	2,283,817	293,190	897,128	534,923	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.291222	128.709254	0.059582	0.002190	37.134537	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	58,446	309,660	30,621	40,140	15,447	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.583473	17.451533	0.006223	0.000098	1.072336	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/28/2020 11:00 am

Cost Center Description			CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVE NUE)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	11.00	13.00	14.00	16.00	17.00	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019

Worksheet B-1

Date/Time Prepared:
2/28/2020 11:00 am

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
60.00	06000	LABORATORY	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
65.10	06501	CARDIAC STRESS LAB	65.10
65.20	06502	CARDIAC REHAB	65.20
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
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
76.00	03610	SLEEP LAB	76.00
76.01	03020	PAIN CLINIC	76.01
OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
193.00	19300	NONPAID WORKERS	193.00
194.00	07950	PHYSICIAN PRACTICES	194.00
194.20	07952	FUND DEVELOPMENT	194.20
194.30	07953	PUBLIC RELATIONS/MARKETING	194.30
194.40	07954	INDUSTRIAL MEDICINE	194.40
194.50	07955	FOUNDATION	194.50
194.70	07956	FITNESS CENTER	194.70
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)	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	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: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
Date/Time Prepared:
2/28/2020 11:00 am

			Title XVIII	Hospital	PPS			
	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,679,258		14,679,258	0	14,679,258	30.00
31.00	03100	INTENSIVE CARE UNIT	3,221,633		3,221,633	2,238	3,223,871	31.00
43.00	04300	NURSERY	719,792		719,792	0	719,792	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,396,624		5,396,624	0	5,396,624	50.00
51.00	05100	RECOVERY ROOM	2,407,130		2,407,130	0	2,407,130	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,724,108		1,724,108	0	1,724,108	52.00
53.00	05300	ANESTHESIOLOGY	392,845		392,845	3,187	396,032	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,789,330		3,789,330	0	3,789,330	54.00
56.00	05600	RADIOISOTOPE	664,229		664,229	0	664,229	56.00
57.00	05700	CT SCAN	1,334,448		1,334,448	0	1,334,448	57.00
58.00	05800	MRI	758,604		758,604	0	758,604	58.00
60.00	06000	LABORATORY	4,690,493		4,690,493	0	4,690,493	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	482,009		482,009	0	482,009	63.00
65.00	06500	RESPIRATORY THERAPY	1,179,263	0	1,179,263	2,238	1,181,501	65.00
65.10	06501	CARDIAC STRESS LAB	609,479	0	609,479	4,137	613,616	65.10
65.20	06502	CARDIAC REHAB	81,100	0	81,100	0	81,100	65.20
66.00	06600	PHYSICAL THERAPY	1,982,906	0	1,982,906	0	1,982,906	66.00
67.00	06700	OCCUPATIONAL THERAPY	495,318	0	495,318	0	495,318	67.00
68.00	06800	SPEECH PATHOLOGY	440,708	0	440,708	0	440,708	68.00
69.00	06900	ELECTROCARDIOLOGY	121,069		121,069	0	121,069	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	32,143		32,143	0	32,143	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,297,726		2,297,726	0	2,297,726	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,332,326		2,332,326	0	2,332,326	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,767,385		5,767,385	0	5,767,385	73.00
76.00	03610	SLEEP LAB	293,266		293,266	0	293,266	76.00
76.01	03020	PAIN CLINIC	79,599		79,599	0	79,599	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	5,485,825		5,485,825	30,700	5,516,525	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,241,793		1,241,793		1,241,793	92.00
200.00		Subtotal (see instructions)	62,700,409	0	62,700,409	42,500	62,742,909	200.00
201.00		Less Observation Beds	1,241,793		1,241,793		1,241,793	201.00
202.00		Total (see instructions)	61,458,616	0	61,458,616	42,500	61,501,116	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0064		Period: From 10/01/2018 To 09/30/2019		Worksheet C Part I Date/Time Prepared: 2/28/2020 11:00 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
