

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: 14-0067	Period: From 10/01/2018 To 09/30/2019	Worksheet S Parts I-III Date/Time Prepared: 3/2/2020 9:15 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 3/2/2020	Time: 9:15 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 SAINT FRANCIS MEDICAL CENTER (14-0067) 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	469,826	-291,432	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	-4,456	-1,733		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	465,370	-293,165	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: 14-0067		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 3/2/2020 9:15 am		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 530 NE GLEN OAK AVENUE			PO Box:				1.00			
2.00	City: PEORIA			State: IL		Zip Code: 61637		County: PEORIA			
		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			SAINT FRANCIS MEDICAL CENTER	140067	37900	1	07/01/1966	0	P	0
4.00	Subprovider - IPF										
5.00	Subprovider - IRF			SAINT FRANCIS REHABILITATION UNIT	14T067	37900	5	10/01/1983	0	P	0
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.			6,142	13,495	0	249	35,645	523	24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet S-2
Part I
Date/Time Prepared:
3/2/2020 9:15 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.	417	196	0	0	852		25.00
						Urban/Rural S	Date of Geogr	
						1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00
						Beginning:	Ending:	
						1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00
						Y/N	Y/N	
						1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	Y	40.00
						V	XVIII	XIX
						1.00	2.00	3.00
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	N
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N
Teaching Hospitals								
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
				1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						20.00	1
60.02	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.00	1
60.03	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.01	1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0067		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 3/2/2020 9:15 am	
			NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
			1.00	2.00	3.00			
60.04	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.02	1		60.04	
60.05	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.03	1		60.05	
60.06	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.04	1		60.06	
60.07	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.05	1		60.07	
			Y/N	IME	Direct GME	IME	Direct GME	
			1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)							61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)							61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)							61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).							61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)							61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)							61.06
			Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
			1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20	
			1.00					
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)								
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings								
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)						Y	63.00

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			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 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.							
64.00	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	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	3.00		
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	
65.01			0.00	0.00	0.000000	65.01	
65.02			0.00	0.00	0.000000	65.02	
			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	114.45	0.000000	66.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	3.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	0.01	44.85	0.000223	67.00
67.01		MEDICINE-PEDIATRICS	1450	0.01	32.01	0.000312	67.01
67.02		PEDIATRICS	2000	0.01	28.24	0.000354	67.02
67.03		OB GYN	1750	0.00	11.42	0.000000	67.03

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			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.	Y			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)	Y	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0067		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 3/2/2020 9:15 am	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N					110.00
						1.00	
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	
						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					115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	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.	2					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	4,990,924		2,500,000		11,958,890	
						1.00	
						2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N				N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N					122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y					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.	01/01/1980					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.	01/01/1980					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

Health Financial Systems		SAINT FRANCIS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 14-0067		Period: From 10/01/2018 To 09/30/2019
			Worksheet S-2 Part I Date/Time Prepared: 3/2/2020 9:15 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: WPS		Contractor's Number: 06101	
142.00	Street: 800 NE GLEN OAK AVE	PO Box:			
143.00	City: CITY: PEORIA	State: IL		Zip Code: 61603	
					1.00
144.00	Are provider based physicians' costs included in Worksheet A?				Y
					1.00
					2.00
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				N
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
					1.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				Y
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N
		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
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
					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
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				
					0.00
					1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				Y
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)				
168.01	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)				
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
		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)				
					1.00
					2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)				N
					0

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0067	Period: From 10/01/2018 To 09/30/2019	Worksheet S-2 Part II Date/Time Prepared: 3/2/2020 9:15 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)	Y		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	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?	Y	Y	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		Part B
		Y/N 1.00	Date 2.00	Y/N 3.00 Date 4.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/13/2019	Y 12/13/2019
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0067	Period: From 10/01/2018 To 09/30/2019	Worksheet S-2 Part II Date/Time Prepared: 3/2/2020 9:15 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.		Y	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.	LOUIS	RAPTOPOULOS	41.00
42.00	Enter the employer/company name of the cost report preparer.	OSF HEALTHCARE		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(309)-624-9230	LOUIS.C.RAPTOPOULOS@OSFHEALTHCARE.0R	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0067	Period: From 10/01/2018 To 09/30/2019	Worksheet S-2 Part II Date/Time Prepared: 3/2/2020 9:15 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.	GOVT REPT 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: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part I
Date/Time Prepared:
3/2/2020 9:15 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	30.00	534	194,910	0.00	0	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)						
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)		534	194,910	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	67	24,455	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	28	10,220	0.00	0	8.01
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)		629	229,585	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	26	9,490		0	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)		655				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: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part I
Date/Time Prepared:
3/2/2020 9:15 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)	52,011	4,200	151,930			1.00
2.00	HMO and other (see instructions)	23,590	49,388				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	1,048				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)	52,011	4,200	151,930			7.00
8.00	INTENSIVE CARE UNIT	6,626	687	16,234			8.00
8.01	NEONATAL INTENSIVE CARE UNIT	0	987	8,535			8.01
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		269	4,730			13.00
14.00	Total (see instructions)	58,637	6,143	181,429	248.88	5,098.56	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	2,856	417	7,444	0.12	46.47	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				249.00	5,145.03	27.00
28.00	Observation Bed Days		5,590	15,691			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	523	1,222			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: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part I
Date/Time Prepared:
3/2/2020 9:15 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	10,917	1,845	32,739	1.00
2.00 HMO and other (see instructions)			3,992	6,212		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				43		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
8.01 NEONATAL INTENSIVE CARE UNIT						8.01
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	10,917	1,845	32,739	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	215	23	396	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: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part II
Date/Time Prepared:
3/2/2020 9:15 am

	Wkst. A Line Number	Amount Reported	Reclassification 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	339,377,616	-9,069,202	330,308,414	10,644,127.00	31.03
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		1,639,006	0	1,639,006	8,282.00	197.90
4.01	Physicians - Part A - Teaching		10,318,326	0	10,318,326	85,473.00	120.72
5.00	Physician and Non Physician-Part B		13,476,065	0	13,476,065	58,834.00	229.05
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	15,179,263	0	15,179,263	526,136.00	28.85
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		14,489,997	-331,801	14,158,196	410,680.00	34.48
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		14,296,402	0	14,296,402	199,554.00	71.64
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		2,950,179	0	2,950,179	12,070.00	244.42
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		63,459,917	0	63,459,917	1,736,388.00	36.55
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		82,933,999	0	82,933,999		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		3,827,060	0	3,827,060		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		152,113	0	152,113		
22.01	Physician Part A - Teaching		1,237,484	0	1,237,484		
23.00	Physician Part B		1,163,536	0	1,163,536		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		4,514,665	0	4,514,665		
25.50	Home office wage-related (core)		20,419,064	0	20,419,064		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	2,094,727	0	2,094,727	56,949.00	36.78
27.00	Administrative & General	5.00	20,850,537	92,535	20,943,072	643,169.00	32.56

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part II
Date/Time Prepared:
3/2/2020 9:15 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.)		5,379,450	0	5,379,450	39,529.00	136.09	28.00
29.00	Maintenance & Repairs	6.00	4,318,495	0	4,318,495	147,585.00	29.26	29.00
30.00	Operation of Plant	7.00	2,188,879	0	2,188,879	131,870.00	16.60	30.00
31.00	Laundry & Linen Service	8.00	230,544	0	230,544	14,922.00	15.45	31.00
32.00	Housekeeping	9.00	6,521,713	-56,134	6,465,579	442,088.00	14.63	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	6,762,326	-2,142,990	4,619,336	277,874.00	16.62	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,957,386	1,957,386	117,647.00	16.64	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,812,626	174,690	4,987,316	294,067.00	16.96	38.00
39.00	Central Services and Supply	14.00	2,508,782	0	2,508,782	351,526.00	7.14	39.00
40.00	Pharmacy	15.00	9,032,610	0	9,032,610	226,039.00	39.96	40.00
41.00	Medical Records & Medical Records Library	16.00	3,450,272	-5,130	3,445,142	141,220.00	24.40	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: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part III
Date/Time Prepared:
3/2/2020 9:15 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)	305,783,412	-9,069,202	296,714,210	10,013,213.00	29.63	1.00
2.00	Excluded area salaries (see instructions)	14,489,997	-331,801	14,158,196	410,680.00	34.48	2.00
3.00	Subtotal salaries (line 1 minus line 2)	291,293,415	-8,737,401	282,556,014	9,602,533.00	29.43	3.00
4.00	Subtotal other wages & related costs (see inst.)	80,706,498	0	80,706,498	1,948,012.00	41.43	4.00
5.00	Subtotal wage-related costs (see inst.)	103,505,176	0	103,505,176	0.00	36.63	5.00
6.00	Total (sum of lines 3 thru 5)	475,505,089	-8,737,401	466,767,688	11,550,545.00	40.41	6.00
7.00	Total overhead cost (see instructions)	68,150,961	20,357	68,171,318	2,884,485.00	23.63	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part IV
Date/Time Prepared:
3/2/2020 9:15 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	12,687,960	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)	2,207,176	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)	55,115,991	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)	299,909	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,800,719	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	20,524,904	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	104,788	19.00
20.00	State or Federal Unemployment Taxes	53,727	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	1,033,653	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	93,828,827	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: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part V
Date/Time Prepared:
3/2/2020 9:15 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	14,296,402	93,828,827	1.00
2.00	Hospital	14,296,402	93,828,827	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 14-0067

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

Worksheet S-10

Date/Time Prepared:
3/2/2020 9:15 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)		0.161327		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		197,751,283		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		1,092,743,376		6.00
7.00	Medicaid cost (line 1 times line 6)		176,289,011		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0		8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0		9.00
10.00	Stand-alone CHIP charges		0		10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	61,494,802	17,368,217	78,863,019	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	9,920,772	17,368,217	27,288,989	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)	9,920,772	17,368,217	27,288,989	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)		43,183,498		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,961,340		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		3,017,446		27.01
28.00	Non-Medicare bad debt expense (see instructions)		40,166,052		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		7,535,975		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		34,824,964		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		34,824,964		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 14-0067		Period: From 10/01/2018 To 09/30/2019		Worksheet A Date/Time Prepared: 3/2/2020 9:15 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		25,773,256	25,773,256	1,432,744	27,206,000	1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP		8,764,932	8,764,932	3,083,876	11,848,808	2.00	
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,094,727	93,930,199	96,024,926	11,686,974	107,711,900	4.00	
5.01	00560	PURCHASING RECEIVING AND STORES	1,276,836	684,594	1,961,430	-890	1,960,540	5.01	
5.02	00570	ADMITTING	0	0	0	0	0	5.02	
5.03	00540	OUTPATIENT REVENUES	327,171	18,438	345,609	-92	345,517	5.03	
5.04	00550	BUSINESS OFFICE	0	0	0	27,817,923	27,817,923	5.04	
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	19,246,530	179,801,640	199,048,170	-53,853,915	145,194,255	5.05	
6.00	00600	MAINTENANCE & REPAIRS	4,318,495	23,597,085	27,915,580	-5,229,248	22,686,332	6.00	
7.00	00700	OPERATION OF PLANT	2,188,879	8,095,749	10,284,628	-934,920	9,349,708	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	230,544	2,309,991	2,540,535	0	2,540,535	8.00	
9.00	00900	HOUSEKEEPING	6,521,713	2,735,998	9,257,711	-34,457	9,223,254	9.00	
10.00	01000	DIETARY	6,762,326	2,033,681	8,796,007	-2,148,149	6,647,858	10.00	
11.00	01100	CAFETERIA	0	0	0	2,816,205	2,816,205	11.00	
13.00	01300	NURSING ADMINISTRATION	4,812,626	480,579	5,293,205	125,150	5,418,355	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	2,508,782	292,503	2,801,285	0	2,801,285	14.00	
15.00	01500	PHARMACY	9,032,610	6,372,392	15,405,002	949,143	16,354,145	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	3,450,272	890,153	4,340,425	-807	4,339,618	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	6,959,896	6,959,896	17.00	
18.00	01850	PARKING	0	1,273,472	1,273,472	0	1,273,472	18.00	
20.00	02000	NURSING SCHOOL	5,261,416	694,111	5,955,527	-285,039	5,670,488	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	15,179,263	1,625,158	16,804,421	-28,102	16,776,319	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	9,907,881	18,594,222	28,502,103	828,650	29,330,753	22.00	
23.00	02300	PARAMEDICALEDUC - CLS	72,700	17,377	90,077	-26,854	63,223	23.00	
23.01	02301	PARAMEDICAL EDUC X-RAY	141,116	5,457	146,573	0	146,573	23.01	
23.02	02302	PARAMEDICAL EDUC DIETARY	72,004	4,267	76,271	-1,348	74,923	23.02	
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	23,708	23,708	23.03	
23.04	02304	PARAMED ED PRGM- PGY 1	359,632	20,337	379,969	-17,489	362,480	23.04	
23.05	02305	PARAMED ED PRGM- PASTORAL	205,746	15,033	220,779	297	221,076	23.05	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	66,713,803	30,828,141	97,541,944	-2,228,768	95,313,176	30.00	
31.00	03100	INTENSIVE CARE UNIT	16,091,788	5,200,292	21,292,080	28,058	21,320,138	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	8,523,227	1,205,025	9,728,252	-33,053	9,695,199	31.01	
41.00	04100	SUBPROVIDER - IRF	2,729,891	755,618	3,485,509	-22,836	3,462,673	41.00	
43.00	04300	NURSERY	0	0	0	3,720,162	3,720,162	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	18,482,401	57,877,727	76,360,128	-49,133,109	27,227,019	50.00	
51.00	05100	RECOVERY ROOM	3,291,140	142,372	3,433,512	-5,990	3,427,522	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,358,218	2,085,837	6,444,055	-1,985,856	4,458,199	52.00	
53.00	05300	ANESTHESIOLOGY	934,881	2,086,916	3,021,797	326,373	3,348,170	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,895,079	15,862,633	35,757,712	-2,346,311	33,411,401	54.00	
57.00	05700	CT SCAN	2,610,727	2,298,887	4,909,614	-991,115	3,918,499	57.00	
58.00	05800	MRI	2,893,770	2,717,075	5,610,845	-677,496	4,933,349	58.00	
59.00	05900	CARDIAC CATHETERIZATION	1,582,973	12,314,409	13,897,382	-12,887,140	1,010,242	59.00	
60.00	06000	LABORATORY	11,895,648	13,707,734	25,603,382	767,824	26,371,206	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,156,464	5,022,964	6,179,428	-259	6,179,169	63.00	
64.00	06400	INTRAVENOUS THERAPY	1,219,886	490,671	1,710,557	-9,627	1,700,930	64.00	
65.00	06500	RESPIRATORY THERAPY	6,427,390	3,680,843	10,108,233	-153,468	9,954,765	65.00	
66.00	06600	PHYSICAL THERAPY	8,256,889	1,103,402	9,360,291	703,449	10,063,740	66.00	
67.00	06700	OCCUPATIONAL THERAPY	2,280,686	29,592	2,310,278	173,664	2,483,942	67.00	
68.00	06800	SPEECH PATHOLOGY	1,290,678	27,510	1,318,188	97,185	1,415,373	68.00	
69.00	06900	ELECTROCARDIOLOGY	4,243,246	10,566,443	14,809,689	-10,370,556	4,439,133	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	554,789	407,711	962,500	-13,882	948,618	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	-1,047,211	-1,047,211	34,039,345	32,992,134	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	50,407,346	50,407,346	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	45,383,896	45,383,896	411,797	45,795,693	73.00	
74.00	07400	RENAL DIALYSIS	64,592	3,374,279	3,438,871	0	3,438,871	74.00	
76.00	03950	DIGESTIVE DISEASES	2,758,658	3,969,581	6,728,239	-3,270,041	3,458,198	76.00	
76.01	03951	ENTEROSTOMAL	407,994	15,066	423,060	0	423,060	76.01	
76.02	03952	DIABETIC SERVICE	1,660,720	147,007	1,807,727	-4,503	1,803,224	76.02	
76.03	03953	WOUND CARE	966,123	418,894	1,385,017	-70,708	1,314,309	76.03	
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,430,760	140,706	2,571,466	-390	2,571,076	76.04	
76.08	03956	SLEEP DISORDERS	1,533,243	280,561	1,813,804	-37,194	1,776,610	76.08	
76.09	03957	PAIN PROGRAM	1,231,132	499,525	1,730,657	-2,523	1,728,134	76.09	
76.97	07697	CARDIAC REHABILITATION	2,100,168	462,243	2,562,411	32,147	2,594,558	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	2,758,699	477,519	3,236,218	-49,660	3,186,558	90.00	
91.00	09100	EMERGENCY	35,999,099	-4,197,056	31,802,043	704,418	32,506,461	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,414,093	696,204	3,110,297	-19,486	3,090,811	92.01	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 14-0067	Period: From 10/01/2018 To 09/30/2019	Worksheet A Date/Time Prepared: 3/2/2020 9:15 am	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	916,664	2,187,048	3,103,712	-448,420	2,655,292	105.00
109.00	10900	PANCREAS ACQUISITION	108,121	105,961	214,082	-57,294	156,788	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	334,754,909	599,356,649	934,111,558	-244,661	933,866,897	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	0	0	0	31,512	31,512	194.00
194.01	07951	BRADLEY HEALTH SVC	526,669	63,807	590,476	-1,511	588,965	194.01
194.02	07952	COMMUNITY CLINIC	78,334	530,693	609,027	-5,000	604,027	194.02
194.03	07953	FUND RAISING	0	2,917,585	2,917,585	-7,863	2,909,722	194.03
194.04	07954	OUTREACH PHYSICIAN	215,679	40,777	256,456	-3,094	253,362	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	2,944,539	1,277,524	4,222,063	231,223	4,453,286	194.07
194.08	07958	INDUSTRIAL REHAB	135,011	9,934	144,945	-606	144,339	194.08
194.10	07960	IN-SCHOOL CLINIC	451,118	-46,887	404,231	0	404,231	194.10
194.11	07961	REGIONAL ACTIVITIES	0	0	0	0	0	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	105,990	-257,358	-151,368	0	-151,368	194.13
194.14	07964	MARKETING	165,367	813	166,180	0	166,180	194.14
200.00		TOTAL (SUM OF LINES 118 through 199)	339,377,616	603,893,537	943,271,153	0	943,271,153	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0067

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

Worksheet A

Date/Time Prepared:
3/2/2020 9:15 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	3,617,951	30,823,951	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	20,248,605	32,097,413	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,427,011	105,284,889	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	0	1,960,540	5.01
5.02	00570	ADMITTING	0	0	5.02
5.03	00540	OUTPATIENT REVENUES	0	345,517	5.03
5.04	00550	BUSINESS OFFICE	-11,919,260	15,898,663	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	-88,231,550	56,962,705	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	22,686,332	6.00
7.00	00700	OPERATION OF PLANT	0	9,349,708	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,540,535	8.00
9.00	00900	HOUSEKEEPING	-5,000	9,218,254	9.00
10.00	01000	DIETARY	-100,860	6,546,998	10.00
11.00	01100	CAFETERIA	-217,712	2,598,493	11.00
13.00	01300	NURSING ADMINISTRATION	5,173,750	10,592,105	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,801,285	14.00
15.00	01500	PHARMACY	-218,298	16,135,847	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-401,323	3,938,295	16.00
17.00	01700	SOCIAL SERVICE	-1,413,301	5,546,595	17.00
18.00	01850	PARKING	-38,731	1,234,741	18.00
20.00	02000	NURSING SCHOOL	-7,576,002	-1,905,514	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	16,776,319	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	-733,400	28,597,353	22.00
23.00	02300	PARAMEDICALEDUC - CLS	-36,668	26,555	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	-28,038	118,535	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	-2,640	72,283	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	-13,750	9,958	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	0	362,480	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	-69	221,007	23.05
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-10,963,134	84,350,042	30.00
31.00	03100	INTENSIVE CARE UNIT	-82,318	21,237,820	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	-188,006	9,507,193	31.01
41.00	04100	SUBPROVIDER - IRF	0	3,462,673	41.00
43.00	04300	NURSERY	0	3,720,162	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-624,575	26,602,444	50.00
51.00	05100	RECOVERY ROOM	0	3,427,522	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-761,213	3,696,986	52.00
53.00	05300	ANESTHESIOLOGY	-9,500	3,338,670	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-2,738,402	30,672,999	54.00
57.00	05700	CT SCAN	-1,555	3,916,944	57.00
58.00	05800	MRI	-50,003	4,883,346	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,010,242	59.00
60.00	06000	LABORATORY	-1,082,206	25,289,000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	6,179,169	63.00
64.00	06400	INTRAVENOUS THERAPY	-60,659	1,640,271	64.00
65.00	06500	RESPIRATORY THERAPY	-25,385	9,929,380	65.00
66.00	06600	PHYSICAL THERAPY	-3,880	10,059,860	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,483,942	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,415,373	68.00
69.00	06900	ELECTROCARDIOLOGY	-888,976	3,550,157	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	948,618	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	32,992,134	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	50,407,346	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-1,859,034	43,936,659	73.00
74.00	07400	RENAL DIALYSIS	0	3,438,871	74.00
76.00	03950	DIGESTIVE DISEASES	0	3,458,198	76.00
76.01	03951	ENTEROSTOMAL	-2,870	420,190	76.01
76.02	03952	DIABETIC SERVICE	-105,484	1,697,740	76.02
76.03	03953	WOUND CARE	-160,585	1,153,724	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-520,432	2,050,644	76.04
76.08	03956	SLEEP DISORDERS	-6,456	1,770,154	76.08
76.09	03957	PAIN PROGRAM	-539,605	1,188,529	76.09
76.97	07697	CARDIAC REHABILITATION	-243,562	2,350,996	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-728,476	2,458,082	90.00
91.00	09100	EMERGENCY	-14,287,920	18,218,541	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	3,090,811	92.01
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	-110,888	2,544,404	105.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0067