				Inpatient	Outpatient	Total (col. 6 + col. 7)			
				6.00	7.00	8.00			
				9.00					
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	26,572,167		26,572,167				30.00
31.00	03100	INTENSIVE CARE UNIT	4,867,547		4,867,547				31.00
43.00	04300	NURSERY	1,734,317		1,734,317				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	13,229,727	34,581,715	47,811,442	0.112873	0.000000		50.00
51.00	05100	RECOVERY ROOM	2,133,763	11,053,834	13,187,597	0.182530	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,184,244	921,163	4,105,407	0.419960	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	4,871,057	8,669,907	13,540,964	0.029012	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,539,325	20,966,852	24,506,177	0.154628	0.000000		54.00
56.00	05600	RADIOISOTOPE	431,107	5,978,041	6,409,148	0.103638	0.000000		56.00
57.00	05700	CT SCAN	6,871,446	34,663,125	41,534,571	0.032129	0.000000		57.00
58.00	05800	MRI	1,170,427	10,714,226	11,884,653	0.063831	0.000000		58.00
60.00	06000	LABORATORY	19,248,865	53,203,688	72,452,553	0.064739	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	703,666	1,659,897	2,363,563	0.203933	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	10,520,870	1,809,036	12,329,906	0.095642	0.000000		65.00
65.10	06501	CARDIAC STRESS LAB	2,683,826	8,209,910	10,893,736	0.055948	0.000000		65.10
65.20	06502	CARDIAC REHAB	621	979,363	979,984	0.082756	0.000000		65.20
66.00	06600	PHYSICAL THERAPY	1,551,702	7,158,570	8,710,272	0.227651	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	660,838	938,725	1,599,563	0.309658	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	525,788	480,340	1,006,128	0.438024	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	1,046,958	2,379,421	3,426,379	0.035334	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,285	79,899	90,184	0.356416	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,563,770	9,027,844	13,591,614	0.169055	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,028,536	4,428,347	11,456,883	0.203574	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,791,969	21,272,421	41,064,390	0.140447	0.000000		73.00
76.00	03610	SLEEP LAB	12,380	1,288,708	1,301,088	0.225401	0.000000		76.00
76.01	03020	PAIN CLINIC	8,810	3,503,582	3,512,392	0.022662	0.000000		76.01
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	4,745,571	21,403,674	26,149,245	0.209789	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	886,914	1,615,310	2,502,224	0.496276	0.000000		92.00
200.00		Subtotal (see instructions)	142,596,496	266,987,598	409,584,094				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	142,596,496	266,987,598	409,584,094				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
Date/Time Prepared:
2/28/2020 11:00 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.112873			50.00
51.00	05100	RECOVERY ROOM	0.182530			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.419960			52.00
53.00	05300	ANESTHESIOLOGY	0.029247			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154628			54.00
56.00	05600	RADIOISOTOPE	0.103638			56.00
57.00	05700	CT SCAN	0.032129			57.00
58.00	05800	MRI	0.063831			58.00
60.00	06000	LABORATORY	0.064739			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.203933			63.00
65.00	06500	RESPIRATORY THERAPY	0.095824			65.00
65.10	06501	CARDIAC STRESS LAB	0.056327			65.10
65.20	06502	CARDIAC REHAB	0.082756			65.20
66.00	06600	PHYSICAL THERAPY	0.227651			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.309658			67.00
68.00	06800	SPEECH PATHOLOGY	0.438024			68.00
69.00	06900	ELECTROCARDIOLOGY	0.035334			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.356416			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.169055			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.203574			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.140447			73.00
76.00	03610	SLEEP LAB	0.225401			76.00
76.01	03020	PAIN CLINIC	0.022662			76.01
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.210963			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.496276			92.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
Date/Time Prepared:
2/28/2020 11:00 am

			Title XIX		Hospital	Cost		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance		Total Costs
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,679,258		14,679,258	0	14,679,258	30.00
31.00	03100	INTENSIVE CARE UNIT	3,221,633		3,221,633	2,238	3,223,871	31.00
43.00	04300	NURSERY	719,792		719,792	0	719,792	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,396,624		5,396,624	0	5,396,624	50.00
51.00	05100	RECOVERY ROOM	2,407,130		2,407,130	0	2,407,130	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,724,108		1,724,108	0	1,724,108	52.00
53.00	05300	ANESTHESIOLOGY	392,845		392,845	3,187	396,032	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,789,330		3,789,330	0	3,789,330	54.00
56.00	05600	RADIOISOTOPE	664,229		664,229	0	664,229	56.00
57.00	05700	CT SCAN	1,334,448		1,334,448	0	1,334,448	57.00
58.00	05800	MRI	758,604		758,604	0	758,604	58.00
60.00	06000	LABORATORY	4,690,493		4,690,493	0	4,690,493	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	482,009		482,009	0	482,009	63.00
65.00	06500	RESPIRATORY THERAPY	1,179,263	0	1,179,263	2,238	1,181,501	65.00
65.10	06501	CARDIAC STRESS LAB	609,479	0	609,479	4,137	613,616	65.10
65.20	06502	CARDIAC REHAB	81,100	0	81,100	0	81,100	65.20
66.00	06600	PHYSICAL THERAPY	1,982,906	0	1,982,906	0	1,982,906	66.00
67.00	06700	OCCUPATIONAL THERAPY	495,318	0	495,318	0	495,318	67.00
68.00	06800	SPEECH PATHOLOGY	440,708	0	440,708	0	440,708	68.00
69.00	06900	ELECTROCARDIOLOGY	121,069		121,069	0	121,069	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	32,143		32,143	0	32,143	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,297,726		2,297,726	0	2,297,726	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,332,326		2,332,326	0	2,332,326	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,767,385		5,767,385	0	5,767,385	73.00
76.00	03610	SLEEP LAB	293,266		293,266	0	293,266	76.00
76.01	03020	PAIN CLINIC	79,599		79,599	0	79,599	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	5,485,825		5,485,825	30,700	5,516,525	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,241,793		1,241,793		1,241,793	92.00
200.00		Subtotal (see instructions)	62,700,409	0	62,700,409	42,500	62,742,909	200.00
201.00		Less Observation Beds	1,241,793		1,241,793		1,241,793	201.00
202.00		Total (see instructions)	61,458,616	0	61,458,616	42,500	61,501,116	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
Date/Time Prepared:
2/28/2020 11:00 am

			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	26,572,167		26,572,167			30.00
31.00	03100	INTENSIVE CARE UNIT	4,867,547		4,867,547			31.00
43.00	04300	NURSERY	1,734,317		1,734,317			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	13,229,727	34,581,715	47,811,442	0.112873	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,133,763	11,053,834	13,187,597	0.182530	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,184,244	921,163	4,105,407	0.419960	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,871,057	8,669,907	13,540,964	0.029012	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,539,325	20,966,852	24,506,177	0.154628	0.000000	54.00
56.00	05600	RADIOISOTOPE	431,107	5,978,041	6,409,148	0.103638	0.000000	56.00
57.00	05700	CT SCAN	6,871,446	34,663,125	41,534,571	0.032129	0.000000	57.00
58.00	05800	MRI	1,170,427	10,714,226	11,884,653	0.063831	0.000000	58.00
60.00	06000	LABORATORY	19,248,865	53,203,688	72,452,553	0.064739	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	703,666	1,659,897	2,363,563	0.203933	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	10,520,870	1,809,036	12,329,906	0.095642	0.000000	65.00
65.10	06501	CARDIAC STRESS LAB	2,683,826	8,209,910	10,893,736	0.055948	0.000000	65.10
65.20	06502	CARDIAC REHAB	621	979,363	979,984	0.082756	0.000000	65.20
66.00	06600	PHYSICAL THERAPY	1,551,702	7,158,570	8,710,272	0.227651	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	660,838	938,725	1,599,563	0.309658	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	525,788	480,340	1,006,128	0.438024	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,046,958	2,379,421	3,426,379	0.035334	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,285	79,899	90,184	0.356416	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,563,770	9,027,844	13,591,614	0.169055	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,028,536	4,428,347	11,456,883	0.203574	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,791,969	21,272,421	41,064,390	0.140447	0.000000	73.00
76.00	03610	SLEEP LAB	12,380	1,288,708	1,301,088	0.225401	0.000000	76.00
76.01	03020	PAIN CLINIC	8,810	3,503,582	3,512,392	0.022662	0.000000	76.01
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	4,745,571	21,403,674	26,149,245	0.209789	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	886,914	1,615,310	2,502,224	0.496276	0.000000	92.00
200.00		Subtotal (see instructions)	142,596,496	266,987,598	409,584,094			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	142,596,496	266,987,598	409,584,094			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
Date/Time Prepared:
2/28/2020 11:00 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
60.00	06000	LABORATORY	0.000000			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
65.10	06501	CARDIAC STRESS LAB	0.000000			65.10
65.20	06502	CARDIAC REHAB	0.000000			65.20
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
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
76.00	03610	SLEEP LAB	0.000000			76.00
76.01	03020	PAIN CLINIC	0.000000			76.01
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part I
Date/Time Prepared:
2/28/2020 11:00 am