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

Worksheet A

Date/Time Prepared:
3/2/2020 9:15 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
109.00	10900	PANCREAS ACQUISITION	-10,835	145,953	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-120,379,266	813,487,631	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	SISTERS CONVENT	0	31,512	194.00
194.01	07951	BRADLEY HEALTH SVC	0	588,965	194.01
194.02	07952	COMMUNITY CLINIC	0	604,027	194.02
194.03	07953	FUND RAISING	0	2,909,722	194.03
194.04	07954	OUTREACH PHYSICIAN	283,983	537,345	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	4,453,286	194.07
194.08	07958	INDUSTRIAL REHAB	0	144,339	194.08
194.10	07960	IN-SCHOOL CLINIC	0	404,231	194.10
194.11	07961	REGIONAL ACTIVITIES	0	0	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	194.12
194.13	07963	CFH - ASC LLC	0	-151,368	194.13
194.14	07964	MARKETING	0	166,180	194.14
200.00		TOTAL (SUM OF LINES 118 through 199)	-120,095,283	823,175,870	200.00

RECLASSIFICATIONS

Provider CCN: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet A-6
Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - CONVENT NON-ALLOW COST					
1.00	SISTERS CONVENT	194.00	31,512	0		1.00
2.00		0.00	0	0		2.00
			31,512	0		
	B - PATHOLOGIST XVIII CLINICA					
1.00	I&R SERVICES-OTHER PRGM	22.00	41,340	0		1.00
	COSTS APPRV					
			41,340	0		
	C - COST OF MEDICAL SUPP SOLD					
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	34,041,295		1.00
	PATIENT					
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
			0	34,041,295		
	D - COST OF IMPLANT DEVICE SOLD					
1.00	IMPL. DEV. CHARGED TO	72.00	0	50,407,346		1.00
	PATIENTS					
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
			0	50,407,346		
	E - COST OF DRUGS CHARGED PTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	408,785		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
			0	408,785		
	F - RECLASS STD					
1.00	OTHER ADMINISTRATIVE AND	5.05	0	16,749		1.00
	GENERAL					
2.00	HOUSEKEEPING	9.00	0	24,622		2.00
3.00	DIETARY	10.00	0	3,872		3.00
4.00	NURSING ADMINISTRATION	13.00	0	5,296		4.00
5.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,130		5.00
6.00	NURSING SCHOOL	20.00	0	8,799		6.00
7.00	I&R SERVICES-OTHER PRGM	22.00	0	2,145		7.00
	COSTS APPRV					
8.00	ADULTS & PEDIATRICS	30.00	0	69,781		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	22,958		9.00
10.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	1,385		10.00
11.00	SUBPROVIDER - IRF	41.00	0	11,490		11.00
12.00	OPERATING ROOM	50.00	0	17,102		12.00
13.00	RECOVERY ROOM	51.00	0	875		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,428		14.00
15.00	ANESTHESIOLOGY	53.00	0	342		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	33,677		16.00

RECLASSIFICATIONS

Provider CCN: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet A-6
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
17.00	CT SCAN	57.00	0	2,622	17.00
18.00	MRI	58.00	0	5,574	18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	2,256	19.00
20.00	LABORATORY	60.00	0	18,263	20.00
21.00	RESPIRATORY THERAPY	65.00	0	12,207	21.00
22.00	DIGESTIVE DISEASES	76.00	0	795	22.00
23.00	SLEEP DISORDERS	76.00	0	6,034	23.00
24.00	CLINIC	90.00	0	5,719	24.00
25.00	EMERGENCY	91.00	0	13,161	25.00
26.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	4,477	26.00
27.00	RESEARCH, WELLNESS, WC	194.07	0	1,150	27.00
28.00		0.00	0	0	28.00
	0		0	299,909	
H - CON - TRAVEL AND MEETINGS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	76,881	1.00
2.00	PARAMED ED PRGM- PASTORAL	23.05	0	297	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	0		0	77,178	
I - CAFETERIA & CATERING EXPENSE					
1.00	CAFETERIA	11.00	1,957,386	858,819	1.00
2.00	RESEARCH, WELLNESS, WC	194.07	181,732	79,737	2.00
	0		2,139,118	938,556	
J - CENTER FOR HEALTH					
1.00	HOUSEKEEPING	9.00	0	2,136	1.00
	0		0	2,136	
K - POST TRANSPLANT EXPENSE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	109,284	54,403	1.00
2.00	ADULTS & PEDIATRICS	30.00	221,329	96,954	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	13,007	7,192	3.00
	0		343,620	158,549	
L - CON EDUCATIONAL ACTIVITIES					
1.00	NURSING ADMINISTRATION	13.00	179,986	23,745	1.00
	0		179,986	23,745	
M - RECLASS HISTOTECHNICIANS					
1.00	PARAMED ED PRGM-HISTOTECH	23.03	19,827	3,881	1.00
	0		19,827	3,881	
N - RECLASS DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	883,870	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,823,443	2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	20,735	3.00
4.00	PHYSICAL THERAPY	66.00	0	935	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00

RECLASSIFICATIONS

Provider CCN: 14-0067

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

Worksheet A-6

Date/Time Prepared:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
			0	3,728,983		
	O - RECLASS PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	745,976		1.00
2.00		0.00	0	0		2.00
			0	745,976		
	P - TO RECLASS ED SHARED COST					
1.00	EMERGENCY	91.00	0	9,827,943		1.00
2.00		0.00	0	0		2.00
			0	9,827,943		
	Q - RECLASS ENTERMAL AND CATERING COST					
1.00	DIETARY	10.00	0	933,345		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
			0	933,345		
	R - TO RECLASS ANES MED DIR TIME					
1.00	ANESTHESIOLOGY	53.00	0	400,000		1.00
			0	400,000		

RECLASSIFICATIONS

Provider CCN: 14-0067

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

Worksheet A-6

Date/Time Prepared:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
S - TO RECLASS NURSERY COST					
1.00	NURSERY	43.00	3,049,772	670,390	1.00
2.00		0.00	0	0	2.00
	0		3,049,772	670,390	
U - MINISTRY ALLOCATION RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,529,206	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	2,207,564	2.00
3.00	PHARMACY	15.00	0	1,289,985	3.00
4.00	SOCIAL SERVICE	17.00	0	6,959,896	4.00
5.00	PHYSICAL THERAPY	66.00	0	703,614	5.00
6.00	OCCUPATIONAL THERAPY	67.00	0	173,664	6.00
7.00	SPEECH PATHOLOGY	68.00	0	99,088	7.00
8.00	BUSINESS OFFICE	5.04	0	27,817,923	8.00
	0		0	52,780,940	
V - TO RECLASS PHYSICIAN EXPENSE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	220,220	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	97,629	2.00
3.00	CARDIAC REHABILITATION	76.97	67,000	0	3.00
4.00	I&R SERVICES-OTHER PRGM	22.00	802,416	0	4.00
5.00	COSTS APPRV				
	RADIOLOGY-DIAGNOSTIC	54.00	0	829,596	5.00
	0		869,416	1,147,445	
W - TO RECLASS HOSP AND PALLIATIVE CARE					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	73,896	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	63,331	2.00
	0		0	137,227	
X - TO RECLASS MAIN COST					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,228,441	1.00
2.00	LABORATORY	60.00	0	1,045,992	2.00
	0		0	7,274,433	
500.00	Grand Total: Increases		6,674,591	164,008,062	500.00

RECLASSIFICATIONS

Provider CCN: 14-0067

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

Worksheet A-6

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		Decreases						3/27/2020 9:15 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - CONVENT NON-ALLOW COST							
1.00		0.00	0	0	0			1.00
2.00	HOUSEKEEPING	9.00	31,512	0	0			2.00
	0		31,512	0				
	B - PATHOLOGIST XVIII CLINICA							
1.00	LABORATORY	60.00	41,340	0	0			1.00
	0		41,340	0				
	C - COST OF MEDICAL SUPP SOLD							
1.00	PHARMACY	15.00	0	338,840	0			1.00
2.00	OPERATING ROOM	50.00	0	17,239,699	0			2.00
3.00	ANESTHESIOLOGY	53.00	0	47,202	0			3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,458,811	0			4.00
5.00	CT SCAN	57.00	0	804,033	0			5.00
6.00	MRI	58.00	0	109,726	0			6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	4,573,275	0			7.00
8.00	LABORATORY	60.00	0	17,650	0			8.00
9.00	RESPIRATORY THERAPY	65.00	0	54,752	0			9.00
10.00	ELECTROCARDIOLOGY	69.00	0	2,983,948	0			10.00
11.00	DIGESTIVE DISEASES	76.00	0	2,413,359	0			11.00
	0		0	34,041,295				
	D - COST OF IMPLANT DEVICE SOLD							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	2,782	0			1.00
2.00	ADULTS & PEDIATRICS	30.00	0	41,374	0			2.00
3.00	INTENSIVE CARE UNIT	31.00	0	4,238	0			3.00
4.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	731	0			4.00
5.00	SUBPROVIDER - IRF	41.00	0	140	0			5.00
6.00	OPERATING ROOM	50.00	0	31,126,893	0			6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,811,808	0			7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	8,161,620	0			8.00
9.00	LABORATORY	60.00	0	62	0			9.00
10.00	RESPIRATORY THERAPY	65.00	0	39,920	0			10.00
11.00	ELECTROCARDIOLOGY	69.00	0	7,315,251	0			11.00
12.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,950	0			12.00
13.00	DIGESTIVE DISEASES	76.00	0	827,464	0			13.00
14.00	WOUND CARE	76.03	0	70,380	0			14.00
15.00	CLINIC	90.00	0	2,500	0			15.00
16.00	EMERGENCY	91.00	0	163	0			16.00
17.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	70	0			17.00
	0		0	50,407,346				
	E - COST OF DRUGS CHARGED PTS							
1.00	OPERATING ROOM	50.00	0	56,431	0			1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	70,875	0			2.00
3.00	CT SCAN	57.00	0	105,196	0			3.00
4.00	MRI	58.00	0	18,424	0			4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	53,232	0			5.00
6.00	LABORATORY	60.00	0	1,519	0			6.00
7.00	ELECTROCARDIOLOGY	69.00	0	17,765	0			7.00
8.00	DIGESTIVE DISEASES	76.00	0	3,635	0			8.00
9.00	CLINIC	90.00	0	3,236	0			9.00
10.00	EMERGENCY	91.00	0	71,221	0			10.00
11.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	7,251	0			11.00
	0		0	408,785				
	F - RECLASS STD							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	16,749	0	0			1.00
2.00	HOUSEKEEPING	9.00	24,622	0	0			2.00
3.00	DIETARY	10.00	3,872	0	0			3.00
4.00	NURSING ADMINISTRATION	13.00	5,296	0	0			4.00
5.00		0.00	0	0	0			5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	5,130	0	0			6.00
7.00	NURSING SCHOOL	20.00	8,799	0	0			7.00
8.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	2,145	0	0			8.00
9.00	ADULTS & PEDIATRICS	30.00	69,781	0	0			9.00
10.00	INTENSIVE CARE UNIT	31.00	22,958	0	0			10.00
11.00	NEONATAL INTENSIVE CARE UNIT	31.01	1,385	0	0			11.00
12.00	SUBPROVIDER - IRF	41.00	11,490	0	0			12.00
13.00	OPERATING ROOM	50.00	17,102	0	0			13.00
14.00	RECOVERY ROOM	51.00	875	0	0			14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	3,428	0	0			15.00

RECLASSIFICATIONS

Provider CCN: 14-0067

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

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
16.00	ANESTHESIOLOGY	53.00	342	0	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	33,677	0	0		17.00
18.00	CT SCAN	57.00	2,622	0	0		18.00
19.00	MRI	58.00	5,574	0	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	2,256	0	0		20.00
21.00	LABORATORY	60.00	18,263	0	0		21.00
22.00	RESPIRATORY THERAPY	65.00	12,207	0	0		22.00
23.00	DIGESTIVE DISEASES	76.00	795	0	0		23.00
24.00	SLEEP DISORDERS	76.00	6,034	0	0		24.00
25.00	CLINIC	90.00	5,719	0	0		25.00
26.00	EMERGENCY	91.00	13,161	0	0		26.00
27.00	OBSERVATION BEDS (DISTINCT PART)	92.01	4,477	0	0		27.00
28.00	RESEARCH, WELLNESS, WC	194.07	1,150	0	0		28.00
			299,909	0			
H - CON - TRAVEL AND MEETINGS							
1.00	NURSING SCHOOL	20.00	0	55,520	0		1.00
2.00	PARAMEDICALEDUC - CLS	23.00	0	2,524	0		2.00
3.00	PARAMEDICAL EDUC DIETARY	23.02	0	1,348	0		3.00
4.00	PARAMED ED PRGM- PGY 1	23.04	0	17,489	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	297	0		5.00
			0	77,178			
I - CAFETERIA & CATERING EXPENSE							
1.00	DIETARY	10.00	2,139,118	938,556	0		1.00
2.00		0.00	0	0	0		2.00
			2,139,118	938,556			
J - CENTER FOR HEALTH							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	2,136	0		1.00
			0	2,136			
K - POST TRANSPLANT EXPENSE							
1.00	KIDNEY ACQUISITION	105.00	286,485	158,390	0		1.00
2.00	PANCREAS ACQUISITION	109.00	57,135	159	0		2.00
3.00		0.00	0	0	0		3.00
			343,620	158,549			
L - CON EDUCATIONAL ACTIVITIES							
1.00	NURSING SCHOOL	20.00	179,986	23,745	0		1.00
			179,986	23,745			
M - RECLASS HISTOTECHNICIANS							
1.00	PARAMEDICALEDUC - CLS	23.00	19,827	3,881	0		1.00
			19,827	3,881			
N - RECLASS DEPRECIATION EXPENSE							
1.00		0.00	0	0	9		1.00
2.00		0.00	0	0	9		2.00
3.00	PURCHASING RECEIVING AND STORES	5.01	0	307	9		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	645,991	9		4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	160,379	9		5.00
6.00	OPERATION OF PLANT	7.00	0	934,920	9		6.00
7.00	HOUSEKEEPING	9.00	0	4,086	9		7.00
8.00	DIETARY	10.00	0	3,820	9		8.00
9.00	NURSING ADMINISTRATION	13.00	0	62,682	9		9.00
10.00		0.00	0	0	9		10.00
11.00	PHARMACY	15.00	0	1,861	9		11.00
12.00	NURSING SCHOOL	20.00	0	6,253	9		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	13,273	9		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	1,010	9		14.00
15.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	16,758	9		15.00
16.00	SUBPROVIDER - IRF	41.00	0	11,567	9		16.00
17.00	OPERATING ROOM	50.00	0	287,160	9		17.00
18.00	RECOVERY ROOM	51.00	0	4,148	9		18.00
19.00		0.00	0	0	9		19.00
20.00	ANESTHESIOLOGY	53.00	0	26,139	9		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	380,202	9		21.00
22.00	CT SCAN	57.00	0	81,312	9		22.00
23.00	MRI	58.00	0	549,082	9		23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	98,775	9		24.00
25.00	LABORATORY	60.00	0	215,376	9		25.00
26.00	RESPIRATORY THERAPY	65.00	0	53,516	9		26.00
27.00		0.00	0	0	9		27.00
28.00	ELECTROCARDIOLOGY	69.00	0	49,769	9		28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	12,884	9		29.00

RECLASSIFICATIONS

Provider CCN: 14-0067

Period:
From 10/01/2018
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
30.00	DRUGS CHARGED TO PATIENTS	73.00	0	17,187	9		30.00
31.00	DIGESTIVE DISEASES	76.00	0	15,823	9		31.00
32.00	WOUND CARE	76.03	0	282	9		32.00
33.00	SLEEP DISORDERS	76.08	0	36,719	9		33.00
34.00	CLINIC	90.00	0	15,045	9		34.00
35.00	EMERGENCY	91.00	0	15,228	9		35.00
36.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	1,016	9		36.00
37.00	KIDNEY ACQUISITION	105.00	0	1,010	9		37.00
38.00	RESEARCH, WELLNESS, WC	194.07	0	5,322	9		38.00
39.00	INDUSTRIAL REHAB	194.08	0	81	9		39.00
40.00	INDUSTRIAL REHAB				9		40.00
	0		0	3,728,983			
O - RECLASS PROPERTY INSURANCE							
1.00		0.00	0	0	12		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	745,976	12		2.00
	0		0	745,976			
P - TO RECLASS ED SHARED COST							
1.00	EMERGENCY	91.00	8,100,048	0	0		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,727,895	0		2.00
	0		8,100,048	1,727,895			
Q - RECLASS ENTERTAL AND CATERING COST							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	27,882	0		1.00
2.00	PURCHASING RECEIVING AND STORES	5.01	0	583	0		2.00
3.00	OUTPATIENT REVENUES	5.03	0	92	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	136,581	0		4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	2,000	0		5.00
6.00	HOUSEKEEPING	9.00	0	995	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	15,899	0		7.00
8.00	PHARMACY	15.00	0	141	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	807	0		9.00
10.00	NURSING SCHOOL	20.00	0	19,535	0		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	28,102	0		11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	15,106	0		12.00
13.00	PARAMEDICALEDUC - CLS	23.00	0	622	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	317,093	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	64,323	0		15.00
16.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	15,564	0		16.00
17.00	SUBPROVIDER - IRF	41.00	0	11,129	0		17.00
18.00	OPERATING ROOM	50.00	0	22,926	0		18.00
19.00	RECOVERY ROOM	51.00	0	1,842	0		19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	6,664	0		20.00
21.00	ANESTHESIOLOGY	53.00	0	286	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	13,407	0		22.00
23.00	CT SCAN	57.00	0	574	0		23.00
24.00	MRI	58.00	0	264	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	238	0		25.00
26.00	LABORATORY	60.00	0	2,221	0		26.00
27.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	259	0		27.00
28.00	INTRAVENOUS THERAPY	64.00	0	9,627	0		28.00
29.00	RESPIRATORY THERAPY	65.00	0	1,629	0		29.00
30.00	PHYSICAL THERAPY	66.00	0	1,100	0		30.00
31.00	SPEECH PATHOLOGY	68.00	0	1,903	0		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	3,823	0		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	998	0		33.00
34.00	DIGESTIVE DISEASES	76.00	0	9,760	0		34.00
35.00	DIABETIC SERVICE	76.02	0	4,503	0		35.00
36.00	WOUND CARE	76.03	0	46	0		36.00
37.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0	390	0		37.00
38.00	SLEEP DISORDERS	76.08	0	475	0		38.00
39.00	PAIN PROGRAM	76.09	0	2,523	0		39.00
40.00	CARDIAC REHABILITATION	76.97	0	34,853	0		40.00
41.00	CLINIC	90.00	0	28,879	0		41.00
42.00	EMERGENCY	91.00	0	71,100	0		42.00
43.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	11,149	0		43.00
44.00	KIDNEY ACQUISITION	105.00	0	2,535	0		44.00

RECLASSIFICATIONS

Provider CCN: 14-0067

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

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
45.00	BRADLEY HEALTH SVC	194.01	0	1,511	0		45.00
46.00	COMMUNITY CLINIC	194.02	0	5,000	0		46.00
47.00	FUND RAISING	194.03	0	7,863	0		47.00
48.00	OUTREACH PHYSICIAN	194.04	0	3,094	0		48.00
49.00	RESEARCH, WELLNESS, WC	194.07	0	24,924	0		49.00
50.00	INDUSTRIAL REHAB	194.08	0	525	0		50.00
			0	933,345			
	R - TO RECLASS ANES MED DIR TIME						
1.00	OPERATING ROOM	50.00	0	400,000	0		1.00
			0	400,000			
	S - TO RECLASS NURSERY COST						
1.00	ADULTS & PEDIATRICS	30.00	1,385,040	335,195	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,664,732	335,195	0		2.00
			3,049,772	670,390			
	U - MINISTRY ALLOCATION RECLASS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	52,780,940	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
			0	52,780,940			
	V - TO RECLASS PHYSICIAN EXPENSE						
1.00	RESPIRATORY THERAPY	65.00	3,651	0	0		1.00
2.00	EMERGENCY	91.00	865,765	0	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	317,849	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	669,245	0	0		4.00
5.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	160,351	0		5.00
			1,538,661	478,200			
	W - TO RECLASS HOSP AND PALLIATIVE CARE						
1.00	ADULTS & PEDIATRICS	30.00	0	137,227	0		1.00
2.00		0.00	0	0	9		2.00
			0	137,227			
	X - TO RECLASS MAIN COST						
1.00	MAINTENANCE & REPAIRS	6.00	0	7,274,433	0		1.00
2.00		0.00	0	0	0		2.00
			0	7,274,433			
500.00	Grand Total: Decreases		15,743,793	154,938,860			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet A-7
Part I
Date/Time Prepared:
3/2/2020 9:15 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	10,695,569	1,180,000	0	1,180,000	183,086	1.00	
2.00	Land Improvements	9,579,625	616,630	0	616,630	820,675	2.00	
3.00	Buildings and Fixtures	705,177,396	7,734,692	0	7,734,692	12,925,935	3.00	
4.00	Building Improvements	2,112,160	0	0	0	900,921	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	271,630,113	12,828,858	0	12,828,858	32,657,299	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	999,194,863	22,360,180	0	22,360,180	47,487,916	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	999,194,863	22,360,180	0	22,360,180	47,487,916	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	11,692,483	0				1.00	
2.00	Land Improvements	9,375,580	0				2.00	
3.00	Buildings and Fixtures	699,986,153	0				3.00	
4.00	Building Improvements	1,211,239	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	251,801,672	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	974,067,127	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	974,067,127	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet A-7
Part II
Date/Time Prepared:
3/2/2020 9:15 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	25,773,256	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	8,764,932	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	34,538,188	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
		PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2					
1.00	CAP REL COSTS-BLDG & FIXT	0	25,773,256				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	8,764,932				2.00
3.00	Total (sum of lines 1-2)	0	34,538,188				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet A-7
Part III
Date/Time Prepared:
3/2/2020 9:15 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	701,197,393	0	701,197,393	0.735780	548,874	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	251,801,672	0	251,801,672	0.264220	197,102	2.00
3.00	Total (sum of lines 1-2)	952,999,065	0	952,999,065	1.000000	745,976	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	548,874	25,408,070	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	197,102	30,245,146	0	2.00
3.00	Total (sum of lines 1-2)	0	0	745,976	55,653,216	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	4,867,007	548,874	0	0	30,823,951	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,655,165	197,102	0	0	32,097,413	2.00
3.00	Total (sum of lines 1-2)	6,522,172	745,976	0	0	62,921,364	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0067

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

Worksheet A-8

Date/Time Prepared:
3/2/2020 9:15 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)	A	-14,980	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	8.00
9.00	Parking lot (chapter 21)	A	-38,731	PARKING	18.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-33,047,198			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-37,111,761			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	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	-20,053	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-160,637	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)	B	-7,468,714	NURSING SCHOOL	20.00	0	19.00
20.00	Vending machines	B	-145,045	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-908,957	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	4,504,200	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	5,255,654	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	WORKERS COMP CHARGES W/O	A	-210,344	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0067

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

Worksheet A-8

Date/Time Prepared:
3/2/2020 9:15 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	
33.08 UNEMPLOYMENT COMPENSATION NET	A	104,788	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	33.08
34.03 TUITION HISTOTECH SCHOOL	B	-13,750	PARAMED ED PRGM-HISTOTECH	23.03	0	34.03
34.05 TUITION CLS LAB TECH SCHOOL	B	-36,668	PARAMEDICALEDUC - CLS	23.00	0	34.05
34.06 TUITION X-RAY TECH SCHOOL	B	-28,038	PARAMEDICAL EDUC X-RAY	23.01	0	34.06
35.00 TUITION & FEE DIETICIAN SCHOOL	B	-2,640	PARAMEDICAL EDUC DIETARY	23.02	0	35.00
35.01 CONTRACT PHARMACY	A	-1,838,981	DRUGS CHARGED TO PATIENTS	73.00	0	35.01
35.02 BRANDING REVENUE	B	-72,667	CAFETERIA	11.00	0	35.02
35.03 LOBBYING COSTS - ASSOC DUES - ADMIN	A	-86,143	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	35.03
35.04 OTHER REVENUE OFFSET	B	-4,929	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	35.04
36.00 OTHER REVENUE OFFSET	B	-279,301	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	36.00
37.00 OTHER REVENUE OFFSET	B	-58,329	CARDIAC REHABILITATION	76.97	0	37.00
37.01 OTHER REVENUE OFFSET	B	-5,000	HOUSEKEEPING	9.00	0	37.01
38.00 OTHER REVENUE OFFSET	B	-100,860	DIETARY	10.00	0	38.00
38.01 OTHER REVENUE OFFSET	B	-4,013	NURSING ADMINISTRATION	13.00	0	38.01
38.02 OTHER REVENUE OFFSET	B	-623,818	CLINIC	90.00	0	38.02
39.00 OTHER REVENUE OFFSET	B	-42,384	NURSING SCHOOL	20.00	0	39.00
39.01 OTHER REVENUE OFFSET	B	-714,490	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	39.01
39.02 OTHER REVENUE OFFSET	B	-2,000	ANESTHESIOLOGY	53.00	0	39.02
40.00 OTHER REVENUE OFFSET	B	-48,142	RADIOLOGY-DIAGNOSTIC	54.00	0	40.00
40.01 OTHER REVENUE OFFSET	B	-105	CT SCAN	57.00	0	40.01
40.02 OTHER REVENUE OFFSET	B	-3,880	PHYSICAL THERAPY	66.00	0	40.02
40.03 OTHER REVENUE OFFSET	B	-2,870	ENTEROSTOMAL	76.01	0	40.03
40.04 OTHER REVENUE OFFSET	B	-22,155	DIABETIC SERVICE	76.02	0	40.04
40.05 OTHER REVENUE OFFSET	B	-10,058	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0	40.05
40.06 OTHER REVENUE OFFSET	B	-750	CLINIC	90.00	0	40.06
40.07 OTHER REVENUE OFFSET	B	-6,471	CLINIC	90.00	0	40.07
40.08 OTHER REVENUE OFFSET	B	-421,287	EMERGENCY	91.00	0	40.08
40.09 CAT EKG STORAGE FEE	B	-882,350	ELECTROCARDIOLOGY	69.00	0	40.09
40.10 MEDICAID ASSESSMENT TAX	A	-39,263,918	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	40.10
40.12 NON-ALLOWABLE MARKETING	A	-14,014	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	40.12
40.13 NON-ALLOWABLE MARKETING	A	-18,141	NURSING ADMINISTRATION	13.00	0	40.13
40.14 NON-ALLOWABLE MARKETING	A	-470	PHARMACY	15.00	0	40.14
40.15 NON-ALLOWABLE MARKETING	A	-64,904	NURSING SCHOOL	20.00	0	40.15
40.16 NON-ALLOWABLE MARKETING	A	-69	PARAMED ED PRGM- PASTORAL	23.05	0	40.16
40.17 NON-ALLOWABLE MARKETING	A	-7,075	ADULTS & PEDIATRICS	30.00	0	40.17
40.20 NON-ALLOWABLE MARKETING	A	-490	NEONATAL INTENSIVE CARE UNIT	31.01	0	40.20
40.21 NON-ALLOWABLE MARKETING	A	-1,139	RADIOLOGY-DIAGNOSTIC	54.00	0	40.21
40.23 NON-ALLOWABLE MARKETING	A	-1,450	CT SCAN	57.00	0	40.23
40.24 NON-ALLOWABLE MARKETING	A	-356	LABORATORY	60.00	0	40.24
40.27 NON-ALLOWABLE MARKETING	A	-3,465	CARDIAC REHABILITATION	76.97	0	40.27
40.29 NON-ALLOWABLE MARKETING	A	-4,911	CLINIC	90.00	0	40.29
40.30 NON-ALLOWABLE MARKETING	A	-1,339	EMERGENCY	91.00	0	40.30
40.31 NON-ALLOWABLE MARKETING	A	-500	KIDNEY ACQUISITION	105.00	0	40.31
40.35 MOONLIGHTING RESIDENTS	A	-18,910	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	40.35
40.37 MOONLIGHTING RESIDENTS	A	-280,676	ADULTS & PEDIATRICS	30.00	0	40.37
40.38 MOONLIGHTING RESIDENTS	A	-9,255	INTENSIVE CARE UNIT	31.00	0	40.38
40.39 MOONLIGHTING RESIDENTS	A	-44,645	MRI	58.00	0	40.39
40.40 MOONLIGHTING RESIDENTS	A	-3,600	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	40.40
40.44 MOONLIGHTING RESIDENTS	A	-19,878	EMERGENCY	91.00	0	40.44
40.46 MOONLIGHTING RESIDENTS	A	-4,500	MEDICAL RECORDS & LIBRARY	16.00	0	40.46
40.47 MOONLIGHTING RESIDENTS - EB OFFSET	A	-58,915	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.47
40.48 CLINIC PSYCH SAL PART B OFFSET	A	-423,446	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0	40.48
40.49 CLINIC PSYCH PART B OFFSET BENEFIT	A	-66,817	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.49
40.50 DONATIONS	A	-2,996,079	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	40.50
40.51 PART B PHYSICIAN COMPENSATION	A	-2,049,484	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.51
41.00 RN-BSN TUITION REVENUES OFFSET	B	-121,884	NURSING ADMINISTRATION	13.00	0	41.00
41.02 RETIREMENT GIFTS	A	-36,522	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	41.02

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0067

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

Worksheet A-8

Date/Time Prepared:
3/2/2020 9:15 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	
41.03	PHYSICIAN RECRUITMENT	A	-3,726	OTHER ADMINISTRATIVE AND	5.05	0	41.03
41.04	PHYSICIAN RECRUITMENT	A	-848	GENERAL	91.00	0	41.04
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-120,095,283	EMERGENCY			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: 14-0067

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

Worksheet A-8-1

Date/Time Prepared:
3/2/2020 9:15 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	2,764,501	8,517,757	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	MINISTRY CHARGES - EQUIPMENT	13,337,786	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY CHARGES - POOLED EB	13,529,206	13,529,206	3.00
3.01	5.01	PURCHASING RECEIVING AND STO	MINISTRY CHARGES - POOLED MA	1,157,078	1,157,078	3.01
3.02	7.00	OPERATION OF PLANT	MINISTRY CHARGES - POOLED EN	2,207,564	2,207,564	3.02
3.03	5.05	OTHER ADMINISTRATIVE AND GEN	MINISTRY CHARGES - A & G	41,218,462	85,650,240	3.03
3.04	30.00	ADULTS & PEDIATRICS	MINISTRY CHARGES - A & P	682,631	682,631	3.04
3.05	31.00	INTENSIVE CARE UNIT	MINISTRY CHARGES - EICU	1,622,814	1,622,814	3.05
3.06	66.00	PHYSICAL THERAPY	MINISTRY CHARGES - REHAB ADM	703,614	703,614	3.06
3.07	67.00	OCCUPATIONAL THERAPY	MINISTRY CHARGES - REHAB ADM	173,664	173,664	3.07
3.08	68.00	SPEECH PATHOLOGY	MINISTRY CHARGES - REHAB ADM	99,088	99,088	3.08
3.09	6.00	MAINTENANCE & REPAIRS	MINISTRY CHARGES - BIO MED M	5,243,918	5,243,918	3.09
3.10	54.00	RADIOLOGY-DIAGNOSTIC	MINISTRY CHARGES - BIO MED I	6,228,441	6,228,441	3.10
3.11	60.00	LABORATORY	MINISTRY CHARGES - BIO MED L	1,045,992	1,045,992	3.11
3.12	73.00	DRUGS CHARGED TO PATIENTS	MINISTRY CHARGES - PHARMACY	5,113,774	5,113,774	3.12
3.13	1.00	CAP REL COSTS-BLDG & FIXT	MINISTRY CHARGES - INTEREST	4,867,007	0	3.13
3.14	2.00	CAP REL COSTS-MVBLE EQUIP	MINISTRY CHARGES - INTEREST	1,655,165	0	3.14
3.15	5.04	BUSINESS OFFICE	MINISTRY CHARGES - FUNCTIONA	15,898,663	27,817,923	3.15
4.00	13.00	NURSING ADMINISTRATION	MINISTRY CHARGES - FUNCTIONA	5,317,788	0	4.00
4.01	17.00	SOCIAL SERVICE	MINISTRY CHARGES - FUNCTIONA	5,546,595	6,959,896	4.01
4.02	5.05	OTHER ADMINISTRATIVE AND GEN	SFI RELATED PARTY	1,053,334	561,423	4.02
4.03	54.00	RADIOLOGY-DIAGNOSTIC	SFI RELATED PARTY	1,596,762	1,208,380	4.03
4.04	58.00	MRI	SFI RELATED PARTY	323,479	324,891	4.04
4.05	60.00	LABORATORY	SFI RELATED PARTY	268,157	202,933	4.05
4.06	194.04	OUTREACH PHYSICIAN	SFI RELATED PARTY	1,351,443	1,067,460	4.06
4.07	0.00			0	0	4.07
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			133,006,926	170,118,687	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	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: 14-0067

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

Worksheet A-8-1

Date/Time Prepared:
3/2/2020 9:15 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	-5,753,256	9		1.00
2.00	13,337,786	9		2.00
3.00	0	0		3.00
3.01	0	0		3.01
3.02	0	0		3.02
3.03	-44,431,778	0		3.03
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
3.11	0	0		3.11
3.12	0	0		3.12
3.13	4,867,007	11		3.13
3.14	1,655,165	11		3.14
3.15	-11,919,260	0		3.15
4.00	5,317,788	0		4.00
4.01	-1,413,301	0		4.01
4.02	491,911	0		4.02
4.03	388,382	0		4.03
4.04	-1,412	0		4.04
4.05	65,224	0		4.05
4.06	283,983	0		4.06
4.07	0	0		4.07
5.00	-37,111,761			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: 14-0067

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

Worksheet A-8-2

Date/Time Prepared:
3/2/2020 9:15 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	5.05	OTHER ADMINISTRATIVE AND GENERAL	1,171,678	608,820	562,858	211,500	3,402	1.00
2.00	15.00	PHARMACY	225,149	210,149	15,000	211,500	72	2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	305,228	107,250	197,978	211,500	679	3.00
4.00	30.00	ADULTS & PEDIATRICS	11,351,441	10,341,517	1,009,924	197,500	7,120	4.00
5.00	31.00	INTENSIVE CARE UNIT	179,884	0	179,884	197,500	1,125	5.00
6.00	31.01	NEONATAL INTENSIVE CARE UNIT	191,029	186,386	4,643	197,500	37	6.00
7.00	50.00	OPERATING ROOM	721,003	7,827	713,176	246,400	814	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	761,213	761,213	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	407,500	7,500	400,000	239,400	3,540	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	3,129,269	3,029,269	100,000	271,900	396	10.00
11.00	58.00	MRI	3,946	3,946	0	0	0	11.00
12.00	60.00	LABORATORY	1,285,484	1,105,751	179,733	260,300	1,106	12.00
13.00	64.00	INTRAVENOUS THERAPY	60,659	60,659	0	0	0	13.00
14.00	65.00	RESPIRATORY THERAPY	26,198	24,377	1,821	211,500	8	14.00
15.00	69.00	ELECTROCARDIOLOGY	9,000	0	9,000	197,500	25	15.00
16.00	76.02	DIABETIC SERVICE	83,329	83,329	0	0	0	16.00
17.00	76.03	WOUND CARE	160,585	160,585	0	0	0	17.00
18.00	76.04	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	86,928	86,928	0	0	0	18.00
19.00	76.08	SLEEP DISORDERS	6,659	6,193	466	211,500	2	19.00
20.00	76.09	PAIN PROGRAM	601,428	494,987	106,441	211,500	608	20.00
21.00	76.97	CARDIAC REHABILITATION	183,903	181,731	2,172	211,500	21	21.00
22.00	90.00	CLINIC	92,526	92,526	0	0	0	22.00
23.00	91.00	EMERGENCY	14,346,677	13,240,586	1,106,091	211,500	4,938	23.00
24.00	105.00	KIDNEY ACQUISITION	152,993	0	152,993	211,500	419	24.00
25.00	109.00	PANCREAS ACQUISITION	15,004	0	15,004	211,500	41	25.00
200.00			35,558,713	30,801,529	4,757,184		24,353	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	5.05	OTHER ADMINISTRATIVE AND GENERAL	345,925	17,296	0	0	0	1.00
2.00	15.00	PHARMACY	7,321	366	0	0	0	2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	69,042	3,452	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	676,058	33,803	0	0	0	4.00
5.00	31.00	INTENSIVE CARE UNIT	106,821	5,341	0	0	0	5.00
6.00	31.01	NEONATAL INTENSIVE CARE UNIT	3,513	176	0	0	0	6.00
7.00	50.00	OPERATING ROOM	96,428	4,821	0	0	0	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	8.00
9.00	53.00	ANESTHESIOLOGY	407,440	20,372	0	0	0	9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	51,766	2,588	0	0	0	10.00
11.00	58.00	MRI	0	0	0	0	0	11.00
12.00	60.00	LABORATORY	138,410	6,921	0	0	0	12.00
13.00	64.00	INTRAVENOUS THERAPY	0	0	0	0	0	13.00
14.00	65.00	RESPIRATORY THERAPY	813	41	0	0	0	14.00
15.00	69.00	ELECTROCARDIOLOGY	2,374	119	0	0	0	15.00
16.00	76.02	DIABETIC SERVICE	0	0	0	0	0	16.00
17.00	76.03	WOUND CARE	0	0	0	0	0	17.00
18.00	76.04	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	18.00
19.00	76.08	SLEEP DISORDERS	203	10	0	0	0	19.00
20.00	76.09	PAIN PROGRAM	61,823	3,091	0	0	0	20.00
21.00	76.97	CARDIAC REHABILITATION	2,135	107	0	0	0	21.00
22.00	90.00	CLINIC	0	0	0	0	0	22.00
23.00	91.00	EMERGENCY	502,109	25,105	0	0	0	23.00
24.00	105.00	KIDNEY ACQUISITION	42,605	2,130	0	0	0	24.00
25.00	109.00	PANCREAS ACQUISITION	4,169	208	0	0	0	25.00
200.00			2,518,955	125,947	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	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	345,925	216,933	825,753		1.00
2.00	15.00	PHARMACY	0	7,321	7,679	217,828		2.00
3.00	16.00	MEDICAL RECORDS & LIBRARY	0	69,042	128,936	236,186		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	676,058	333,866	10,675,383		4.00
5.00	31.00	INTENSIVE CARE UNIT	0	106,821	73,063	73,063		5.00
6.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	3,513	1,130	187,516		6.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0067

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

Worksheet A-8-2

Date/Time Prepared:
3/2/2020 9:15 am

	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		
7.00	50.00	OPERATING ROOM	0	96,428	616,748	624,575		7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	761,213		8.00
9.00	53.00	ANESTHESIOLOGY	0	407,440	0	7,500		9.00
10.00	54.00	RADIOLOGY-DIAGNOSTIC	0	51,766	48,234	3,077,503		10.00
11.00	58.00	MRI	0	0	0	3,946		11.00
12.00	60.00	LABORATORY	0	138,410	41,323	1,147,074		12.00
13.00	64.00	INTRAVENOUS THERAPY	0	0	0	60,659		13.00
14.00	65.00	RESPIRATORY THERAPY	0	813	1,008	25,385		14.00
15.00	69.00	ELECTROCARDIOLOGY	0	2,374	6,626	6,626		15.00
16.00	76.02	DIABETIC SERVICE	0	0	0	83,329		16.00
17.00	76.03	WOUND CARE	0	0	0	160,585		17.00
18.00	76.04	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	86,928		18.00
19.00	76.08	SLEEP DISORDERS	0	203	263	6,456		19.00
20.00	76.09	PAIN PROGRAM	0	61,823	44,618	539,605		20.00
21.00	76.97	CARDIAC REHABILITATION	0	2,135	37	181,768		21.00
22.00	90.00	CLINIC	0	0	0	92,526		22.00
23.00	91.00	EMERGENCY	0	502,109	603,982	13,844,568		23.00
24.00	105.00	KIDNEY ACQUISITION	0	42,605	110,388	110,388		24.00
25.00	109.00	PANCREAS ACQUISITION	0	4,169	10,835	10,835		25.00
200.00			0	2,518,955	2,245,669	33,047,198		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
3/2/2020 9:15 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	30,823,951	30,823,951			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	32,097,413	32,097,413			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	105,284,889	119,098	402	105,404,389	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	1,960,540	71,331	12,349	428,848	2,473,068
5.02	00570	ADMITTING	0	92,364	0	0	0
5.03	00540	OUTPATIENT REVENUES	345,517	0	27	109,887	440
5.04	00550	BUSINESS OFFICE	15,898,663	8,712	0	0	0
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	56,962,705	2,361,852	18,705,947	6,413,014	30,715
6.00	00600	MAINTENANCE & REPAIRS	22,686,332	5,528,924	842,269	1,512,358	330,802
7.00	00700	OPERATION OF PLANT	9,349,708	542,402	125,999	673,261	72,187
8.00	00800	LAUNDRY & LINEN SERVICE	2,540,535	71,630	0	77,432	24,414
9.00	00900	HOUSEKEEPING	9,218,254	236,781	20,445	2,171,581	136,010
10.00	01000	DIETARY	6,546,998	232,655	39,985	1,551,487	12,096
11.00	01100	CAFETERIA	2,598,493	96,331	16,717	657,423	5,121
13.00	01300	NURSING ADMINISTRATION	10,592,105	220,155	256,083	1,675,080	16,263
14.00	01400	CENTRAL SERVICES & SUPPLY	2,801,285	75,000	116,867	842,620	34,100
15.00	01500	PHARMACY	16,135,847	1,814,805	218,746	3,019,980	50,262
16.00	01600	MEDICAL RECORDS & LIBRARY	3,938,295	129,684	3,906	1,119,580	1,207
17.00	01700	SOCIAL SERVICE	5,546,595	0	0	0	0
18.00	01850	PARKING	1,234,741	1,057	498,690	0	0
20.00	02000	NURSING SCHOOL	-1,905,514	1,233,009	81,444	1,703,734	12,028
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	16,776,319	1,386,358	0	5,098,229	5,062
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	28,597,353	57,914	6,779	3,604,059	6,368
23.00	02300	PARAMEDICALEDUC - CLS	26,555	8,553	0	17,758	224
23.01	02301	PARAMEDICAL EDUC X-RAY	118,535	22,388	0	47,396	50
23.02	02302	PARAMEDICAL EDUC DIETARY	72,283	15,690	0	24,184	31
23.03	02303	PARAMED ED PRGM-HISTOTECH	9,958	3,210	0	6,659	84
23.04	02304	PARAMED ED PRGM- PGY 1	362,480	25,020	0	120,789	0
23.05	02305	PARAMED ED PRGM- PASTORAL	221,007	36,982	3,505	69,103	69
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	84,350,042	5,896,508	407,849	21,778,080	374,681
31.00	03100	INTENSIVE CARE UNIT	21,237,820	806,017	255,716	5,393,897	132,733
31.01	02060	NEONATAL INTENSIVE CARE UNIT	9,507,193	550,456	161,727	2,799,613	33,938
41.00	04100	SUBPROVIDER - IRF	3,462,673	86,802	37,450	913,024	12,995
43.00	04300	NURSERY	3,720,162	7,755	0	1,024,321	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,602,444	2,557,744	1,669,146	6,201,903	267,565
51.00	05100	RECOVERY ROOM	3,427,522	106,897	15,297	1,105,095	433
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,696,986	261,063	120,002	903,504	22,387
53.00	05300	ANESTHESIOLOGY	3,338,670	30,881	277,192	311,363	3,157
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,672,999	1,612,274	2,733,103	5,686,683	400,566
57.00	05700	CT SCAN	3,916,944	76,535	240,707	875,979	74,445
58.00	05800	MRI	4,883,346	305,441	1,333,332	953,732	5,383
59.00	05900	CARDIAC CATHETERIZATION	1,010,242	157,854	645,685	530,912	11,815
60.00	06000	LABORATORY	25,289,000	666,225	891,864	3,975,349	214,259
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	6,179,169	151,255	827	388,419	14,026
64.00	06400	INTRAVENOUS THERAPY	1,640,271	44,517	8,943	392,706	2,883
65.00	06500	RESPIRATORY THERAPY	9,929,380	159,389	252,874	2,145,241	14,644
66.00	06600	PHYSICAL THERAPY	10,059,860	152,870	237,809	2,773,225	6,950
67.00	06700	OCCUPATIONAL THERAPY	2,483,942	57,436	19,753	766,009	233
68.00	06800	SPEECH PATHOLOGY	1,415,373	7,257	0	433,497	1,749
69.00	06900	ELECTROCARDIOLOGY	3,550,157	164,593	643,998	1,425,171	2,354
70.00	07000	ELECTROENCEPHALOGRAPHY	948,618	4,884	46,405	186,336	2,926
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	32,992,134	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	50,407,346	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	43,936,659	0	7,785	4,369	0
74.00	07400	RENAL DIALYSIS	3,438,871	51,535	0	21,694	2,617
76.00	03950	DIGESTIVE DISEASES	3,458,198	175,996	547,515	926,278	22,193
76.01	03951	ENTEROSTOMAL	420,190	0	0	137,032	66
76.02	03952	DIABETIC SERVICE	1,697,740	90,151	0	529,795	1,206
76.03	03953	WOUND CARE	1,153,724	90,111	8,749	270,554	1,910
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,050,644	267,244	850	701,048	6,889
76.08	03956	SLEEP DISORDERS	1,770,154	49,920	57,240	510,861	13,371
76.09	03957	PAIN PROGRAM	1,188,529	66,008	30,732	337,033	2,910
76.97	07697	CARDIAC REHABILITATION	2,350,996	39,115	33,970	666,845	2,086
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,458,082	198,923	77,904	924,638	6,555
91.00	09100	EMERGENCY	18,218,541	763,135	148,942	5,891,986	58,930