			Title XVIII		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	994,041	0	994,041	13,145	75.62	30.00
31.00	INTENSIVE CARE UNIT	243,460		243,460	1,458	166.98	31.00
43.00	NURSERY	42,259		42,259	914	46.24	43.00
200.00	Total (lines 30 through 199)	1,279,760		1,279,760	15,517		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	5,812	439,503				30.00
31.00	INTENSIVE CARE UNIT	768	128,241				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	6,580	567,744				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part II
Date/Time Prepared:
2/28/2020 11:00 am

				Title XVIII		Hospital	PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	876,330	47,811,442	0.018329	5,648,792	103,537	50.00
51.00	05100	RECOVERY ROOM	194,998	13,187,597	0.014786	985,098	14,566	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	156,593	4,105,407	0.038143	107,950	4,118	52.00
53.00	05300	ANESTHESIOLOGY	29,040	13,540,964	0.002145	1,855,179	3,979	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	436,320	24,506,177	0.017804	1,789,710	31,864	54.00
56.00	05600	RADIOISOTOPE	26,214	6,409,148	0.004090	248,737	1,017	56.00
57.00	05700	CT SCAN	164,281	41,534,571	0.003955	3,512,937	13,894	57.00
58.00	05800	MRI	185,420	11,884,653	0.015602	616,492	9,619	58.00
60.00	06000	LABORATORY	410,904	72,452,553	0.005671	8,759,620	49,676	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	14,001	2,363,563	0.005924	613,963	3,637	63.00
65.00	06500	RESPIRATORY THERAPY	100,596	12,329,906	0.008159	5,802,789	47,345	65.00
65.10	06501	CARDIAC STRESS LAB	47,576	10,893,736	0.004367	1,493,414	6,522	65.10
65.20	06502	CARDIAC REHAB	5,337	979,984	0.005446	0	0	65.20
66.00	06600	PHYSICAL THERAPY	191,289	8,710,272	0.021961	794,922	17,457	66.00
67.00	06700	OCCUPATIONAL THERAPY	46,806	1,599,563	0.029262	352,093	10,303	67.00
68.00	06800	SPEECH PATHOLOGY	43,102	1,006,128	0.042839	290,899	12,462	68.00
69.00	06900	ELECTROCARDIOLOGY	5,062	3,426,379	0.001477	568,139	839	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,786	90,184	0.152865	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	74,882	13,591,614	0.005509	1,858,519	10,239	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	75,945	11,456,883	0.006629	2,941,722	19,501	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	318,190	41,064,390	0.007749	9,070,071	70,284	73.00
76.00	03610	SLEEP LAB	22,526	1,301,088	0.017313	11,990	208	76.00
76.01	03020	PAIN CLINIC	2,487	3,512,392	0.000708	1,898	1	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	322,289	26,149,245	0.012325	2,456,032	30,271	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	84,090	2,502,224	0.033606	498,829	16,764	92.00
200.00		Total (lines 50 through 199)	3,848,064	376,410,063		50,279,795	478,103	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0064		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part III Date/Time Prepared: 2/28/2020 11:00 am		
					Title XVIII		Hospital		PPS		
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
					1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00	
43.00	04300	NURSERY		0	0	0	0	0	0	43.00	
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	13,145	0.00		5,812	30.00	
31.00	03100	INTENSIVE CARE UNIT			0	1,458	0.00		768	31.00	
43.00	04300	NURSERY			0	914	0.00		0	43.00	
200.00		Total (lines 30 through 199)			0	15,517			6,580	200.00	
Cost Center Description					Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
					9.00						
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS		0						30.00	
31.00	03100	INTENSIVE CARE UNIT		0						31.00	
43.00	04300	NURSERY		0						43.00	
200.00		Total (lines 30 through 199)		0						200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part IV
Date/Time Prepared:
2/28/2020 11:00 am

Cost Center Description			Title XVIII		Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.10	06501	CARDIAC STRESS LAB	0	0	0	0	0	65.10
65.20	06502	CARDIAC REHAB	0	0	0	0	0	65.20
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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
76.00	03610	SLEEP LAB	0	0	0	0	0	76.00
76.01	03020	PAIN CLINIC	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
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: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part IV
Date/Time Prepared:
2/28/2020 11:00 am

Cost Center Description			Title XVIII			Hospital	PPS	
			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	47,811,442	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	13,187,597	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,105,407	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	13,540,964	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	24,506,177	0.000000	54.00
56.00	05600	RADIOISOTOPE	0	0	0	6,409,148	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	41,534,571	0.000000	57.00
58.00	05800	MRI	0	0	0	11,884,653	0.000000	58.00
60.00	06000	LABORATORY	0	0	0	72,452,553	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	2,363,563	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	12,329,906	0.000000	65.00
65.10	06501	CARDIAC STRESS LAB	0	0	0	10,893,736	0.000000	65.10
65.20	06502	CARDIAC REHAB	0	0	0	979,984	0.000000	65.20
66.00	06600	PHYSICAL THERAPY	0	0	0	8,710,272	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,599,563	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,006,128	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	3,426,379	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	90,184	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	13,591,614	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,456,883	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	41,064,390	0.000000	73.00
76.00	03610	SLEEP LAB	0	0	0	1,301,088	0.000000	76.00
76.01	03020	PAIN CLINIC	0	0	0	3,512,392	0.000000	76.01
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	26,149,245	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	2,502,224	0.000000	92.00
200.00		Total (lines 50 through 199)	0	0	0	376,410,063		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019

Worksheet D
Part IV
Date/Time Prepared:
2/28/2020 11:00 am

Cost Center Description			Title XVIII		Hospital		PPS	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	5,648,792	0	9,356,577	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	985,098	0	3,142,986	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	107,950	0	11,835	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,855,179	0	2,290,248	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,789,710	0	5,020,895	0	54.00
56.00	05600	RADIOISOTOPE	0.000000	248,737	0	2,300,771	0	56.00
57.00	05700	CT SCAN	0.000000	3,512,937	0	10,737,413	0	57.00
58.00	05800	MRI	0.000000	616,492	0	2,932,466	0	58.00
60.00	06000	LABORATORY	0.000000	8,759,620	0	6,822,049	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	613,963	0	1,532,375	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	5,802,789	0	503,620	0	65.00
65.10	06501	CARDIAC STRESS LAB	0.000000	1,493,414	0	3,300,984	0	65.10
65.20	06502	CARDIAC REHAB	0.000000	0	0	510,063	0	65.20
66.00	06600	PHYSICAL THERAPY	0.000000	794,922	0	6,071	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	352,093	0	5,354	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	290,899	0	4,115	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	568,139	0	739,123	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,858,519	0	2,003,801	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,941,722	0	1,790,413	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	9,070,071	0	7,250,122	0	73.00
76.00	03610	SLEEP LAB	0.000000	11,990	0	424,986	0	76.00
76.01	03020	PAIN CLINIC	0.000000	1,898	0	1,412,742	0	76.01