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
3/2/2020 9:15 am

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,090,811	296,051	81,104	809,313	9,816	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	2,544,404	31,659	926	211,657	508	105.00
109.00	10900	PANCREAS ACQUISITION	145,953	2,612	91	17,125	42	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	813,487,631	30,379,018	31,945,647	103,868,749	2,466,754	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20,773	3,283	0	0	190.00
194.00	07950	SISTERS CONVENT	31,512	0	0	10,584	0	194.00
194.01	07951	BRADLEY HEALTH SVC	588,965	0	0	176,891	145	194.01
194.02	07952	COMMUNITY CLINIC	604,027	0	0	26,310	0	194.02
194.03	07953	FUND RAISING	2,909,722	3,409	2,883	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	537,345	387,837	12,449	72,440	218	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	4,453,286	17,424	103,964	997,012	5,394	194.07
194.08	07958	INDUSTRIAL REHAB	144,339	0	12,886	45,346	189	194.08
194.10	07960	IN-SCHOOL CLINIC	404,231	379	0	151,516	350	194.10
194.11	07961	REGIONAL ACTIVITIES	0	13,656	0	0	0	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	-151,368	0	16,301	0	5	194.13
194.14	07964	MARKETING	166,180	1,455	0	55,541	13	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	823,175,870	30,823,951	32,097,413	105,404,389	2,473,068	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
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Cost Center Description			ADMITTING	OUTPATIENT REVENUES	BUSINESS OFFICE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING	92,364					5.02
5.03	00540	OUTPATIENT REVENUES	0	455,871				5.03
5.04	00550	BUSINESS OFFICE	0	0	15,907,375			5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	84,474,233	84,474,233	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	30,900,685	3,532,999	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	10,763,557	1,230,641	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,714,011	310,304	8.00
9.00	00900	HOUSEKEEPING	0	0	0	11,783,071	1,347,206	9.00
10.00	01000	DIETARY	0	0	0	8,383,221	958,487	10.00
11.00	01100	CAFETERIA	0	0	0	3,374,085	385,773	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	12,759,686	1,458,866	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	3,869,872	442,458	14.00
15.00	01500	PHARMACY	0	0	0	21,239,640	2,428,413	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	5,192,672	593,699	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	5,546,595	634,164	17.00
18.00	01850	PARKING	0	0	0	1,734,488	198,311	18.00
20.00	02000	NURSING SCHOOL	0	0	0	1,124,701	128,592	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	23,265,968	2,660,091	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	32,272,473	3,689,841	22.00
23.00	02300	PARAMEDICALEDUC - CLS	0	0	0	53,090	6,070	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	0	0	0	188,369	21,537	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	0	0	0	112,188	12,827	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	19,911	2,277	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	0	0	0	508,289	58,115	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	0	0	0	330,666	37,806	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,375	0	1,275,112	114,089,647	13,044,405	30.00
31.00	03100	INTENSIVE CARE UNIT	2,001	0	346,001	28,174,185	3,221,267	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	735	0	127,135	13,180,797	1,507,013	31.01
41.00	04100	SUBPROVIDER - IRF	264	0	45,725	4,558,933	521,241	41.00
43.00	04300	NURSERY	566	0	97,884	4,850,688	554,599	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,917	42,459	1,368,784	38,717,962	4,426,779	50.00
51.00	05100	RECOVERY ROOM	1,352	9,141	233,801	4,899,538	560,184	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	511	877	88,379	5,093,709	582,384	52.00
53.00	05300	ANESTHESIOLOGY	4,542	24,762	785,284	4,775,851	546,042	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,163	74,774	1,584,224	42,773,786	4,890,498	54.00
57.00	05700	CT SCAN	3,391	21,325	586,223	5,795,549	662,628	57.00
58.00	05800	MRI	1,772	13,528	306,442	7,802,976	892,145	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,637	13,664	455,952	2,828,761	323,424	59.00
60.00	06000	LABORATORY	10,775	61,945	1,863,005	32,972,422	3,769,869	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	372	655	64,358	6,799,081	777,366	63.00
64.00	06400	INTRAVENOUS THERAPY	94	1,033	16,184	2,106,631	240,860	64.00
65.00	06500	RESPIRATORY THERAPY	3,741	3,397	646,776	13,155,442	1,504,114	65.00
66.00	06600	PHYSICAL THERAPY	812	3,735	140,436	13,375,697	1,529,297	66.00
67.00	06700	OCCUPATIONAL THERAPY	329	621	56,859	3,385,182	387,041	67.00
68.00	06800	SPEECH PATHOLOGY	165	416	28,457	1,886,914	215,738	68.00
69.00	06900	ELECTROCARDIOLOGY	3,647	26,180	630,489	6,446,589	737,064	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	507	1,155	87,739	1,278,570	146,184	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,195	20,760	725,242	33,742,331	3,857,896	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,518	19,270	954,009	51,386,143	5,875,183	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,159	59,629	2,212,985	46,234,586	5,286,185	73.00
74.00	07400	RENAL DIALYSIS	409	340	70,707	3,586,173	410,022	74.00
76.00	03950	DIGESTIVE DISEASES	1,545	10,697	267,131	5,409,553	618,496	76.00
76.01	03951	ENTEROSTOMAL	67	29	11,567	568,951	65,050	76.01
76.02	03952	DIABETIC SERVICE	79	893	13,613	2,333,477	266,796	76.02
76.03	03953	WOUND CARE	163	1,846	28,192	1,555,249	177,818	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	204	2,075	35,331	3,064,285	350,352	76.04
76.08	03956	SLEEP DISORDERS	389	4,383	67,287	2,473,605	282,817	76.08
76.09	03957	PAIN PROGRAM	394	4,471	68,192	1,698,269	194,170	76.09
76.97	07697	CARDIAC REHABILITATION	60	516	10,321	3,103,909	354,882	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	126	1,379	21,717	3,689,324	421,815	90.00
91.00	09100	EMERGENCY	3,073	23,354	531,383	25,639,344	2,931,449	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	217	6,519	37,478	4,331,309	495,216	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	90	43	15,621	2,804,908	320,696	105.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			ADMITTING	OUTPATIENT REVENUES	BUSINESS OFFICE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
109.00	10900	PANCREAS ACQUISITION	8	0	1,350	167,181	19,114	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	92,364	455,871	15,907,375	811,348,978	83,106,576	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	24,056	2,750	190.00
194.00	07950	SISTERS CONVENT	0	0	0	42,096	4,813	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	766,001	87,580	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	630,337	72,069	194.02
194.03	07953	FUND RAISING	0	0	0	2,916,014	333,400	194.03
194.04	07954	OUTREACH PHYSICIAN	0	0	0	1,010,289	115,510	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	0	0	5,577,080	637,650	194.07
194.08	07958	INDUSTRIAL REHAB	0	0	0	202,760	23,182	194.08
194.10	07960	IN-SCHOOL CLINIC	0	0	0	556,476	63,624	194.10
194.11	07961	REGIONAL ACTIVITIES	0	0	0	13,656	1,561	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	0	0	0	-135,062	0	194.13
194.14	07964	MARKETING	0	0	0	223,189	25,518	194.14
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	92,364	455,871	15,907,375	823,175,870	84,474,233	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			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
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS	34,433,684					6.00
7.00	00700	OPERATION OF PLANT	824,891	12,819,089				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	108,936	41,551	3,174,802			8.00
9.00	00900	HOUSEKEEPING	360,099	137,349	58,033	13,685,758		9.00
10.00	01000	DIETARY	353,823	134,956	0	147,651	9,978,138	10.00
11.00	01100	CAFETERIA	146,502	55,879	0	61,135	0	11.00
13.00	01300	NURSING ADMINISTRATION	334,813	127,705	0	139,718	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	114,060	43,505	0	47,597	0	14.00
15.00	01500	PHARMACY	2,759,974	1,052,711	0	1,151,740	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	197,225	75,226	0	82,302	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	PARKING	1,607	613	0	671	0	18.00
20.00	02000	NURSING SCHOOL	1,875,173	715,230	0	782,512	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,108,387	804,182	5,883	879,832	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	88,077	33,594	0	36,755	0	22.00
23.00	02300	PARAMEDICALEDUC - CLS	13,007	4,961	0	5,428	0	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	34,048	12,987	0	14,208	0	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	23,861	9,101	0	9,957	0	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	4,881	1,862	0	2,037	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	38,050	14,513	0	15,878	0	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	56,242	21,452	0	23,470	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,967,468	3,420,378	1,617,858	3,742,136	8,187,639	30.00
31.00	03100	INTENSIVE CARE UNIT	1,225,799	467,545	171,478	511,527	852,128	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	837,139	319,302	90,154	349,339	448,002	31.01
41.00	04100	SUBPROVIDER - IRF	132,009	50,351	78,630	55,088	390,742	41.00
43.00	04300	NURSERY	11,794	4,499	50,805	4,922	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,889,844	1,483,667	321,492	1,623,236	101	50.00
51.00	05100	RECOVERY ROOM	162,571	62,008	0	67,841	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	397,028	151,435	51,126	165,680	99,470	52.00
53.00	05300	ANESTHESIOLOGY	46,964	17,913	0	19,598	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,451,963	935,229	186,108	1,023,207	0	54.00
57.00	05700	CT SCAN	116,395	44,395	75,960	48,572	0	57.00
58.00	05800	MRI	464,518	177,177	30,471	193,844	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	240,066	91,566	90,907	100,180	56	59.00
60.00	06000	LABORATORY	1,013,202	386,456	22,863	422,810	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	230,031	87,738	0	95,992	0	63.00
64.00	06400	INTRAVENOUS THERAPY	67,702	25,823	6,769	28,252	0	64.00
65.00	06500	RESPIRATORY THERAPY	242,401	92,457	7,010	101,154	0	65.00
66.00	06600	PHYSICAL THERAPY	232,487	88,675	9,850	97,017	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	87,349	33,317	0	36,451	0	67.00
68.00	06800	SPEECH PATHOLOGY	11,036	4,209	5,047	4,605	0	68.00
69.00	06900	ELECTROCARDIOLOGY	250,314	95,475	14,076	104,456	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,428	2,833	10,240	3,100	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
74.00	07400	RENAL DIALYSIS	78,375	29,894	18,361	32,706	0	74.00
76.00	03950	DIGESTIVE DISEASES	267,657	102,090	57,804	111,693	0	76.00
76.01	03951	ENTEROSTOMAL	0	0	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	137,103	52,294	0	57,213	0	76.02
76.03	03953	WOUND CARE	137,042	52,271	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	406,427	155,020	0	169,602	0	76.04
76.08	03956	SLEEP DISORDERS	75,919	28,957	11,645	31,681	0	76.08
76.09	03957	PAIN PROGRAM	100,386	38,289	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	59,486	22,689	0	24,824	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	302,524	115,389	6,047	81,822	0	90.00
91.00	09100	EMERGENCY	1,160,583	442,670	162,169	484,313	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	450,238	171,730	0	187,885	0	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	48,147	18,364	0	20,092	0	105.00
109.00	10900	PANCREAS ACQUISITION	3,972	1,515	0	1,657	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	33,757,023	12,560,997	3,160,786	13,403,386	9,978,138	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	31,592	12,050	0	13,184	0	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	0	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	0	194.02
194.03	07953	FUND RAISING	5,185	1,977	0	2,164	0	194.03
194.04	07954	OUTREACH PHYSICIAN	589,827	224,972	14,016	246,135	0	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	26,499	10,107	0	11,058	0	194.07
194.08	07958	INDUSTRIAL REHAB	0	0	0	0	0	194.08
194.10	07960	IN-SCHOOL CLINIC	576	220	0	240	0	194.10
194.11	07961	REGIONAL ACTIVITIES	20,769	7,922	0	8,667	0	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	0	0	0	0	0	194.13
194.14	07964	MARKETING	2,213	844	0	924	0	194.14
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)	34,433,684	12,819,089	3,174,802	13,685,758	9,978,138	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
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	4,023,374					11.00
13.00	01300	NURSING ADMINISTRATION	77,591	14,898,379				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	67,182	0	4,584,674			14.00
15.00	01500	PHARMACY	101,247	0	0	28,733,725		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	65,290	0	9	0	6,206,423	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	PARKING	0	0	0	0	0	18.00
20.00	02000	NURSING SCHOOL	52,989	0	375	544	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	235,612	0	819	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	33,118	0	1,304	0	0	22.00
23.00	02300	PARAMEDICALEDUC - CLS	946	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	1,892	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	946	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	4,731	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	4,731	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,035,179	8,345,747	187,731	116,326	497,434	30.00
31.00	03100	INTENSIVE CARE UNIT	221,418	1,785,487	92,363	46,334	134,978	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	90,838	728,502	25,958	3,472	49,597	31.01
41.00	04100	SUBPROVIDER - IRF	43,527	354,413	3,840	793	17,838	41.00
43.00	04300	NURSERY	44,473	359,904	0	0	38,185	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	308,471	2,484,169	0	0	533,976	50.00
51.00	05100	RECOVERY ROOM	45,419	367,302	4,342	7,146	91,298	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	43,527	347,930	18,529	12,164	34,477	52.00
53.00	05300	ANESTHESIOLOGY	15,140	124,925	70,595	194,353	306,347	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	240,343	0	0	0	618,022	54.00
57.00	05700	CT SCAN	36,903	0	0	0	228,692	57.00
58.00	05800	MRI	38,795	0	21,229	0	119,546	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,763	0	0	0	177,871	59.00
60.00	06000	LABORATORY	237,504	0	40,170	0	726,777	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	20,817	0	616	591	25,107	63.00
64.00	06400	INTRAVENOUS THERAPY	15,140	0	5,892	1,988	6,314	64.00
65.00	06500	RESPIRATORY THERAPY	99,354	0	144,662	1,149	252,314	65.00
66.00	06600	PHYSICAL THERAPY	107,870	0	6,130	29	54,786	66.00
67.00	06700	OCCUPATIONAL THERAPY	29,333	0	888	0	22,181	67.00
68.00	06800	SPEECH PATHOLOGY	16,086	0	65	0	11,101	68.00
69.00	06900	ELECTROCARDIOLOGY	64,344	0	6,546	34,468	245,960	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,409	0	1,920	0	34,228	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,568,005	210	282,924	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,260,079	0	372,168	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	28,025,584	864,105	73.00
74.00	07400	RENAL DIALYSIS	946	0	1,909	8,614	27,584	74.00
76.00	03950	DIGESTIVE DISEASES	40,688	0	0	0	104,210	76.00
76.01	03951	ENTEROSTOMAL	5,677	0	146	0	4,512	76.01
76.02	03952	DIABETIC SERVICE	24,602	0	130	74	5,310	76.02
76.03	03953	WOUND CARE	9,462	0	10,868	962	10,998	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	35,011	0	18	0	13,783	76.04
76.08	03956	SLEEP DISORDERS	26,494	0	1,996	0	26,249	76.08
76.09	03957	PAIN PROGRAM	14,193	0	3,726	15	26,602	76.09
76.97	07697	CARDIAC REHABILITATION	16,086	0	934	15	4,027	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	37,849	0	4,902	0	8,472	90.00
91.00	09100	EMERGENCY	266,837	0	88,849	0	207,298	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	38,795	0	7,344	0	14,621	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	7,570	0	10	6,931	6,094	105.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
109.00	10900	PANCREAS ACQUISITION	946	0	0	0	527	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,958,084	14,898,379	4,582,899	28,461,762	6,206,423	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	946	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	3,785	0	176	12,104	0	194.01
194.02	07952	COMMUNITY CLINIC	946	0	0	259,771	0	194.02
194.03	07953	FUND RAISING	0	0	0	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	2,839	0	29	0	0	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	46,365	0	1,399	88	0	194.07
194.08	07958	INDUSTRIAL REHAB	2,839	0	26	0	0	194.08
194.10	07960	IN-SCHOOL CLINIC	4,731	0	3	0	0	194.10
194.11	07961	REGIONAL ACTIVITIES	0	0	0	0	0	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	0	0	142	0	0	194.13
194.14	07964	MARKETING	2,839	0	0	0	0	194.14
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,023,374	14,898,379	4,584,674	28,733,725	6,206,423	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

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From 10/01/2018
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			OTHER GENERAL SERVICE		INTERNS & RESIDENTS			
Cost Center Description			SOCIAL SERVICE	PARKING	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER	
						Y & FRINGES	PRGM COSTS	
			17.00	18.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	6,180,759					17.00
18.00	01850	PARKING	0	1,935,690				18.00
20.00	02000	NURSING SCHOOL	0	27,695	4,707,811			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	123,639		30,084,413		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	16,815			36,171,977	22.00
23.00	02300	PARAMEDICALEDUC - CLS	0	495				23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	0	989				23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	0	495				23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0				23.03
23.04	02304	PARAMED ED PRGM- PGY 1	0	2,473				23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	0	2,473				23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,971,821	541,042	3,843,954	10,299,136	12,383,159	30.00
31.00	03100	INTENSIVE CARE UNIT	531,248	115,726	226,978	2,048,686	2,463,237	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	279,303	47,477	14,097	659,783	793,290	31.01
41.00	04100	SUBPROVIDER - IRF	243,601	22,750	0	15,799	18,996	41.00
43.00	04300	NURSERY	154,786	23,244	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	161,225	103,797	3,469,007	4,170,959	50.00
51.00	05100	RECOVERY ROOM	0	23,739	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	22,750	153,024	692,285	832,368	52.00
53.00	05300	ANESTHESIOLOGY	0	7,913	2,785	147,341	177,155	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	125,617	31,605	2,296,782	2,761,534	54.00
57.00	05700	CT SCAN	0	19,288	0	292,695	351,922	57.00
58.00	05800	MRI	0	20,277	0	263,263	316,534	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	11,375	0	1,498,686	1,801,945	59.00
60.00	06000	LABORATORY	0	124,133	6,708	104,366	125,485	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	10,880	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	7,913	31,605	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	51,928	0	440,217	529,294	65.00
66.00	06600	PHYSICAL THERAPY	0	56,379	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	15,331	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,407	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	33,630	0	219,567	263,996	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,440	0	109,783	131,998	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
74.00	07400	RENAL DIALYSIS	0	495	0	0	0	74.00
76.00	03950	DIGESTIVE DISEASES	0	21,266	30,014	0	0	76.00
76.01	03951	ENTEROSTOMAL	0	2,967	4,775	0	0	76.01
76.02	03952	DIABETIC SERVICE	0	12,858	4,661	0	0	76.02
76.03	03953	WOUND CARE	0	4,946	31,605	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	17,309	29,104	0	0	76.04
76.08	03956	SLEEP DISORDERS	0	13,848	0	71,142	85,538	76.08
76.09	03957	PAIN PROGRAM	0	7,418	3,183	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	0	8,407	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	19,782	34,561	139,757	168,037	90.00
91.00	09100	EMERGENCY	0	138,970	107,151	4,059,093	4,880,448	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	20,277	48,204	0	0	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			SOCIAL SERVICE	OTHER GENERAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS			
				PARKING		SERVICES-SALARY & FRINGES	SERVICES-OTHER		
						APPRV	PRGM COSTS		
			17.00	18.00	20.00	21.00	22.00		
	SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	3,956	0	0	0	105.00	
109.00	10900	PANCREAS ACQUISITION	0	495	0	0	0	109.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,180,759	1,904,532	4,707,811	26,827,388	32,255,895	118.00	
	NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
194.00	07950	SISTERS CONVENT	0	495	0	0	0	194.00	
194.01	07951	BRADLEY HEALTH SVC	0	0	0	0	0	194.01	
194.02	07952	COMMUNITY CLINIC	0	0	0	0	0	194.02	
194.03	07953	FUND RAISING	0	0	0	0	0	194.03	
194.04	07954	OUTREACH PHYSICIAN	0	0	0	0	0	194.04	
194.05	07955	PHYSICIAN CONTRACT	0	0	0	3,257,025	3,916,082	194.05	
194.07	07957	RESEARCH, WELLNESS, WC	0	24,728	0	0	0	194.07	
194.08	07958	INDUSTRIAL REHAB	0	1,484	0	0	0	194.08	
194.10	07960	IN-SCHOOL CLINIC	0	2,967	0	0	0	194.10	
194.11	07961	REGIONAL ACTIVITIES	0	0	0	0	0	194.11	
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12	
194.13	07963	CFH - ASC LLC	0	0	0	0	0	194.13	
194.14	07964	MARKETING	0	1,484	0	0	0	194.14	
200.00		Cross Foot Adjustments			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)	6,180,759	1,935,690	4,707,811	30,084,413	36,171,977	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PARAMEDICAL C - CLS	PARAMEDICAL EDUC X-RAY	PARAMEDICAL EDUC DIETARY	PARAMED ED PRGM-HISTOTECH	PARAMED ED PRGM- PGY 1	
			23.00	23.01	23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PARKING						18.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMEDICALEDUC - CLS	83,997					23.00
23.01	02301	PARAMEDICAL EDUC X-RAY		274,030				23.01
23.02	02302	PARAMEDICAL EDUC DIETARY			169,375			23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH				30,968		23.03
23.04	02304	PARAMED ED PRGM- PGY 1					642,049	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL						23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	169,375	0	642,049	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
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	274,030	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	83,997	0	0	30,968	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	DIGESTIVE DISEASES	0	0	0	0	0	76.00
76.01	03951	ENTEROSTOMAL	0	0	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	0	0	0	0	0	76.02
76.03	03953	WOUND CARE	0	0	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.04
76.08	03956	SLEEP DISORDERS	0	0	0	0	0	76.08
76.09	03957	PAIN PROGRAM	0	0	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
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
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2018
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Cost Center Description			PARAMEDICAL C - CLS	PARAMEDICAL EDUC X-RAY	PARAMEDICAL EDUC DIETARY	PARAMED ED PRGM-HISTOTECH	PARAMED ED PRGM- PGY 1	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23.00 83,997	23.01 274,030	23.02 169,375	23.03 30,968	23.04 642,049	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	0	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	0	194.02
194.03	07953	FUND RAISING	0	0	0	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	0	0	0	0	0	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	0	0	0	0	194.07
194.08	07958	INDUSTRIAL REHAB	0	0	0	0	0	194.08
194.10	07960	IN-SCHOOL CLINIC	0	0	0	0	0	194.10
194.11	07961	REGIONAL ACTIVITIES	0	0	0	0	0	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	0	0	0	0	0	194.13
194.14	07964	MARKETING	0	0	0	0	0	194.14
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	83,997	274,030	169,375	30,968	642,049	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

Period:
From 10/01/2018
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Cost Center Description			PARAMED ED PRGM- PASTORAL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.05	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
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00540	OUTPATIENT REVENUES					5.03
5.04	00550	BUSINESS OFFICE					5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	PARKING					18.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMEDICALEDUC - CLS					23.00
23.01	02301	PARAMEDICAL EDUC X-RAY					23.01
23.02	02302	PARAMEDICAL EDUC DIETARY					23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH					23.03
23.04	02304	PARAMED ED PRGM- PGY 1					23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	476,840				23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	196,102,484	-22,682,295	173,420,189	30.00
31.00	03100	INTENSIVE CARE UNIT	0	42,290,384	-4,511,923	37,778,461	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	19,424,063	-1,453,073	17,970,990	31.01
41.00	04100	SUBPROVIDER - IRF	0	6,508,551	-34,795	6,473,756	41.00
43.00	04300	NURSERY	0	6,097,899	0	6,097,899	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	61,694,685	-7,639,966	54,054,719	50.00
51.00	05100	RECOVERY ROOM	0	6,291,298	0	6,291,298	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,697,886	-1,524,653	7,173,233	52.00
53.00	05300	ANESTHESIOLOGY	0	6,452,922	-324,496	6,128,426	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	58,608,724	-5,058,316	53,550,408	54.00
57.00	05700	CT SCAN	0	7,672,999	-644,617	7,028,382	57.00
58.00	05800	MRI	0	10,340,775	-579,797	9,760,978	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,186,600	-3,300,631	3,885,969	59.00
60.00	06000	LABORATORY	476,840	40,544,570	-229,851	40,314,719	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	8,048,219	0	8,048,219	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,544,889	0	2,544,889	64.00
65.00	06500	RESPIRATORY THERAPY	0	16,621,496	-969,511	15,651,985	65.00
66.00	06600	PHYSICAL THERAPY	0	15,558,217	0	15,558,217	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,997,073	0	3,997,073	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,163,208	0	2,163,208	68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,516,485	-483,563	8,032,922	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,742,133	-241,781	1,500,352	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	39,451,366	0	39,451,366	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	59,893,573	0	59,893,573	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	80,410,460	0	80,410,460	73.00
74.00	07400	RENAL DIALYSIS	0	4,195,079	0	4,195,079	74.00
76.00	03950	DIGESTIVE DISEASES	0	6,763,471	0	6,763,471	76.00
76.01	03951	ENTEROSTOMAL	0	652,078	0	652,078	76.01
76.02	03952	DIABETIC SERVICE	0	2,894,518	0	2,894,518	76.02
76.03	03953	WOUND CARE	0	1,991,221	0	1,991,221	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	4,240,911	0	4,240,911	76.04
76.08	03956	SLEEP DISORDERS	0	3,129,891	-156,680	2,973,211	76.08
76.09	03957	PAIN PROGRAM	0	2,086,251	0	2,086,251	76.09
76.97	07697	CARDIAC REHABILITATION	0	3,595,259	0	3,595,259	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	5,030,281	-307,794	4,722,487	90.00
91.00	09100	EMERGENCY	0	40,569,174	-8,939,541	31,629,633	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	5,765,619	0	5,765,619	92.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0067

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Cost Center Description			PARAMED ED PRGM- PASTORAL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.05	24.00	25.00	26.00	
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	3,236,768	0	3,236,768	105.00
109.00	10900	PANCREAS ACQUISITION	0	195,407	0	195,407	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	476,840	801,206,887	-59,083,283	742,123,604	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	83,632	0	83,632	190.00
194.00	07950	SISTERS CONVENT	0	48,350	0	48,350	194.00
194.01	07951	BRADLEY HEALTH SVC	0	869,646	0	869,646	194.01
194.02	07952	COMMUNITY CLINIC	0	963,123	0	963,123	194.02
194.03	07953	FUND RAISING	0	3,258,740	0	3,258,740	194.03
194.04	07954	OUTREACH PHYSICIAN	0	2,203,617	0	2,203,617	194.04
194.05	07955	PHYSICIAN CONTRACT	0	7,173,107	-7,173,107	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	6,334,974	0	6,334,974	194.07
194.08	07958	INDUSTRIAL REHAB	0	230,291	0	230,291	194.08
194.10	07960	IN-SCHOOL CLINIC	0	628,837	0	628,837	194.10
194.11	07961	REGIONAL ACTIVITIES	0	52,575	0	52,575	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	0	-134,920	0	-134,920	194.13
194.14	07964	MARKETING	0	257,011	0	257,011	194.14
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	476,840	823,175,870	-66,256,390	756,919,480	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet B
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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	119,098	402	119,500	4.00
5.01	00560	PURCHASING RECEIVING AND STORES	121,640	71,331	12,349	205,320	5.01
5.02	00570	ADMITTING	0	92,364	0	92,364	5.02
5.03	00540	OUTPATIENT REVENUES	0	0	27	27	5.03
5.04	00550	BUSINESS OFFICE	0	8,712	0	8,712	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	1,051,875	2,361,852	18,705,947	22,119,674	5.05
6.00	00600	MAINTENANCE & REPAIRS	521,593	5,528,924	842,269	6,892,786	6.00
7.00	00700	OPERATION OF PLANT	26,948	542,402	125,999	695,349	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	71,630	0	71,630	8.00
9.00	00900	HOUSEKEEPING	103	236,781	20,445	257,329	9.00
10.00	01000	DIETARY	0	232,655	39,985	272,640	10.00
11.00	01100	CAFETERIA	0	96,331	16,717	113,048	11.00
13.00	01300	NURSING ADMINISTRATION	0	220,155	256,083	476,238	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	493,753	75,000	116,867	685,620	14.00
15.00	01500	PHARMACY	715,455	1,814,805	218,746	2,749,006	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	119,146	129,684	3,906	252,736	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	PARKING	58,637	1,057	498,690	558,384	18.00
20.00	02000	NURSING SCHOOL	0	1,233,009	81,444	1,314,453	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,386,358	0	1,386,358	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	25,444	57,914	6,779	90,137	22.00
23.00	02300	PARAMEDICALEDUC - CLS	0	8,553	0	8,553	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	0	22,388	0	22,388	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	0	15,690	0	15,690	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	3,210	0	3,210	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	0	25,020	0	25,020	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	0	36,982	3,505	40,487	23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	5,896,508	407,849	6,304,357	30.00
31.00	03100	INTENSIVE CARE UNIT	0	806,017	255,716	1,061,733	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	550,456	161,727	712,183	31.01
41.00	04100	SUBPROVIDER - IRF	0	86,802	37,450	124,252	41.00
43.00	04300	NURSERY	0	7,755	0	7,755	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,225,950	2,557,744	1,669,146	6,452,840	50.00
51.00	05100	RECOVERY ROOM	0	106,897	15,297	122,194	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	261,063	120,002	381,065	52.00
53.00	05300	ANESTHESIOLOGY	0	30,881	277,192	308,073	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,960,014	1,612,274	2,733,103	6,305,391	54.00
57.00	05700	CT SCAN	803,739	76,535	240,707	1,120,981	57.00
58.00	05800	MRI	1,329,552	305,441	1,333,332	2,968,325	58.00
59.00	05900	CARDIAC CATHETERIZATION	51,297	157,854	645,685	854,836	59.00
60.00	06000	LABORATORY	598,588	666,225	891,864	2,156,677	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	151,255	827	152,082	63.00
64.00	06400	INTRAVENOUS THERAPY	236,759	44,517	8,943	290,219	64.00
65.00	06500	RESPIRATORY THERAPY	100,441	159,389	252,874	512,704	65.00
66.00	06600	PHYSICAL THERAPY	499,041	152,870	237,809	889,720	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	57,436	19,753	77,189	67.00
68.00	06800	SPEECH PATHOLOGY	0	7,257	0	7,257	68.00
69.00	06900	ELECTROCARDIOLOGY	60,742	164,593	643,998	869,333	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,884	46,405	51,289	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	0	0	7,785	7,785	73.00
74.00	07400	RENAL DIALYSIS	0	51,535	0	51,535	74.00
76.00	03950	DIGESTIVE DISEASES	503,135	175,996	547,515	1,226,646	76.00
76.01	03951	ENTEROSTOMAL	0	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	27,324	90,151	0	117,475	76.02
76.03	03953	WOUND CARE	7,000	90,111	8,749	105,860	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	267,244	850	268,094	76.04
76.08	03956	SLEEP DISORDERS	10,779	49,920	57,240	117,939	76.08
76.09	03957	PAIN PROGRAM	0	66,008	30,732	96,740	76.09
76.97	07697	CARDIAC REHABILITATION	15,484	39,115	33,970	88,569	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	198,923	77,904	276,827	90.00
91.00	09100	EMERGENCY	33,628	763,135	148,942	945,705	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

Period:
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
				1.00	2.00	2A	4.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	296,051	81,104	377,155	918	92.01
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	31,659	926	32,585	240	105.00
109.00	10900	PANCREAS ACQUISITION	0	2,612	91	2,703	19	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	11,598,067	30,379,018	31,945,647	73,922,732	117,758	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20,773	3,283	24,056	0	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	12	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	0	201	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	30	194.02
194.03	07953	FUND RAISING	0	3,409	2,883	6,292	0	194.03
194.04	07954	OUTREACH PHYSICIAN	0	387,837	12,449	400,286	82	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	214,762	17,424	103,964	336,150	1,131	194.07
194.08	07958	INDUSTRIAL REHAB	0	0	12,886	12,886	51	194.08
194.10	07960	IN-SCHOOL CLINIC	5,465	379	0	5,844	172	194.10
194.11	07961	REGIONAL ACTIVITIES	0	13,656	0	13,656	0	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	0	0	16,301	16,301	0	194.13
194.14	07964	MARKETING	0	1,455	0	1,455	63	194.14
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)	11,818,294	30,823,951	32,097,413	74,739,658	119,500	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

Period:
From 10/01/2018
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Part II
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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	OUTPATIENT REVENUES	BUSINESS OFFICE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES	205,806					5.01
5.02	00570	ADMITTING	0	92,364				5.02
5.03	00540	OUTPATIENT REVENUES	37	0	189			5.03
5.04	00550	BUSINESS OFFICE	0	0	0	8,712		5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	2,556	0	0	0	22,129,505	5.05
6.00	00600	MAINTENANCE & REPAIRS	27,529	0	0	0	925,537	6.00
7.00	00700	OPERATION OF PLANT	6,007	0	0	0	322,390	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,032	0	0	0	81,290	8.00
9.00	00900	HOUSEKEEPING	11,319	0	0	0	352,927	9.00
10.00	01000	DIETARY	1,007	0	0	0	251,094	10.00
11.00	01100	CAFETERIA	426	0	0	0	101,061	11.00
13.00	01300	NURSING ADMINISTRATION	1,353	0	0	0	382,178	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,838	0	0	0	115,910	14.00
15.00	01500	PHARMACY	4,183	0	0	0	636,170	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	100	0	0	0	155,531	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	166,132	17.00
18.00	01850	PARKING	0	0	0	0	51,951	18.00
20.00	02000	NURSING SCHOOL	1,001	0	0	0	33,687	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	421	0	0	0	696,862	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	530	0	0	0	966,625	22.00
23.00	02300	PARAMEDICALEDUC - CLS	19	0	0	0	1,590	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	4	0	0	0	5,642	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	3	0	0	0	3,360	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	7	0	0	0	596	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	0	0	0	0	15,224	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	6	0	0	0	9,904	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	31,180	7,375	0	737	3,417,084	30.00
31.00	03100	INTENSIVE CARE UNIT	11,046	2,001	0	200	843,873	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,824	735	0	74	394,791	31.01
41.00	04100	SUBPROVIDER - IRF	1,081	264	0	26	136,549	41.00
43.00	04300	NURSERY	0	566	0	57	145,288	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,266	7,917	0	792	1,159,680	50.00
51.00	05100	RECOVERY ROOM	36	1,352	0	135	146,751	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,863	511	0	51	152,567	52.00
53.00	05300	ANESTHESIOLOGY	263	4,542	0	454	143,046	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,337	9,163	189	916	1,281,160	54.00
57.00	05700	CT SCAN	6,195	3,391	0	339	173,588	57.00
58.00	05800	MRI	448	1,772	0	177	233,715	58.00
59.00	05900	CARDIAC CATHETERIZATION	983	2,637	0	264	84,727	59.00
60.00	06000	LABORATORY	17,830	10,775	0	1,078	987,590	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,167	372	0	37	203,646	63.00
64.00	06400	INTRAVENOUS THERAPY	240	94	0	9	63,098	64.00
65.00	06500	RESPIRATORY THERAPY	1,219	3,741	0	374	394,032	65.00
66.00	06600	PHYSICAL THERAPY	578	812	0	81	400,629	66.00
67.00	06700	OCCUPATIONAL THERAPY	19	329	0	33	101,393	67.00
68.00	06800	SPEECH PATHOLOGY	146	165	0	16	56,517	68.00
69.00	06900	ELECTROCARDIOLOGY	196	3,647	0	365	193,088	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	243	507	0	51	38,296	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,195	0	419	1,010,650	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,518	0	552	1,539,118	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,159	0	792	1,384,818	73.00
74.00	07400	RENAL DIALYSIS	218	409	0	41	107,413	74.00
76.00	03950	DIGESTIVE DISEASES	1,847	1,545	0	155	162,027	76.00
76.01	03951	ENTEROSTOMAL	6	67	0	7	17,041	76.01
76.02	03952	DIABETIC SERVICE	100	79	0	8	69,892	76.02
76.03	03953	WOUND CARE	159	163	0	16	46,583	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	573	204	0	20	91,781	76.04
76.08	03956	SLEEP DISORDERS	1,113	389	0	39	74,089	76.08
76.09	03957	PAIN PROGRAM	242	394	0	39	50,867	76.09
76.97	07697	CARDIAC REHABILITATION	174	60	0	6	92,968	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	545	126	0	13	110,503	90.00
91.00	09100	EMERGENCY	4,904	3,073	0	307	767,950	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	817	217	0	22	129,731	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	42	90	0	9	84,013	105.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
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Cost Center Description			PURCHASING RECEIVING AND STORES	ADMITTING	OUTPATIENT REVENUES	BUSINESS OFFICE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
109.00	10900	PANCREAS ACQUISITION	3	8	0	1	5,007	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	205,281	92,364	189	8,712	21,771,220	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	721	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	1,261	194.00
194.01	07951	BRADLEY HEALTH SVC	12	0	0	0	22,943	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	18,880	194.02
194.03	07953	FUND RAISING	0	0	0	0	87,340	194.03
194.04	07954	OUTREACH PHYSICIAN	18	0	0	0	30,260	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	449	0	0	0	167,045	194.07
194.08	07958	INDUSTRIAL REHAB	16	0	0	0	6,073	194.08
194.10	07960	IN-SCHOOL CLINIC	29	0	0	0	16,668	194.10
194.11	07961	REGIONAL ACTIVITIES	0	0	0	0	409	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	0	0	0	0	0	194.13
194.14	07964	MARKETING	1	0	0	0	6,685	194.14
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)	205,806	92,364	189	8,712	22,129,505	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			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
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS	7,847,568					6.00
7.00	00700	OPERATION OF PLANT	187,996	1,212,506				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	24,827	3,930	183,797			8.00
9.00	00900	HOUSEKEEPING	82,068	12,991	3,360	722,457		9.00
10.00	01000	DIETARY	80,638	12,765	0	7,794	627,698	10.00
11.00	01100	CAFETERIA	33,388	5,285	0	3,227	0	11.00
13.00	01300	NURSING ADMINISTRATION	76,305	12,079	0	7,376	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25,995	4,115	0	2,513	0	14.00
15.00	01500	PHARMACY	629,009	99,572	0	60,799	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	44,948	7,115	0	4,345	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	PARKING	366	58	0	35	0	18.00
20.00	02000	NURSING SCHOOL	427,359	67,651	0	41,308	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	480,509	76,064	341	46,445	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	20,073	3,178	0	1,940	0	22.00
23.00	02300	PARAMEDICALEDUC - CLS	2,964	469	0	287	0	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	7,760	1,228	0	750	0	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	5,438	861	0	526	0	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	1,112	176	0	108	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	8,672	1,373	0	838	0	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	12,818	2,029	0	1,239	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,043,724	323,521	93,662	197,545	515,062	30.00
31.00	03100	INTENSIVE CARE UNIT	279,364	44,223	9,927	27,003	53,605	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	190,787	30,202	5,219	18,441	28,183	31.01
41.00	04100	SUBPROVIDER - IRF	30,085	4,763	4,552	2,908	24,581	41.00
43.00	04300	NURSERY	2,688	425	2,941	260	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	886,510	140,334	18,612	85,689	6	50.00
51.00	05100	RECOVERY ROOM	37,050	5,865	0	3,581	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	90,484	14,324	2,960	8,746	6,257	52.00
53.00	05300	ANESTHESIOLOGY	10,703	1,694	0	1,035	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	558,812	88,460	10,774	54,014	0	54.00
57.00	05700	CT SCAN	26,527	4,199	4,398	2,564	0	57.00
58.00	05800	MRI	105,865	16,758	1,764	10,233	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	54,712	8,661	5,263	5,288	4	59.00
60.00	06000	LABORATORY	230,913	36,553	1,324	22,320	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	52,425	8,299	0	5,067	0	63.00
64.00	06400	INTRAVENOUS THERAPY	15,430	2,443	392	1,491	0	64.00
65.00	06500	RESPIRATORY THERAPY	55,244	8,745	406	5,340	0	65.00
66.00	06600	PHYSICAL THERAPY	52,985	8,387	570	5,121	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,907	3,151	0	1,924	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,515	398	292	243	0	68.00
69.00	06900	ELECTROCARDIOLOGY	57,048	9,031	815	5,514	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,693	268	593	164	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
74.00	07400	RENAL DIALYSIS	17,862	2,828	1,063	1,727	0	74.00
76.00	03950	DIGESTIVE DISEASES	61,000	9,656	3,346	5,896	0	76.00
76.01	03951	ENTEROSTOMAL	0	0	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	31,246	4,946	0	3,020	0	76.02
76.03	03953	WOUND CARE	31,232	4,944	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	92,626	14,663	0	8,953	0	76.04
76.08	03956	SLEEP DISORDERS	17,302	2,739	674	1,672	0	76.08
76.09	03957	PAIN PROGRAM	22,878	3,622	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	13,557	2,146	0	1,310	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	68,946	10,914	350	4,319	0	90.00
91.00	09100	EMERGENCY	264,501	41,870	9,388	25,566	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	102,611	16,243	0	9,918	0	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	10,973	1,737	0	1,061	0	105.00
109.00	10900	PANCREAS ACQUISITION	905	143	0	87	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,693,355	1,188,094	182,986	707,550	627,698	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,200	1,140	0	696	0	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	0	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	0	194.02
194.03	07953	FUND RAISING	1,182	187	0	114	0	194.03
194.04	07954	OUTREACH PHYSICIAN	134,424	21,279	811	12,993	0	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	6,039	956	0	584	0	194.07
194.08	07958	INDUSTRIAL REHAB	0	0	0	0	0	194.08
194.10	07960	IN-SCHOOL CLINIC	131	21	0	13	0	194.10
194.11	07961	REGIONAL ACTIVITIES	4,733	749	0	458	0	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	0	0	0	0	0	194.13
194.14	07964	MARKETING	504	80	0	49	0	194.14
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)	7,847,568	1,212,506	183,797	722,457	627,698	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
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	257,181					11.00
13.00	01300	NURSING ADMINISTRATION	4,960	962,389				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,294	0	842,241			14.00
15.00	01500	PHARMACY	6,472	0	0	4,188,637		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,173	0	2	0	470,220	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	PARKING	0	0	0	0	0	18.00
20.00	02000	NURSING SCHOOL	3,387	0	69	79	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	15,061	0	150	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,117	0	239	0	0	22.00
23.00	02300	PARAMEDICALEDUC - CLS	60	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	121	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	60	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	302	0	0	0	0	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	302	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	66,175	539,108	34,489	16,957	37,612	30.00
31.00	03100	INTENSIVE CARE UNIT	14,153	115,337	16,968	6,754	10,206	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	5,807	47,059	4,769	506	3,750	31.01
41.00	04100	SUBPROVIDER - IRF	2,782	22,894	705	116	1,349	41.00
43.00	04300	NURSERY	2,843	23,249	0	0	2,887	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,718	160,470	0	0	40,375	50.00
51.00	05100	RECOVERY ROOM	2,903	23,727	798	1,042	6,896	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,782	22,475	3,404	1,773	2,607	52.00
53.00	05300	ANESTHESIOLOGY	968	8,070	12,969	28,332	23,163	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,363	0	0	0	46,730	54.00
57.00	05700	CT SCAN	2,359	0	0	0	17,292	57.00
58.00	05800	MRI	2,480	0	3,900	0	9,039	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,391	0	0	0	13,449	59.00
60.00	06000	LABORATORY	15,182	0	7,380	0	54,953	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,331	0	113	86	1,898	63.00
64.00	06400	INTRAVENOUS THERAPY	968	0	1,082	290	477	64.00
65.00	06500	RESPIRATORY THERAPY	6,351	0	26,576	168	19,078	65.00
66.00	06600	PHYSICAL THERAPY	6,895	0	1,126	4	4,142	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,875	0	163	0	1,677	67.00
68.00	06800	SPEECH PATHOLOGY	1,028	0	12	0	839	68.00
69.00	06900	ELECTROCARDIOLOGY	4,113	0	1,203	5,025	18,597	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	665	0	353	0	2,588	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	288,064	31	21,392	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	415,181	0	28,140	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,085,408	66,280	73.00
74.00	07400	RENAL DIALYSIS	60	0	351	1,256	2,086	74.00
76.00	03950	DIGESTIVE DISEASES	2,601	0	0	0	7,880	76.00
76.01	03951	ENTEROSTOMAL	363	0	27	0	341	76.01
76.02	03952	DIABETIC SERVICE	1,573	0	24	11	402	76.02
76.03	03953	WOUND CARE	605	0	1,997	140	832	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,238	0	3	0	1,042	76.04
76.08	03956	SLEEP DISORDERS	1,694	0	367	0	1,985	76.08
76.09	03957	PAIN PROGRAM	907	0	684	2	2,011	76.09
76.97	07697	CARDIAC REHABILITATION	1,028	0	172	2	304	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,419	0	901	0	641	90.00
91.00	09100	EMERGENCY	17,057	0	16,323	0	15,674	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,480	0	1,349	0	1,105	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	484	0	2	1,010	461	105.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
109.00	10900	PANCREAS ACQUISITION	60	0	0	0	40	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	253,010	962,389	841,915	4,148,992	470,220	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	60	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	242	0	32	1,764	0	194.01
194.02	07952	COMMUNITY CLINIC	60	0	0	37,868	0	194.02
194.03	07953	FUND RAISING	0	0	0	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	181	0	5	0	0	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	2,964	0	257	13	0	194.07
194.08	07958	INDUSTRIAL REHAB	181	0	5	0	0	194.08
194.10	07960	IN-SCHOOL CLINIC	302	0	1	0	0	194.10
194.11	07961	REGIONAL ACTIVITIES	0	0	0	0	0	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	0	0	26	0	0	194.13
194.14	07964	MARKETING	181	0	0	0	0	194.14
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)	257,181	962,389	842,241	4,188,637	470,220	202.00