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.000000	2,456,032	0	5,119,332	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	498,829	0	306,312	0	92.00
200.00		Total (lines 50 through 199)		50,279,795	0	67,524,653	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0064		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part V Date/Time Prepared: 2/28/2020 11:00 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
					PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
				1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.112873	9,356,577	0	0	1,056,105	50.00
51.00	05100	RECOVERY ROOM		0.182530	3,142,986	0	0	573,689	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.419960	11,835	0	0	4,970	52.00
53.00	05300	ANESTHESIOLOGY		0.029012	2,290,248	0	0	66,445	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.154628	5,020,895	0	0	776,371	54.00
56.00	05600	RADIOISOTOPE		0.103638	2,300,771	0	0	238,447	56.00
57.00	05700	CT SCAN		0.032129	10,737,413	0	0	344,982	57.00
58.00	05800	MRI		0.063831	2,932,466	0	0	187,182	58.00
60.00	06000	LABORATORY		0.064739	6,822,049	0	0	441,653	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.203933	1,532,375	0	0	312,502	63.00
65.00	06500	RESPIRATORY THERAPY		0.095642	503,620	0	0	48,167	65.00
65.10	06501	CARDIAC STRESS LAB		0.055948	3,300,984	0	0	184,683	65.10
65.20	06502	CARDIAC REHAB		0.082756	510,063	0	0	42,211	65.20
66.00	06600	PHYSICAL THERAPY		0.227651	6,071	0	0	1,382	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.309658	5,354	0	0	1,658	67.00
68.00	06800	SPEECH PATHOLOGY		0.438024	4,115	0	0	1,802	68.00
69.00	06900	ELECTROCARDIOLOGY		0.035334	739,123	0	0	26,116	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.356416	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.169055	2,003,801	0	0	338,753	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.203574	1,790,413	0	0	364,482	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.140447	7,250,122	0	53,336	1,018,258	73.00
76.00	03610	SLEEP LAB		0.225401	424,986	0	0	95,792	76.00
76.01	03020	PAIN CLINIC		0.022662	1,412,742	0	0	32,016	76.01
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.209789	5,119,332	0	0	1,073,980	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.496276	306,312	0	0	152,015	92.00
200.00		Subtotal (see instructions)			67,524,653	0	53,336	7,383,661	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			67,524,653	0	53,336	7,383,661	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 14-0064		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part V Date/Time Prepared: 2/28/2020 11:00 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Costs					
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
			6.00	7.00				
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	50.00			
51.00	05100	RECOVERY ROOM	0	0	51.00			
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00			
53.00	05300	ANESTHESIOLOGY	0	0	53.00			
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00			
56.00	05600	RADIOISOTOPE	0	0	56.00			
57.00	05700	CT SCAN	0	0	57.00			
58.00	05800	MRI	0	0	58.00			
60.00	06000	LABORATORY	0	0	60.00			
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00			
65.00	06500	RESPIRATORY THERAPY	0	0	65.00			
65.10	06501	CARDIAC STRESS LAB	0	0	65.10			
65.20	06502	CARDIAC REHAB	0	0	65.20			
66.00	06600	PHYSICAL THERAPY	0	0	66.00			
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00			
68.00	06800	SPEECH PATHOLOGY	0	0	68.00			
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00			
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00			
71.00	07100	MEDICAL SUPPLIES CHARGED TO 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	7,491	73.00			
76.00	03610	SLEEP LAB	0	0	76.00			
76.01	03020	PAIN CLINIC	0	0	76.01			
OUTPATIENT SERVICE COST CENTERS								
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	7,491	200.00			
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00			
202.00		Net Charges (line 200 - line 201)	0	7,491	202.00			