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Cost Center Description			OTHER GENERAL SERVICE		NURSING SCHOOL	INTERNS & RESIDENTS		
			SOCIAL SERVICE	PARKING		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
			17.00	18.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	166,132					17.00
18.00	01850	PARKING	0	610,794				18.00
20.00	02000	NURSING SCHOOL	0	8,739	1,352,309			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	39,013		2,747,007		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	5,306			1,094,233	22.00
23.00	02300	PARAMEDICALEDUC - CLS	0	156				23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	0	312				23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	0	156				23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0				23.03
23.04	02304	PARAMED ED PRGM- PGY 1	0	780				23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	0	780				23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	133,638	170,724				30.00
31.00	03100	INTENSIVE CARE UNIT	14,279	36,517				31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	7,507	14,981				31.01
41.00	04100	SUBPROVIDER - IRF	6,548	7,178				41.00
43.00	04300	NURSERY	4,160	7,335				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	50,873				50.00
51.00	05100	RECOVERY ROOM	0	7,491				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,178				52.00
53.00	05300	ANESTHESIOLOGY	0	2,497				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	39,638				54.00
57.00	05700	CT SCAN	0	6,086				57.00
58.00	05800	MRI	0	6,398				58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,589				59.00
60.00	06000	LABORATORY	0	39,169				60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	3,433				63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,497				64.00
65.00	06500	RESPIRATORY THERAPY	0	16,386				65.00
66.00	06600	PHYSICAL THERAPY	0	17,790				66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,838				67.00
68.00	06800	SPEECH PATHOLOGY	0	2,653				68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,612				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,717				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	0				73.00
74.00	07400	RENAL DIALYSIS	0	156				74.00
76.00	03950	DIGESTIVE DISEASES	0	6,710				76.00
76.01	03951	ENTEROSTOMAL	0	936				76.01
76.02	03952	DIABETIC SERVICE	0	4,057				76.02
76.03	03953	WOUND CARE	0	1,561				76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	5,462				76.04
76.08	03956	SLEEP DISORDERS	0	4,370				76.08
76.09	03957	PAIN PROGRAM	0	2,341				76.09
76.97	07697	CARDIAC REHABILITATION	0	2,653				76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	6,242				90.00
91.00	09100	EMERGENCY	0	43,851				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	6,398				92.01

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Cost Center Description			SOCIAL SERVICE	OTHER GENERAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				PARKING		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	
						17.00	18.00	
	SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	1,248				105.00
109.00	10900	PANCREAS ACQUISITION	0	156				109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	166,132	600,963	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
194.00	07950	SISTERS CONVENT	0	156				194.00
194.01	07951	BRADLEY HEALTH SVC	0	0				194.01
194.02	07952	COMMUNITY CLINIC	0	0				194.02
194.03	07953	FUND RAISING	0	0				194.03
194.04	07954	OUTREACH PHYSICIAN	0	0				194.04
194.05	07955	PHYSICIAN CONTRACT	0	0				194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	7,803				194.07
194.08	07958	INDUSTRIAL REHAB	0	468				194.08
194.10	07960	IN-SCHOOL CLINIC	0	936				194.10
194.11	07961	REGIONAL ACTIVITIES	0	0				194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0				194.12
194.13	07963	CFH - ASC LLC	0	0				194.13
194.14	07964	MARKETING	0	468				194.14
200.00		Cross Foot Adjustments			1,352,309	2,747,007	1,094,233	200.00
201.00		Negative Cost Centers	0	0	547,357	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	166,132	610,794	1,899,666	2,747,007	1,094,233	202.00

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Cost Center Description			PARAMEDICAL C - CLS	PARAMEDICAL EDUC X-RAY	PARAMEDICAL EDUC DIETARY	PARAMED ED PRGM-HISTOTECH	PARAMED ED PRGM- PGY 1	
			23.00	23.01	23.02	23.03	23.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PARKING						18.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMEDICALEDUC - CLS	14, 118					23.00
23.01	02301	PARAMEDICAL EDUC X-RAY		38, 259				23.01
23.02	02302	PARAMEDICAL EDUC DIETARY			26, 121			23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH				5, 217		23.03
23.04	02304	PARAMED ED PRGM- PGY 1					52, 346	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL						23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS						30.00
31.00	03100	INTENSIVE CARE UNIT						31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT						31.01
41.00	04100	SUBPROVIDER - IRF						41.00
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
57.00	05700	CT SCAN						57.00
58.00	05800	MRI						58.00
59.00	05900	CARDIAC CATHETERIZATION						59.00
60.00	06000	LABORATORY						60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.						63.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03950	DIGESTIVE DISEASES						76.00
76.01	03951	ENTEROSTOMAL						76.01
76.02	03952	DIABETIC SERVICE						76.02
76.03	03953	WOUND CARE						76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES						76.04
76.08	03956	SLEEP DISORDERS						76.08
76.09	03957	PAIN PROGRAM						76.09
76.97	07697	CARDIAC REHABILITATION						76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC						90.00
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)						92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION						105.00
109.00	10900	PANCREAS ACQUISITION						109.00

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Cost Center Description			PARAMEDICAL C - CLS	PARAMEDICAL EDUC X-RAY	PARAMEDICAL EDUC DIETARY	PARAMED ED PRGM-HISTOTECH	PARAMED ED PRGM- PGY 1	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23.00	23.01	23.02	23.03	23.04	
			0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
194.00	07950	SISTERS CONVENT						194.00
194.01	07951	BRADLEY HEALTH SVC						194.01
194.02	07952	COMMUNITY CLINIC						194.02
194.03	07953	FUND RAISING						194.03
194.04	07954	OUTREACH PHYSICIAN						194.04
194.05	07955	PHYSICIAN CONTRACT						194.05
194.07	07957	RESEARCH, WELLNESS, WC						194.07
194.08	07958	INDUSTRIAL REHAB						194.08
194.10	07960	IN-SCHOOL CLINIC						194.10
194.11	07961	REGIONAL ACTIVITIES						194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG						194.12
194.13	07963	CFH - ASC LLC						194.13
194.14	07964	MARKETING						194.14
200.00		Cross Foot Adjustments	14,118	38,259	26,121	5,217	52,346	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	14,118	38,259	26,121	5,217	52,346	202.00

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Cost Center Description			PARAMED ED PRGM- PASTORAL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.05	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
5.01	00560	PURCHASING RECEIVING AND STORES					5.01
5.02	00570	ADMITTING					5.02
5.03	00540	OUTPATIENT REVENUES					5.03
5.04	00550	BUSINESS OFFICE					5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	PARKING					18.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMEDICALEDUC - CLS					23.00
23.01	02301	PARAMEDICAL EDUC X-RAY					23.01
23.02	02302	PARAMEDICAL EDUC DIETARY					23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH					23.03
23.04	02304	PARAMED ED PRGM- PGY 1					23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	67,643				23.05
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		13,957,584	0	13,957,584	30.00
31.00	03100	INTENSIVE CARE UNIT		2,553,308	0	2,553,308	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		1,470,994	0	1,470,994	31.01
41.00	04100	SUBPROVIDER - IRF		371,669	0	371,669	41.00
43.00	04300	NURSERY		201,616	0	201,616	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		9,053,117	0	9,053,117	50.00
51.00	05100	RECOVERY ROOM		361,075	0	361,075	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		700,072	0	700,072	52.00
53.00	05300	ANESTHESIOLOGY		546,162	0	546,162	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		8,450,398	0	8,450,398	54.00
57.00	05700	CT SCAN		1,368,913	0	1,368,913	57.00
58.00	05800	MRI		3,361,956	0	3,361,956	58.00
59.00	05900	CARDIAC CATHETERIZATION		1,036,406	0	1,036,406	59.00
60.00	06000	LABORATORY		3,586,254	0	3,586,254	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		430,397	0	430,397	63.00
64.00	06400	INTRAVENOUS THERAPY		379,175	0	379,175	64.00
65.00	06500	RESPIRATORY THERAPY		1,052,798	0	1,052,798	65.00
66.00	06600	PHYSICAL THERAPY		1,391,986	0	1,391,986	66.00
67.00	06700	OCCUPATIONAL THERAPY		213,367	0	213,367	67.00
68.00	06800	SPEECH PATHOLOGY		72,573	0	72,573	68.00
69.00	06900	ELECTROCARDIOLOGY		1,180,204	0	1,180,204	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		98,638	0	98,638	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		1,324,751	0	1,324,751	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		1,988,509	0	1,988,509	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		5,558,247	0	5,558,247	73.00
74.00	07400	RENAL DIALYSIS		187,030	0	187,030	74.00
76.00	03950	DIGESTIVE DISEASES		1,490,360	0	1,490,360	76.00
76.01	03951	ENTEROSTOMAL		18,943	0	18,943	76.01
76.02	03952	DIABETIC SERVICE		233,434	0	233,434	76.02
76.03	03953	WOUND CARE		194,399	0	194,399	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		486,454	0	486,454	76.04
76.08	03956	SLEEP DISORDERS		224,952	0	224,952	76.08
76.09	03957	PAIN PROGRAM		181,109	0	181,109	76.09
76.97	07697	CARDIAC REHABILITATION		203,705	0	203,705	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		483,795	0	483,795	90.00
91.00	09100	EMERGENCY		2,162,853	0	2,162,853	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		648,964	0	648,964	92.01

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Cost Center Description			PARAMED ED PRGM- PASTORAL	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.05	24.00	25.00	26.00		
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION		133,955	0	133,955		105.00
109.00	10900	PANCREAS ACQUISITION		9,132	0	9,132		109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	67,369,254	0	67,369,254		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		33,813	0	33,813		190.00
194.00	07950	SISTERS CONVENT		1,489	0	1,489		194.00
194.01	07951	BRADLEY HEALTH SVC		25,194	0	25,194		194.01
194.02	07952	COMMUNITY CLINIC		56,838	0	56,838		194.02
194.03	07953	FUND RAISING		95,115	0	95,115		194.03
194.04	07954	OUTREACH PHYSICIAN		600,339	0	600,339		194.04
194.05	07955	PHYSICIAN CONTRACT		0	0	0		194.05
194.07	07957	RESEARCH, WELLNESS, WC		523,391	0	523,391		194.07
194.08	07958	INDUSTRIAL REHAB		19,680	0	19,680		194.08
194.10	07960	IN-SCHOOL CLINIC		24,117	0	24,117		194.10
194.11	07961	REGIONAL ACTIVITIES		20,005	0	20,005		194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG		0	0	0		194.12
194.13	07963	CFH - ASC LLC		16,327	0	16,327		194.13
194.14	07964	MARKETING		9,486	0	9,486		194.14
200.00		Cross Foot Adjustments	67,643	5,397,253	0	5,397,253		200.00
201.00		Negative Cost Centers	0	547,357	0	547,357		201.00
202.00		TOTAL (sum lines 118 through 201)	67,643	74,739,658	0	74,739,658		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

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

Worksheet B-1

Date/Time Prepared:
3/2/2020 9:15 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COST REQUI SITION)	ADMITTING (TOTAL GROS REVENUES)	
		BLDG & FIXT (SQUARE FEE T))	MVBLE EQUIP (DOLLAR VAL UE))				
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,546,136				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		31,882,777			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,974	399	313,826,719		4.00
5.01	00560	PURCHASING RECEIVING AND STORES	3,578	12,266	1,276,836	15,231,217	5.01
5.02	00570	ADMITTING	4,633	0	0	0	4,600,127,069
5.03	00540	OUTPATIENT REVENUES	0	27	327,173	2,708	0
5.04	00550	BUSINESS OFFICE	437	0	0	0	0
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	118,471	18,580,859	19,093,853	189,167	0
6.00	00600	MAINTENANCE & REPAIRS	277,332	836,637	4,502,835	2,037,358	0
7.00	00700	OPERATION OF PLANT	27,207	125,156	2,004,539	444,586	0
8.00	00800	LAUNDRY & LINEN SERVICE	3,593	0	230,544	150,360	0
9.00	00900	HOUSEKEEPING	11,877	20,308	6,465,579	837,665	0
10.00	01000	DIETARY	11,670	39,718	4,619,336	74,498	0
11.00	01100	CAFETERIA	4,832	16,605	1,957,386	31,541	0
13.00	01300	NURSING ADMINISTRATION	11,043	254,371	4,987,316	100,163	0
14.00	01400	CENTRAL SERVICES & SUPPLY	3,762	116,086	2,508,782	210,018	0
15.00	01500	PHARMACY	91,031	217,283	8,991,567	309,559	0
16.00	01600	MEDICAL RECORDS & LIBRARY	6,505	3,880	3,333,392	7,436	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01850	PARKING	53	495,355	0	0	0
20.00	02000	NURSING SCHOOL	61,848	80,899	5,072,631	74,079	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	69,540	0	15,179,263	31,175	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,905	6,734	10,730,582	39,220	0
23.00	02300	PARAMEDICALEDUC - CLS	429	0	52,873	1,379	0
23.01	02301	PARAMEDICAL EDUC X-RAY	1,123	0	141,116	307	0
23.02	02302	PARAMEDICAL EDUC DIETARY	787	0	72,004	189	0
23.03	02303	PARAMED ED PRGM-HISTOTECH	161	0	19,827	517	0
23.04	02304	PARAMED ED PRGM- PGY 1	1,255	0	359,632	0	0
23.05	02305	PARAMED ED PRGM- PASTORAL	1,855	3,482	205,746	423	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	295,770	405,122	64,841,079	2,307,601	368,742,553
31.00	03100	INTENSIVE CARE UNIT	40,430	254,006	16,059,575	817,485	100,058,148
31.01	02060	NEONATAL INTENSIVE CARE UNIT	27,611	160,646	8,335,456	209,017	36,765,605
41.00	04100	SUBPROVIDER - IRF	4,354	37,200	2,718,401	80,033	13,222,818
43.00	04300	NURSERY	389	0	3,049,772	0	28,306,504
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	128,297	1,657,984	18,465,299	1,647,892	395,831,055
51.00	05100	RECOVERY ROOM	5,362	15,195	3,290,265	2,667	67,611,502
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,095	119,200	2,690,058	137,879	25,557,724
53.00	05300	ANESTHESIOLOGY	1,549	275,338	927,039	19,445	227,091,890
54.00	05400	RADIOLOGY-DIAGNOSTIC	80,872	2,714,827	16,931,303	2,466,995	458,133,141
57.00	05700	CT SCAN	3,839	239,097	2,608,105	458,494	169,526,693
58.00	05800	MRI	15,321	1,324,416	2,839,605	33,156	88,618,268
59.00	05900	CARDIAC CATHETERIZATION	7,918	641,367	1,580,717	72,768	131,854,234
60.00	06000	LABORATORY	33,418	885,900	11,836,045	1,319,588	538,752,282
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,587	821	1,156,464	86,382	18,611,421
64.00	06400	INTRAVENOUS THERAPY	2,233	8,883	1,169,227	17,756	4,680,206
65.00	06500	RESPIRATORY THERAPY	7,995	251,183	6,387,155	90,193	187,037,477
66.00	06600	PHYSICAL THERAPY	7,668	236,219	8,256,889	42,802	40,611,976
67.00	06700	OCCUPATIONAL THERAPY	2,881	19,621	2,280,686	1,435	16,442,787
68.00	06800	SPEECH PATHOLOGY	364	0	1,290,678	10,774	8,229,231
69.00	06900	ELECTROCARDIOLOGY	8,256	639,692	4,243,246	14,499	182,327,739
70.00	07000	ELECTROENCEPHALOGRAPHY	245	46,095	554,789	18,021	25,372,714
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	209,728,814
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	275,884,674
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,733	13,007	0	639,921,459
74.00	07400	RENAL DIALYSIS	2,585	0	64,592	16,116	20,447,469
76.00	03950	DIGESTIVE DISEASES	8,828	543,854	2,757,863	136,686	77,250,182
76.01	03951	ENTEROSTOMAL	0	0	407,994	408	3,344,939
76.02	03952	DIABETIC SERVICE	4,522	0	1,577,391	7,430	3,936,540
76.03	03953	WOUND CARE	4,520	8,690	805,538	11,764	8,152,725
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	13,405	844	2,087,271	42,431	10,217,305
76.08	03956	SLEEP DISORDERS	2,504	56,857	1,521,016	82,349	19,458,410
76.09	03957	PAIN PROGRAM	3,311	30,526	1,003,468	17,922	19,719,946
76.97	07697	CARDIAC REHABILITATION	1,962	33,743	1,985,437	12,845	2,984,816
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	9,978	77,383	2,752,980	40,369	6,280,126
91.00	09100	EMERGENCY	38,279	147,946	17,542,563	362,940	153,667,772