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0064	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/28/2020 11:00 am	
Cost Center Description		Title XVIII	Hospital	PPS	
				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			13,145	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			13,145	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)			12,033	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)			5,812	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)			14,679,258	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)			14,679,258	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)			14,679,258	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)			1,116.72	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			6,490,377	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)			6,490,377	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019

Worksheet D-1

Date/Time Prepared:
2/28/2020 11:00 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	3,223,871	1,458	2,211.16	768	1,698,171		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)					6,097,035		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					14,285,583		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)					567,744		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					478,103		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,045,847		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					13,239,736		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0		54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)					0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00	Bonus payment (see instructions)					0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00	Relief payment (see instructions)					0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					1,112		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,116.72		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,241,793		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019

Worksheet D-1

Date/Time Prepared:
2/28/2020 11:00 am

Cost Center Description		Title XVIII		Hospital	PPS	
		Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	994,041	14,679,258	0.067717	1,241,793	84,090
91.00	Nursing School cost	0	14,679,258	0.000000	1,241,793	0
92.00	Allied health cost	0	14,679,258	0.000000	1,241,793	0
93.00	All other Medical Education	0	14,679,258	0.000000	1,241,793	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0064	Period: From 10/01/2018 To 09/30/2019	Worksheet D-3 Date/Time Prepared: 2/28/2020 11:00 am	
Cost Center Description			Title XVIII	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		11,077,450		30.00
31.00	03100	INTENSIVE CARE UNIT		2,522,364		31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.112873	5,648,792	637,596	50.00
51.00	05100	RECOVERY ROOM	0.182530	985,098	179,810	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.419960	107,950	45,335	52.00
53.00	05300	ANESTHESIOLOGY	0.029247	1,855,179	54,258	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.154628	1,789,710	276,739	54.00
56.00	05600	RADIOISOTOPE	0.103638	248,737	25,779	56.00
57.00	05700	CT SCAN	0.032129	3,512,937	112,867	57.00
58.00	05800	MRI	0.063831	616,492	39,351	58.00
60.00	06000	LABORATORY	0.064739	8,759,620	567,089	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.203933	613,963	125,207	63.00
65.00	06500	RESPIRATORY THERAPY	0.095824	5,802,789	556,046	65.00
65.10	06501	CARDIAC STRESS LAB	0.056327	1,493,414	84,120	65.10
65.20	06502	CARDIAC REHAB	0.082756	0	0	65.20
66.00	06600	PHYSICAL THERAPY	0.227651	794,922	180,965	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.309658	352,093	109,028	67.00
68.00	06800	SPEECH PATHOLOGY	0.438024	290,899	127,421	68.00
69.00	06900	ELECTROCARDIOLOGY	0.035334	568,139	20,075	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.356416	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.169055	1,858,519	314,192	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.203574	2,941,722	598,858	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.140447	9,070,071	1,273,864	73.00
76.00	03610	SLEEP LAB	0.225401	11,990	2,703	76.00
76.01	03020	PAIN CLINIC	0.022662	1,898	43	76.01
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.210963	2,456,032	518,132	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.496276	498,829	247,557	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		50,279,795	6,097,035	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)		50,279,795		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0064	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 2/28/2020 11:00 am
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		11,155,319	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		56,100	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		77.95	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.68	30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.18	31.00
32.00	Sum of lines 30 and 31		22.86	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.07	33.00
34.00	Disproportionate share adjustment (see instructions)		225,059	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0064	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 2/28/2020 11:00 am	
Title XVIII			Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.000000000	0	0.000084601	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	699,894	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	699,894	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		699,894		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)	12,136,372			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	18,706,638			48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			17,064,072	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			907,616	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			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)			17,971,688	59.00
60.00	Primary payer payments			17,546	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			17,954,142	61.00
62.00	Deductibles billed to program beneficiaries			1,438,304	62.00
63.00	Coinsurance billed to program beneficiaries			0	63.00
64.00	Allowable bad debts (see instructions)			288,086	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			187,256	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			243,312	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			16,703,094	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)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			24,434	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			-51,248	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			0	70.93
70.94	HRR adjustment amount (see instructions)			0	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0064	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 2/28/2020 11:00 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		16,676,280	71.00
71.01	Sequestration adjustment (see instructions)		333,526	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		16,321,070	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)		21,684	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		279,709	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)		4,927,700	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		1.0049585974	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		24,434	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.9896	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		-51,248	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

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/28/2020 11:00 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	11,155,319		11,155,319	11,155,319	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	56,100		56,100	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	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	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0807	0.0807	0.0807		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	225,059	0	225,059	225,059	11.00
11.01	Uncompensated care payments	36.00	699,894	0	699,894	699,894	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	12,136,372	0	12,136,372	12,136,372	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	18,706,638	0	18,706,638	18,706,638	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	17,064,072	0	17,064,072	17,064,072	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	907,616	0	907,616	907,616	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			0	17,971,688	17,971,688	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/28/2020 11:00 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	902,024	0	902,024	902,024	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	5,592	0	5,592	5,592	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	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	907,616	0	907,616	907,616	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	0	0	0	0	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	24,434	0	24,434	24,434	30.01
31.00	HRR adjustment (see instructions)	70.94	0	0	0	0	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	-51,248	0	-51,248	-51,248	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.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0064	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part B Date/Time Prepared: 2/28/2020 11:00 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		7,491	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		7,383,661	2.00
3.00	OPPS payments		8,165,457	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		7,491	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		53,336	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)		53,336	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)		53,336	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		45,845	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)		7,491	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)		8,165,457	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)		1,646,946	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)		6,526,002	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)		6,526,002	30.00
31.00	Primary payer payments		842	31.00
32.00	Subtotal (line 30 minus line 31)		6,525,160	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)		221,000	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		143,650	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		182,086	36.00
37.00	Subtotal (see instructions)		6,668,810	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER RECON		-847	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		6,667,963	40.00
40.01	Sequestration adjustment (see instructions)		133,359	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		6,583,784	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-49,180	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet E-1
Part I
Date/Time Prepared:
2/28/2020 11:00 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		16,321,070		6,550,184	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0	04/09/2019	33,600	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		33,600	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)		16,321,070		6,583,784	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		21,684		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		49,180	6.02	
7.00	Total Medicare program liability (see instructions)		16,342,754		6,534,604	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: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet E-1
Part II
Date/Time Prepared:
2/28/2020 11:00 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

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

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019

Worksheet G

Date/Time Prepared:
2/28/2020 11:00 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	899,725	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	56,643,591	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-43,631,413	0	0	0	6.00
7.00	Inventory	1,412,540	0	0	0	7.00
8.00	Prepaid expenses	53,936	0	0	0	8.00
9.00	Other current assets	268,309	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	15,646,688	0	0	0	11.00
FIXED ASSETS						
12.00	Land	314,848	0	0	0	12.00
13.00	Land improvements	956,280	0	0	0	13.00
14.00	Accumulated depreciation	-746,822	0	0	0	14.00
15.00	Buildings	41,871,188	0	0	0	15.00
16.00	Accumulated depreciation	-26,362,012	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	23,716,240	0	0	0	23.00
24.00	Accumulated depreciation	-16,094,836	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	27,104,194	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	50,759,080	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	155,275,250	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	547,735	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	155,822,985	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	222,228,753	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,048,628	0	0	0	37.00
38.00	Salaries, wages, and fees payable	30,043	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	312,501	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	6,578	0	0	0	43.00
44.00	Other current liabilities	7,004,270	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	11,402,020	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	297,181	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	297,181	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	11,699,201	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	210,529,552	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	210,529,552	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	222,228,753	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019

Worksheet G-1

Date/Time Prepared:
2/28/2020 11:00 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		197,304,384		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		27,347,893				2.00
3.00	Total (sum of line 1 and line 2)		224,652,277		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	INCREASE IN RESTRICTED ASSETS	66,169		0		0	5.00
6.00	INCREASE IN TEMPORARY RESTRICTED AS	163,662		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)		229,831		0		10.00
11.00	Subtotal (line 3 plus line 10)		224,882,108		0		11.00
12.00	DECREASE IN UNRESTRICTED ASSETS	14,169,479		0		0	12.00
13.00	EQUITY TRANSFER - ACCT 719850	183,077		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)		14,352,556		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		210,529,552		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	INCREASE IN RESTRICTED ASSETS		0				5.00
6.00	INCREASE IN TEMPORARY RESTRICTED AS		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	DECREASE IN UNRESTRICTED ASSETS		0				12.00
13.00	EQUITY TRANSFER - ACCT 719850		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: 14-0064

Period:
From 10/01/2018
To 09/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
2/28/2020 11:00 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	26,572,167		26,572,167	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	26,572,167		26,572,167	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,601,864		6,601,864	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)	6,601,864		6,601,864	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	33,174,031		33,174,031	17.00
18.00	Ancillary services	97,809,962	223,242,387	321,052,349	18.00
19.00	Outpatient services	12,112,503	43,245,108	55,357,611	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	6,405,454	20,516,073	26,921,527	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	149,501,950	287,003,568	436,505,518	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		75,324,668		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)		75,324,668		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0064

Period:
From 10/01/2018
To 09/30/2019

Worksheet G-3

Date/Time Prepared:
2/28/2020 11:00 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	436,505,518	1.00
2.00	Less contractual allowances and discounts on patients' accounts	345,160,638	2.00
3.00	Net patient revenues (line 1 minus line 2)	91,344,880	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	75,324,668	4.00
5.00	Net income from service to patients (line 3 minus line 4)	16,020,212	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	471,353	6.00
7.00	Income from investments	8,579,585	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	1,312,499	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	128,476	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.)	3,233	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	9,743	21.00
22.00	Rental of hospital space	3,752	22.00
23.00	Governmental appropriations	0	23.00
24.00	RESEARCH	971,445	24.00
24.01	RENTAL OF PHYSICIAN OFFICES	940	24.01
24.02	GAIN ON DISPOSAL OF ASSETS	-128,366	24.02
25.00	Total other income (sum of lines 6-24)	11,352,660	25.00
26.00	Total (line 5 plus line 25)	27,372,872	26.00
27.00	FEDERAL AND STATE INCOME TAXES	24,979	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	24,979	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	27,347,893	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0064	Period: From 10/01/2018 To 09/30/2019	Worksheet L Parts I-III Date/Time Prepared: 2/28/2020 11:00 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		902,024	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		5,592	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)		37.46	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		907,616	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