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

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

Worksheet B-1

Date/Time Prepared:
3/2/2020 9:15 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (COST REQUISITION)	ADMITTING (TOTAL GROSS REVENUES)	
			BLDG & FIXT (SQUARE FEET))	MVBLE EQUIP (DOLLAR VALUE))				
			1.00	2.00	4.00	5.01	5.02	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	14,850	80,562	2,409,616	60,458	10,838,169	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,588	920	630,179	3,126	4,517,411	105.00
109.00	10900	PANCREAS ACQUISITION	131	90	50,986	258	390,344	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,523,818	31,732,025	309,254,566	15,192,332	4,600,127,069	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,042	3,261	0	0	0	190.00
194.00	07950	SISTERS CONVENT	0	0	31,512	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	526,668	890	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	78,334	0	0	194.02
194.03	07953	FUND RAISING	171	2,864	0	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	19,454	12,366	215,679	1,345	0	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	874	103,269	2,968,464	33,220	0	194.07
194.08	07958	INDUSTRIAL REHAB	0	12,800	135,011	1,163	0	194.08
194.10	07960	IN-SCHOOL CLINIC	19	0	451,118	2,156	0	194.10
194.11	07961	REGIONAL ACTIVITIES	685	0	0	0	0	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	0	16,192	0	28	0	194.13
194.14	07964	MARKETING	73	0	165,367	83	0	194.14
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)	30,823,951	32,097,413	105,404,389	2,473,068	92,364	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.936119	1.006732	0.335868	0.162368	0.000020	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			119,500	205,806	92,364	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000381	0.013512	0.000020	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: 14-0067

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

Worksheet B-1

Date/Time Prepared:
3/2/2020 9:15 am

Cost Center Description			OUTPATIENT REVENUES (OP CHARGES)	BUSINESS OFFICE (TOTAL GROS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEE T))	
			5.03	5.04	5A.05	5.05	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES	2,007,262,192					5.03
5.04	00550	BUSINESS OFFICE	0	4,600,127,069				5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	-84,474,233	738,836,699		5.05
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	30,900,685	1,135,711	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	10,763,557	27,207	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,714,011	3,593	8.00
9.00	00900	HOUSEKEEPING	0	0	0	11,783,071	11,877	9.00
10.00	01000	DIETARY	0	0	0	8,383,221	11,670	10.00
11.00	01100	CAFETERIA	0	0	0	3,374,085	4,832	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	12,759,686	11,043	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	3,869,872	3,762	14.00
15.00	01500	PHARMACY	0	0	0	21,239,640	91,031	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	5,192,672	6,505	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	5,546,595	0	17.00
18.00	01850	PARKING	0	0	0	1,734,488	53	18.00
20.00	02000	NURSING SCHOOL	0	0	0	1,124,701	61,848	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	23,265,968	69,540	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	32,272,473	2,905	22.00
23.00	02300	PARAMEDICALEDUC - CLS	0	0	0	53,090	429	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	0	0	0	188,369	1,123	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	0	0	0	112,188	787	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	19,911	161	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	0	0	0	508,289	1,255	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	0	0	0	330,666	1,855	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	368,742,553	0	114,089,647	295,770	30.00
31.00	03100	INTENSIVE CARE UNIT	0	100,058,148	0	28,174,185	40,430	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	36,765,605	0	13,180,797	27,611	31.01
41.00	04100	SUBPROVIDER - IRF	0	13,222,818	0	4,558,933	4,354	41.00
43.00	04300	NURSERY	0	28,306,504	0	4,850,688	389	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	187,044,623	395,831,055	0	38,717,962	128,297	50.00
51.00	05100	RECOVERY ROOM	40,266,788	67,611,502	0	4,899,538	5,362	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,861,397	25,557,724	0	5,093,709	13,095	52.00
53.00	05300	ANESTHESIOLOGY	109,085,344	227,091,890	0	4,775,851	1,549	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	328,422,166	458,133,141	0	42,773,786	80,872	54.00
57.00	05700	CT SCAN	93,943,801	169,526,693	0	5,795,549	3,839	57.00
58.00	05800	MRI	59,592,982	88,618,268	0	7,802,976	15,321	58.00
59.00	05900	CARDIAC CATHETERIZATION	60,194,536	131,854,234	0	2,828,761	7,918	59.00
60.00	06000	LABORATORY	272,883,559	538,752,282	0	32,972,422	33,418	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,883,319	18,611,421	0	6,799,081	7,587	63.00
64.00	06400	INTRAVENOUS THERAPY	4,551,044	4,680,206	0	2,106,631	2,233	64.00
65.00	06500	RESPIRATORY THERAPY	14,964,784	187,037,477	0	13,155,442	7,995	65.00
66.00	06600	PHYSICAL THERAPY	16,454,458	40,611,976	0	13,375,697	7,668	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,735,814	16,442,787	0	3,385,182	2,881	67.00
68.00	06800	SPEECH PATHOLOGY	1,834,546	8,229,231	0	1,886,914	364	68.00
69.00	06900	ELECTROCARDIOLOGY	115,331,220	182,327,739	0	6,446,589	8,256	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,086,480	25,372,714	0	1,278,570	245	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	91,453,416	209,728,814	0	33,742,331	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	84,891,226	275,884,674	0	51,386,143	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	262,682,913	639,921,459	0	46,234,586	0	73.00
74.00	07400	RENAL DIALYSIS	1,496,011	20,447,469	0	3,586,173	2,585	74.00
76.00	03950	DIGESTIVE DISEASES	47,123,192	77,250,182	0	5,409,553	8,828	76.00
76.01	03951	ENTEROSTOMAL	125,776	3,344,939	0	568,951	0	76.01
76.02	03952	DIABETIC SERVICE	3,933,865	3,936,540	0	2,333,477	4,522	76.02
76.03	03953	WOUND CARE	8,134,178	8,152,725	0	1,555,249	4,520	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	9,143,009	10,217,305	0	3,064,285	13,405	76.04
76.08	03956	SLEEP DISORDERS	19,309,573	19,458,410	0	2,473,605	2,504	76.08
76.09	03957	PAIN PROGRAM	19,697,650	19,719,946	0	1,698,269	3,311	76.09
76.97	07697	CARDIAC REHABILITATION	2,275,224	2,984,816	0	3,103,909	1,962	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	6,075,095	6,280,126	0	3,689,324	9,978	90.00
91.00	09100	EMERGENCY	102,879,027	153,667,772	0	25,639,344	38,279	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	28,716,908	10,838,169	0	4,331,309	14,850	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			OUTPATIENT REVENUES (OP CHARGES)	BUSINESS OFFICE (TOTAL GROS REVENUES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEE T))	
			5.03	5.04	5A.05	5.05	6.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	188,268	4,517,411	0	2,804,908	1,588	105.00
109.00	10900	PANCREAS ACQUISITION	0	390,344	0	167,181	131	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,007,262,192	4,600,127,069	-84,474,233	726,874,745	1,113,393	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	24,056	1,042	190.00
194.00	07950	SISTERS CONVENT	0	0	0	42,096	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	766,001	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	630,337	0	194.02
194.03	07953	FUND RAISING	0	0	0	2,916,014	171	194.03
194.04	07954	OUTREACH PHYSICIAN	0	0	0	1,010,289	19,454	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	0	0	5,577,080	874	194.07
194.08	07958	INDUSTRIAL REHAB	0	0	0	202,760	0	194.08
194.10	07960	IN-SCHOOL CLINIC	0	0	0	556,476	19	194.10
194.11	07961	REGIONAL ACTIVITIES	0	0	0	13,656	685	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	0	0	135,062	0	0	194.13
194.14	07964	MARKETING	0	0	0	223,189	73	194.14
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)	455,871	15,907,375		84,474,233	34,433,684	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000227	0.003458		0.114334	30.319055	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	189	8,712		22,129,505	7,847,568	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000002		0.029952	6.909828	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: 14-0067

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

Worksheet B-1

Date/Time Prepared:
3/2/2020 9:15 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEE T))	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEE T))	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	1,108,504					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,593	4,181,525				8.00
9.00	00900	HOUSEKEEPING	11,877	76,435	1,081,692			9.00
10.00	01000	DIETARY	11,670	0	11,670	886,469		10.00
11.00	01100	CAFETERIA	4,832	0	4,832	0	4,252	11.00
13.00	01300	NURSING ADMINISTRATION	11,043	0	11,043	0	82	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,762	0	3,762	0	71	14.00
15.00	01500	PHARMACY	91,031	0	91,031	0	107	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,505	0	6,505	0	69	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	PARKING	53	0	53	0	0	18.00
20.00	02000	NURSING SCHOOL	61,848	0	61,848	0	56	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	69,540	7,748	69,540	0	249	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	2,905	0	2,905	0	35	22.00
23.00	02300	PARAMEDICALEDUC - CLS	429	0	429	0	1	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	1,123	0	1,123	0	2	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	787	0	787	0	1	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	161	0	161	0	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	1,255	0	1,255	0	5	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	1,855	0	1,855	0	5	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	295,770	2,130,880	295,770	727,399	1,094	30.00
31.00	03100	INTENSIVE CARE UNIT	40,430	225,853	40,430	75,704	234	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	27,611	118,742	27,611	39,801	96	31.01
41.00	04100	SUBPROVIDER - IRF	4,354	103,563	4,354	34,714	46	41.00
43.00	04300	NURSERY	389	66,915	389	0	47	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	128,297	423,437	128,297	9	326	50.00
51.00	05100	RECOVERY ROOM	5,362	0	5,362	0	48	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,095	67,338	13,095	8,837	46	52.00
53.00	05300	ANESTHESIOLOGY	1,549	0	1,549	0	16	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	80,872	245,122	80,872	0	254	54.00
57.00	05700	CT SCAN	3,839	100,047	3,839	0	39	57.00
58.00	05800	MRI	15,321	40,133	15,321	0	41	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,918	119,733	7,918	5	23	59.00
60.00	06000	LABORATORY	33,418	30,113	33,418	0	251	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	7,587	0	7,587	0	22	63.00
64.00	06400	INTRAVENOUS THERAPY	2,233	8,916	2,233	0	16	64.00
65.00	06500	RESPIRATORY THERAPY	7,995	9,233	7,995	0	105	65.00
66.00	06600	PHYSICAL THERAPY	7,668	12,974	7,668	0	114	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,881	0	2,881	0	31	67.00
68.00	06800	SPEECH PATHOLOGY	364	6,648	364	0	17	68.00
69.00	06900	ELECTROCARDIOLOGY	8,256	18,539	8,256	0	68	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	245	13,487	245	0	11	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
74.00	07400	RENAL DIALYSIS	2,585	24,183	2,585	0	1	74.00
76.00	03950	DIGESTIVE DISEASES	8,828	76,133	8,828	0	43	76.00
76.01	03951	ENTEROSTOMAL	0	0	0	0	6	76.01
76.02	03952	DIABETIC SERVICE	4,522	0	4,522	0	26	76.02
76.03	03953	WOUND CARE	4,520	0	0	0	10	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	13,405	0	13,405	0	37	76.04
76.08	03956	SLEEP DISORDERS	2,504	15,337	2,504	0	28	76.08
76.09	03957	PAIN PROGRAM	3,311	0	0	0	15	76.09
76.97	07697	CARDIAC REHABILITATION	1,962	0	1,962	0	17	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,978	7,964	6,467	0	40	90.00
91.00	09100	EMERGENCY	38,279	213,592	38,279	0	282	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	14,850	0	14,850	0	41	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

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

Worksheet B-1

Date/Time Prepared:
3/2/2020 9:15 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEE T))	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEE T))	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
			7.00	8.00	9.00	10.00	11.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	1,588	0	1,588	0	8	105.00
109.00	10900	PANCREAS ACQUISITION	131	0	131	0	1	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,086,186	4,163,065	1,059,374	886,469	4,183	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,042	0	1,042	0	0	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	1	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	0	4	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	1	194.02
194.03	07953	FUND RAISING	171	0	171	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	19,454	18,460	19,454	0	3	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	874	0	874	0	49	194.07
194.08	07958	INDUSTRIAL REHAB	0	0	0	0	3	194.08
194.10	07960	IN-SCHOOL CLINIC	19	0	19	0	5	194.10
194.11	07961	REGIONAL ACTIVITIES	685	0	685	0	0	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	0	0	0	0	0	194.13
194.14	07964	MARKETING	73	0	73	0	3	194.14
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)	12,819,089	3,174,802	13,685,758	9,978,138	4,023,374	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.564315	0.759245	12.652176	11.256048	946.230950	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,212,506	183,797	722,457	627,698	257,181	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.093822	0.043955	0.667895	0.708088	60.484713	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: 14-0067

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

Worksheet B-1

Date/Time Prepared:
3/2/2020 9:15 am

Cost Center Description			NURSING ADMINISTRATION (FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQ UISITIO)	PHARMACY (COSTED REQ UISITIO)	MEDICAL RECORDS & LIBRARY (TOTAL GROS REVENUES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
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	195,345					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	102,253,942				14.00
15.00	01500	PHARMACY	0	0	45,928,153			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	192	0	4,600,127,069		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	188,873	17.00
18.00	01850	PARKING	0	0	0	0	0	18.00
20.00	02000	NURSING SCHOOL	0	8,358	869	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	18,271	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	29,075	0	0	0	22.00
23.00	02300	PARAMEDICALEDUC - CLS	0	0	0	0	0	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	0	0	0	0	0	23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM- PGY 1	0	8	0	0	0	23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	0	0	0	0	0	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	109,428	4,187,052	185,936	368,742,553	151,930	30.00
31.00	03100	INTENSIVE CARE UNIT	23,411	2,060,023	74,061	100,058,148	16,234	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	9,552	578,952	5,549	36,765,605	8,535	31.01
41.00	04100	SUBPROVIDER - IRF	4,647	85,649	1,267	13,222,818	7,444	41.00
43.00	04300	NURSERY	4,719	0	0	28,306,504	4,730	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	32,572	0	0	395,831,055	0	50.00
51.00	05100	RECOVERY ROOM	4,816	96,837	11,422	67,611,502	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,562	413,253	19,443	25,557,724	0	52.00
53.00	05300	ANESTHESIOLOGY	1,638	1,574,526	310,655	227,091,890	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	458,133,141	0	54.00
57.00	05700	CT SCAN	0	0	0	169,526,693	0	57.00
58.00	05800	MRI	0	473,486	0	88,618,268	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	131,854,234	0	59.00
60.00	06000	LABORATORY	0	895,923	0	538,752,282	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	13,742	944	18,611,421	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	131,411	3,177	4,680,206	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,226,459	1,837	187,037,477	0	65.00
66.00	06600	PHYSICAL THERAPY	0	136,722	46	40,611,976	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	19,813	0	16,442,787	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,446	0	8,229,231	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	146,004	55,094	182,327,739	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	42,827	0	25,372,714	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	34,972,010	335	209,728,814	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	50,407,346	0	275,884,674	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	44,796,258	639,921,459	0	73.00
74.00	07400	RENAL DIALYSIS	0	42,572	13,769	20,447,469	0	74.00
76.00	03950	DIGESTIVE DISEASES	0	0	0	77,250,182	0	76.00
76.01	03951	ENTEROSTOMAL	0	3,262	0	3,344,939	0	76.01
76.02	03952	DIABETIC SERVICE	0	2,892	118	3,936,540	0	76.02
76.03	03953	WOUND CARE	0	242,389	1,538	8,152,725	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	405	0	10,217,305	0	76.04
76.08	03956	SLEEP DISORDERS	0	44,514	0	19,458,410	0	76.08
76.09	03957	PAIN PROGRAM	0	83,095	24	19,719,946	0	76.09
76.97	07697	CARDIAC REHABILITATION	0	20,841	24	2,984,816	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	109,336	0	6,280,126	0	90.00
91.00	09100	EMERGENCY	0	1,981,639	0	153,667,772	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	163,789	0	10,838,169	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

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

Worksheet B-1

Date/Time Prepared:
3/2/2020 9:15 am

Cost Center Description		NURSING ADMINISTRATION (FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQ UISITIO)	PHARMACY (COSTED REQ UISITIO)	MEDICAL RECORDS & LIBRARY (TOTAL GROS REVENUES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	227	11,079	4,517,411	0
109.00	10900	PANCREAS ACQUISITION	0	0	0	390,344	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	195,345	102,214,346	45,493,445	4,600,127,069	188,873
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
194.00	07950	SISTERS CONVENT	0	0	0	0	0
194.01	07951	BRADLEY HEALTH SVC	0	3,928	19,347	0	0
194.02	07952	COMMUNITY CLINIC	0	0	415,220	0	0
194.03	07953	FUND RAISING	0	0	0	0	0
194.04	07954	OUTREACH PHYSICIAN	0	653	0	0	0
194.05	07955	PHYSICIAN CONTRACT	0	0	0	0	0
194.07	07957	RESEARCH, WELLNESS, WC	0	31,196	141	0	0
194.08	07958	INDUSTRIAL REHAB	0	573	0	0	0
194.10	07960	IN-SCHOOL CLINIC	0	78	0	0	0
194.11	07961	REGIONAL ACTIVITIES	0	0	0	0	0
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0
194.13	07963	CFH - ASC LLC	0	3,168	0	0	0
194.14	07964	MARKETING	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	14,898,379	4,584,674	28,733,725	6,206,423	6,180,759
203.00		Unit cost multiplier (Wkst. B, Part I)	76.267010	0.044836	0.625623	0.001349	32.724418
204.00		Cost to be allocated (per Wkst. B, Part II)	962,389	842,241	4,188,637	470,220	166,132
205.00		Unit cost multiplier (Wkst. B, Part II)	4.926612	0.008237	0.091200	0.000102	0.879596
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

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

Worksheet B-1

Date/Time Prepared:
3/2/2020 9:15 am

Cost Center Description			OTHER GENERAL SERVICE	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMEDICALEDUC C - CLS (DIRECT ALL OCATION)	
			PARKING (FTE)		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			18.00		20.00	21.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PARKING	3,914					18.00
20.00	02000	NURSING SCHOOL	56	82,820				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	250		666,452			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	34			666,452		22.00
23.00	02300	PARAMEDICALEDUC - CLS	1				100	23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	2					23.01
23.02	02302	PARAMEDICAL EDUC DIETARY	1					23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH	0					23.03
23.04	02304	PARAMED ED PRGM- PGY 1	5					23.04
23.05	02305	PARAMED ED PRGM- PASTORAL	5					23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,094	67,623	228,154	228,154	0	30.00
31.00	03100	INTENSIVE CARE UNIT	234	3,993	45,384	45,384	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	96	248	14,616	14,616	0	31.01
41.00	04100	SUBPROVIDER - IRF	46	0	350	350	0	41.00
43.00	04300	NURSERY	47	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	326	1,826	76,848	76,848	0	50.00
51.00	05100	RECOVERY ROOM	48	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	46	2,692	15,336	15,336	0	52.00
53.00	05300	ANESTHESIOLOGY	16	49	3,264	3,264	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	254	556	50,880	50,880	0	54.00
57.00	05700	CT SCAN	39	0	6,484	6,484	0	57.00
58.00	05800	MRI	41	0	5,832	5,832	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	23	0	33,200	33,200	0	59.00
60.00	06000	LABORATORY	251	118	2,312	2,312	100	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	22	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	16	556	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	105	0	9,752	9,752	0	65.00
66.00	06600	PHYSICAL THERAPY	114	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	31	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	17	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	68	0	4,864	4,864	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11	0	2,432	2,432	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
74.00	07400	RENAL DIALYSIS	1	0	0	0	0	74.00
76.00	03950	DIGESTIVE DISEASES	43	528	0	0	0	76.00
76.01	03951	ENTEROSTOMAL	6	84	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	26	82	0	0	0	76.02
76.03	03953	WOUND CARE	10	556	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	35	512	0	0	0	76.04
76.08	03956	SLEEP DISORDERS	28	0	1,576	1,576	0	76.08
76.09	03957	PAIN PROGRAM	15	56	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	17	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	40	608	3,096	3,096	0	90.00
91.00	09100	EMERGENCY	281	1,885	89,920	89,920	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

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

Worksheet B-1

Date/Time Prepared:
3/2/2020 9:15 am

Cost Center Description			OTHER GENERAL SERVICE	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMEDICAL EDUC - CLS (DIRECT ALLLOCATION)	
			PARKING (FTE)		SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			18.00		20.00	21.00	22.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	41	848	0	0	0	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	8	0	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	1	0	0	0	0	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,851	82,820	594,300	594,300	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	1	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	0	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	0	194.02
194.03	07953	FUND RAISING	0	0	0	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	0	0	0	0	0	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	72,152	72,152	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	50	0	0	0	0	194.07
194.08	07958	INDUSTRIAL REHAB	3	0	0	0	0	194.08
194.10	07960	IN-SCHOOL CLINIC	6	0	0	0	0	194.10
194.11	07961	REGIONAL ACTIVITIES	0	0	0	0	0	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	0	0	0	0	0	194.13
194.14	07964	MARKETING	3	0	0	0	0	194.14
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)	1,935,690	4,707,811	30,084,413	36,171,977	83,997	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	494.555442	56.843890	45.141155	54.275442	839.970000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	610,794	1,899,666	2,747,007	1,094,233	14,118	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	156.053654	16.328290	4.121838	1.641878	141.180000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0			0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000			0.000000	207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

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

Worksheet B-1

Date/Time Prepared:
3/2/2020 9:15 am

Cost Center Description			PARAMEDICAL EDUC X-RAY (DIRECT ALL OCATION)	PARAMEDICAL EDUC DIETARY (DIRECT ALL OCATION)	PARAMED ED PRGM-HISTOTECH (DIRECT ALL OCATION)	PARAMED ED PRGM- PGY 1 (DIRECT ALL OCATION)	PARAMED ED PRGM- PASTORAL (ASSIGNED TIME)	
			23.01	23.02	23.03	23.04	23.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00560	PURCHASING RECEIVING AND STORES						5.01
5.02	00570	ADMITTING						5.02
5.03	00540	OUTPATIENT REVENUES						5.03
5.04	00550	BUSINESS OFFICE						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	PARKING						18.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMEDICALEDUC - CLS						23.00
23.01	02301	PARAMEDICAL EDUC X-RAY	100					23.01
23.02	02302	PARAMEDICAL EDUC DIETARY		100				23.02
23.03	02303	PARAMED ED PRGM-HISTOTECH			100			23.03
23.04	02304	PARAMED ED PRGM- PGY 1				100		23.04
23.05	02305	PARAMED ED PRGM- PASTORAL					100	23.05
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	100	0	100	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
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	100	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	100	0	100	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	DIGESTIVE DISEASES	0	0	0	0	0	76.00
76.01	03951	ENTEROSTOMAL	0	0	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	0	0	0	0	0	76.02
76.03	03953	WOUND CARE	0	0	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.04
76.08	03956	SLEEP DISORDERS	0	0	0	0	0	76.08
76.09	03957	PAIN PROGRAM	0	0	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0067

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

Worksheet B-1

Date/Time Prepared:
3/2/2020 9:15 am

Cost Center Description		PARAMEDICAL EDUC X-RAY (DIRECT ALL OCATION)	PARAMEDICAL EDUC DIETARY (DIRECT ALL OCATION)	PARAMED ED PRGM-HISTOTECH (DIRECT ALL OCATION)	PARAMED ED PRGM- PGY 1 (DIRECT ALL OCATION)	PARAMED ED PRGM- PASTORAL (ASSIGNED TIME)	
		23.01	23.02	23.03	23.04	23.05	
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	100	100	100	100	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	SISTERS CONVENT	0	0	0	0	194.00
194.01	07951	BRADLEY HEALTH SVC	0	0	0	0	194.01
194.02	07952	COMMUNITY CLINIC	0	0	0	0	194.02
194.03	07953	FUND RAISING	0	0	0	0	194.03
194.04	07954	OUTREACH PHYSICIAN	0	0	0	0	194.04
194.05	07955	PHYSICIAN CONTRACT	0	0	0	0	194.05
194.07	07957	RESEARCH, WELLNESS, WC	0	0	0	0	194.07
194.08	07958	INDUSTRIAL REHAB	0	0	0	0	194.08
194.10	07960	IN-SCHOOL CLINIC	0	0	0	0	194.10
194.11	07961	REGIONAL ACTIVITIES	0	0	0	0	194.11
194.12	07962	CFH - MEDICAL OFFICE BLDG	0	0	0	0	194.12
194.13	07963	CFH - ASC LLC	0	0	0	0	194.13
194.14	07964	MARKETING	0	0	0	0	194.14
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)	274,030	169,375	30,968	642,049	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2,740.300000	1,693.750000	309.680000	6,420.490000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	38,259	26,121	5,217	52,346	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	382.590000	261.210000	52.170000	523.460000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	0	0	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	0.000000	0.000000	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
Date/Time Prepared:
3/2/2020 9:15 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	173,420,189		173,420,189	333,866	173,754,055	30.00
31.00	03100	INTENSIVE CARE UNIT	37,778,461		37,778,461	73,063	37,851,524	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	17,970,990		17,970,990	1,130	17,972,120	31.01
41.00	04100	SUBPROVIDER - IRF	6,473,756		6,473,756	0	6,473,756	41.00
43.00	04300	NURSERY	6,097,899		6,097,899	0	6,097,899	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	54,054,719		54,054,719	616,748	54,671,467	50.00
51.00	05100	RECOVERY ROOM	6,291,298		6,291,298	0	6,291,298	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,173,233		7,173,233	0	7,173,233	52.00
53.00	05300	ANESTHESIOLOGY	6,128,426		6,128,426	0	6,128,426	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,550,408		53,550,408	48,234	53,598,642	54.00
57.00	05700	CT SCAN	7,028,382		7,028,382	0	7,028,382	57.00
58.00	05800	MRI	9,760,978		9,760,978	0	9,760,978	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,885,969		3,885,969	0	3,885,969	59.00
60.00	06000	LABORATORY	40,314,719		40,314,719	41,323	40,356,042	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,048,219		8,048,219	0	8,048,219	63.00
64.00	06400	INTRAVENOUS THERAPY	2,544,889		2,544,889	0	2,544,889	64.00
65.00	06500	RESPIRATORY THERAPY	15,651,985	0	15,651,985	1,008	15,652,993	65.00
66.00	06600	PHYSICAL THERAPY	15,558,217	0	15,558,217	0	15,558,217	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,997,073	0	3,997,073	0	3,997,073	67.00
68.00	06800	SPEECH PATHOLOGY	2,163,208	0	2,163,208	0	2,163,208	68.00
69.00	06900	ELECTROCARDIOLOGY	8,032,922		8,032,922	6,626	8,039,548	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,500,352		1,500,352	0	1,500,352	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	39,451,366		39,451,366	0	39,451,366	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	59,893,573		59,893,573	0	59,893,573	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	80,410,460		80,410,460	0	80,410,460	73.00
74.00	07400	RENAL DIALYSIS	4,195,079		4,195,079	0	4,195,079	74.00
76.00	03950	DIGESTIVE DISEASES	6,763,471		6,763,471	0	6,763,471	76.00
76.01	03951	ENTEROSTOMAL	652,078		652,078	0	652,078	76.01
76.02	03952	DIABETIC SERVICE	2,894,518		2,894,518	0	2,894,518	76.02
76.03	03953	WOUND CARE	1,991,221		1,991,221	0	1,991,221	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,240,911		4,240,911	0	4,240,911	76.04
76.08	03956	SLEEP DISORDERS	2,973,211		2,973,211	263	2,973,474	76.08
76.09	03957	PAIN PROGRAM	2,086,251		2,086,251	44,618	2,130,869	76.09
76.97	07697	CARDIAC REHABILITATION	3,595,259		3,595,259	37	3,595,296	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,722,487		4,722,487	0	4,722,487	90.00
91.00	09100	EMERGENCY	31,629,633		31,629,633	603,982	32,233,615	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	16,265,134		16,265,134		16,265,134	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,765,619		5,765,619	0	5,765,619	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	3,236,768		3,236,768		3,236,768	105.00
109.00	10900	PANCREAS ACQUISITION	195,407		195,407		195,407	109.00
200.00		Subtotal (see instructions)	758,388,738	0	758,388,738	1,770,898	760,159,636	200.00
201.00		Less Observation Beds	16,265,134		16,265,134		16,265,134	201.00
202.00		Total (see instructions)	742,123,604	0	742,123,604	1,770,898	743,894,502	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
Date/Time Prepared:
3/2/2020 9:15 am

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	337,805,657		337,805,657		30.00
31.00	03100	INTENSIVE CARE UNIT	100,058,148		100,058,148		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	36,765,605		36,765,605		31.01
41.00	04100	SUBPROVIDER - IRF	13,222,818		13,222,818		41.00
43.00	04300	NURSERY	28,306,504		28,306,504		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	208,786,432	187,044,623	395,831,055	0.136560	0.000000
51.00	05100	RECOVERY ROOM	27,344,714	40,266,788	67,611,502	0.093051	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,696,327	3,861,397	25,557,724	0.280668	0.000000
53.00	05300	ANESTHESIOLOGY	118,006,546	109,085,344	227,091,890	0.026987	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	129,710,975	328,422,166	458,133,141	0.116888	0.000000
57.00	05700	CT SCAN	75,582,892	93,943,801	169,526,693	0.041459	0.000000
58.00	05800	MRI	29,025,286	59,592,982	88,618,268	0.110146	0.000000
59.00	05900	CARDIAC CATHETERIZATION	71,659,698	60,194,536	131,854,234	0.029472	0.000000
60.00	06000	LABORATORY	265,868,723	272,883,559	538,752,282	0.074830	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,728,102	2,883,319	18,611,421	0.432434	0.000000
64.00	06400	INTRAVENOUS THERAPY	129,162	4,551,044	4,680,206	0.543756	0.000000
65.00	06500	RESPIRATORY THERAPY	172,072,693	14,964,784	187,037,477	0.083684	0.000000
66.00	06600	PHYSICAL THERAPY	24,157,518	16,454,458	40,611,976	0.383094	0.000000
67.00	06700	OCCUPATIONAL THERAPY	13,706,973	2,735,814	16,442,787	0.243090	0.000000
68.00	06800	SPEECH PATHOLOGY	6,394,685	1,834,546	8,229,231	0.262869	0.000000
69.00	06900	ELECTROCARDIOLOGY	66,996,519	115,331,220	182,327,739	0.044058	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	20,286,234	5,086,480	25,372,714	0.059132	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	118,275,398	91,453,416	209,728,814	0.188107	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	190,993,448	84,891,226	275,884,674	0.217096	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	377,238,546	262,682,913	639,921,459	0.125657	0.000000
74.00	07400	RENAL DIALYSIS	18,951,458	1,496,011	20,447,469	0.205164	0.000000
76.00	03950	DIGESTIVE DISEASES	30,126,990	47,123,192	77,250,182	0.087553	0.000000
76.01	03951	ENTEROSTOMAL	3,219,163	125,776	3,344,939	0.194945	0.000000
76.02	03952	DIABETIC SERVICE	2,675	3,933,865	3,936,540	0.735295	0.000000
76.03	03953	WOUND CARE	18,547	8,134,178	8,152,725	0.244240	0.000000
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,074,296	9,143,009	10,217,305	0.415071	0.000000
76.08	03956	SLEEP DISORDERS	148,837	19,309,573	19,458,410	0.152798	0.000000
76.09	03957	PAIN PROGRAM	22,296	19,697,650	19,719,946	0.105794	0.000000
76.97	07697	CARDIAC REHABILITATION	709,592	2,275,224	2,984,816	1.204516	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	205,031	6,075,095	6,280,126	0.751973	0.000000
91.00	09100	EMERGENCY	50,788,745	102,879,027	153,667,772	0.205831	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,670,054	23,266,842	30,936,896	0.525752	0.000000
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,388,103	5,450,066	10,838,169	0.531974	0.000000
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	4,329,143	188,268	4,517,411		105.00
109.00	10900	PANCREAS ACQUISITION	390,344	0	390,344		109.00
200.00		Subtotal (see instructions)	2,592,864,877	2,007,262,192	4,600,127,069		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,592,864,877	2,007,262,192	4,600,127,069		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0067	Period: From 10/01/2018 To 09/30/2019	Worksheet C Part I Date/Time Prepared: 3/2/2020 9:15 am
			Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio			
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT			31.01
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.138118		50.00
51.00	05100	RECOVERY ROOM	0.093051		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.280668		52.00
53.00	05300	ANESTHESIOLOGY	0.026987		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.116994		54.00
57.00	05700	CT SCAN	0.041459		57.00
58.00	05800	MRI	0.110146		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.029472		59.00
60.00	06000	LABORATORY	0.074906		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.432434		63.00
64.00	06400	INTRAVENOUS THERAPY	0.543756		64.00
65.00	06500	RESPIRATORY THERAPY	0.083689		65.00
66.00	06600	PHYSICAL THERAPY	0.383094		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.243090		67.00
68.00	06800	SPEECH PATHOLOGY	0.262869		68.00
69.00	06900	ELECTROCARDIOLOGY	0.044094		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.059132		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.188107		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.217096		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.125657		73.00
74.00	07400	RENAL DIALYSIS	0.205164		74.00
76.00	03950	DIGESTIVE DISEASES	0.087553		76.00
76.01	03951	ENTEROSTOMAL	0.194945		76.01
76.02	03952	DIABETIC SERVICE	0.735295		76.02
76.03	03953	WOUND CARE	0.244240		76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.415071		76.04
76.08	03956	SLEEP DISORDERS	0.152812		76.08
76.09	03957	PAIN PROGRAM	0.108057		76.09
76.97	07697	CARDIAC REHABILITATION	1.204529		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.751973		90.00
91.00	09100	EMERGENCY	0.209762		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.525752		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.531974		92.01
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
109.00	10900	PANCREAS ACQUISITION			109.00
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: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
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			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	173,420,189		173,420,189	333,866	173,754,055	30.00
31.00	03100	INTENSIVE CARE UNIT	37,778,461		37,778,461	73,063	37,851,524	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	17,970,990		17,970,990	1,130	17,972,120	31.01
41.00	04100	SUBPROVIDER - IRF	6,473,756		6,473,756	0	6,473,756	41.00
43.00	04300	NURSERY	6,097,899		6,097,899	0	6,097,899	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	54,054,719		54,054,719	616,748	54,671,467	50.00
51.00	05100	RECOVERY ROOM	6,291,298		6,291,298	0	6,291,298	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,173,233		7,173,233	0	7,173,233	52.00
53.00	05300	ANESTHESIOLOGY	6,128,426		6,128,426	0	6,128,426	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,550,408		53,550,408	48,234	53,598,642	54.00
57.00	05700	CT SCAN	7,028,382		7,028,382	0	7,028,382	57.00
58.00	05800	MRI	9,760,978		9,760,978	0	9,760,978	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,885,969		3,885,969	0	3,885,969	59.00
60.00	06000	LABORATORY	40,314,719		40,314,719	41,323	40,356,042	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,048,219		8,048,219	0	8,048,219	63.00
64.00	06400	INTRAVENOUS THERAPY	2,544,889		2,544,889	0	2,544,889	64.00
65.00	06500	RESPIRATORY THERAPY	15,651,985	0	15,651,985	1,008	15,652,993	65.00
66.00	06600	PHYSICAL THERAPY	15,558,217	0	15,558,217	0	15,558,217	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,997,073	0	3,997,073	0	3,997,073	67.00
68.00	06800	SPEECH PATHOLOGY	2,163,208	0	2,163,208	0	2,163,208	68.00
69.00	06900	ELECTROCARDIOLOGY	8,032,922		8,032,922	6,626	8,039,548	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,500,352		1,500,352	0	1,500,352	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	39,451,366		39,451,366	0	39,451,366	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	59,893,573		59,893,573	0	59,893,573	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	80,410,460		80,410,460	0	80,410,460	73.00
74.00	07400	RENAL DIALYSIS	4,195,079		4,195,079	0	4,195,079	74.00
76.00	03950	DIGESTIVE DISEASES	6,763,471		6,763,471	0	6,763,471	76.00
76.01	03951	ENTEROSTOMAL	652,078		652,078	0	652,078	76.01
76.02	03952	DIABETIC SERVICE	2,894,518		2,894,518	0	2,894,518	76.02
76.03	03953	WOUND CARE	1,991,221		1,991,221	0	1,991,221	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,240,911		4,240,911	0	4,240,911	76.04
76.08	03956	SLEEP DISORDERS	2,973,211		2,973,211	263	2,973,474	76.08
76.09	03957	PAIN PROGRAM	2,086,251		2,086,251	44,618	2,130,869	76.09
76.97	07697	CARDIAC REHABILITATION	3,595,259		3,595,259	37	3,595,296	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,722,487		4,722,487	0	4,722,487	90.00
91.00	09100	EMERGENCY	31,629,633		31,629,633	603,982	32,233,615	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	16,265,134		16,265,134		16,265,134	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,765,619		5,765,619	0	5,765,619	92.01
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	3,236,768		3,236,768		3,236,768	105.00
109.00	10900	PANCREAS ACQUISITION	195,407		195,407		195,407	109.00
200.00		Subtotal (see instructions)	758,388,738	0	758,388,738	1,770,898	760,159,636	200.00
201.00		Less Observation Beds	16,265,134		16,265,134		16,265,134	201.00
202.00		Total (see instructions)	742,123,604	0	742,123,604	1,770,898	743,894,502	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0067

Period:
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			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	337,805,657		337,805,657		30.00
31.00	03100	INTENSIVE CARE UNIT	100,058,148		100,058,148		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	36,765,605		36,765,605		31.01
41.00	04100	SUBPROVIDER - IRF	13,222,818		13,222,818		41.00
43.00	04300	NURSERY	28,306,504		28,306,504		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	208,786,432	187,044,623	395,831,055	0.136560	0.000000
51.00	05100	RECOVERY ROOM	27,344,714	40,266,788	67,611,502	0.093051	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,696,327	3,861,397	25,557,724	0.280668	0.000000
53.00	05300	ANESTHESIOLOGY	118,006,546	109,085,344	227,091,890	0.026987	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	129,710,975	328,422,166	458,133,141	0.116888	0.000000
57.00	05700	CT SCAN	75,582,892	93,943,801	169,526,693	0.041459	0.000000
58.00	05800	MRI	29,025,286	59,592,982	88,618,268	0.110146	0.000000
59.00	05900	CARDIAC CATHETERIZATION	71,659,698	60,194,536	131,854,234	0.029472	0.000000
60.00	06000	LABORATORY	265,868,723	272,883,559	538,752,282	0.074830	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,728,102	2,883,319	18,611,421	0.432434	0.000000
64.00	06400	INTRAVENOUS THERAPY	129,162	4,551,044	4,680,206	0.543756	0.000000
65.00	06500	RESPIRATORY THERAPY	172,072,693	14,964,784	187,037,477	0.083684	0.000000
66.00	06600	PHYSICAL THERAPY	24,157,518	16,454,458	40,611,976	0.383094	0.000000
67.00	06700	OCCUPATIONAL THERAPY	13,706,973	2,735,814	16,442,787	0.243090	0.000000
68.00	06800	SPEECH PATHOLOGY	6,394,685	1,834,546	8,229,231	0.262869	0.000000
69.00	06900	ELECTROCARDIOLOGY	66,996,519	115,331,220	182,327,739	0.044058	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	20,286,234	5,086,480	25,372,714	0.059132	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	118,275,398	91,453,416	209,728,814	0.188107	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	190,993,448	84,891,226	275,884,674	0.217096	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	377,238,546	262,682,913	639,921,459	0.125657	0.000000
74.00	07400	RENAL DIALYSIS	18,951,458	1,496,011	20,447,469	0.205164	0.000000
76.00	03950	DIGESTIVE DISEASES	30,126,990	47,123,192	77,250,182	0.087553	0.000000
76.01	03951	ENTEROSTOMAL	3,219,163	125,776	3,344,939	0.194945	0.000000
76.02	03952	DIABETIC SERVICE	2,675	3,933,865	3,936,540	0.735295	0.000000
76.03	03953	WOUND CARE	18,547	8,134,178	8,152,725	0.244240	0.000000
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,074,296	9,143,009	10,217,305	0.415071	0.000000
76.08	03956	SLEEP DISORDERS	148,837	19,309,573	19,458,410	0.152798	0.000000
76.09	03957	PAIN PROGRAM	22,296	19,697,650	19,719,946	0.105794	0.000000
76.97	07697	CARDIAC REHABILITATION	709,592	2,275,224	2,984,816	1.204516	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	205,031	6,075,095	6,280,126	0.751973	0.000000
91.00	09100	EMERGENCY	50,788,745	102,879,027	153,667,772	0.205831	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	7,670,054	23,266,842	30,936,896	0.525752	0.000000
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,388,103	5,450,066	10,838,169	0.531974	0.000000
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	4,329,143	188,268	4,517,411		105.00
109.00	10900	PANCREAS ACQUISITION	390,344	0	390,344		109.00
200.00		Subtotal (see instructions)	2,592,864,877	2,007,262,192	4,600,127,069		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,592,864,877	2,007,262,192	4,600,127,069		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0067

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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
31.01	02060	NEONATAL INTENSIVE CARE UNIT				31.01
41.00	04100	SUBPROVIDER - IRF				41.00
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
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.00	03950	DIGESTIVE DISEASES	0.000000			76.00
76.01	03951	ENTEROSTOMAL	0.000000			76.01
76.02	03952	DIABETIC SERVICE	0.000000			76.02
76.03	03953	WOUND CARE	0.000000			76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000			76.04
76.08	03956	SLEEP DISORDERS	0.000000			76.08
76.09	03957	PAIN PROGRAM	0.000000			76.09
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION				105.00
109.00	10900	PANCREAS ACQUISITION				109.00
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: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
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			Title V	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	196,102,484		196,102,484	0
31.00	03100	INTENSIVE CARE UNIT	42,290,384		42,290,384	0
31.01	02060	NEONATAL INTENSIVE CARE UNIT	19,424,063		19,424,063	0
41.00	04100	SUBPROVIDER - IRF	6,508,551		6,508,551	0
43.00	04300	NURSERY	6,097,899		6,097,899	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	61,694,685		61,694,685	0
51.00	05100	RECOVERY ROOM	6,291,298		6,291,298	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,697,886		8,697,886	0
53.00	05300	ANESTHESIOLOGY	6,452,922		6,452,922	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	58,608,724		58,608,724	0
57.00	05700	CT SCAN	7,672,999		7,672,999	0
58.00	05800	MRI	10,340,775		10,340,775	0
59.00	05900	CARDIAC CATHETERIZATION	7,186,600		7,186,600	0
60.00	06000	LABORATORY	40,544,570		40,544,570	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,048,219		8,048,219	0
64.00	06400	INTRAVENOUS THERAPY	2,544,889		2,544,889	0
65.00	06500	RESPIRATORY THERAPY	16,621,496	0	16,621,496	0
66.00	06600	PHYSICAL THERAPY	15,558,217	0	15,558,217	0
67.00	06700	OCCUPATIONAL THERAPY	3,997,073	0	3,997,073	0
68.00	06800	SPEECH PATHOLOGY	2,163,208	0	2,163,208	0
69.00	06900	ELECTROCARDIOLOGY	8,516,485		8,516,485	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,742,133		1,742,133	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	39,451,366		39,451,366	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	59,893,573		59,893,573	0
73.00	07300	DRUGS CHARGED TO PATIENTS	80,410,460		80,410,460	0
74.00	07400	RENAL DIALYSIS	4,195,079		4,195,079	0
76.00	03950	DIGESTIVE DISEASES	6,763,471		6,763,471	0
76.01	03951	ENTEROSTOMAL	652,078		652,078	0
76.02	03952	DIABETIC SERVICE	2,894,518		2,894,518	0
76.03	03953	WOUND CARE	1,991,221		1,991,221	0
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,240,911		4,240,911	0
76.08	03956	SLEEP DISORDERS	3,129,891		3,129,891	0
76.09	03957	PAIN PROGRAM	2,086,251		2,086,251	0
76.97	07697	CARDIAC REHABILITATION	3,595,259		3,595,259	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5,030,281		5,030,281	0
91.00	09100	EMERGENCY	40,569,174		40,569,174	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,765,619		5,765,619	0
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	3,236,768		3,236,768	0
109.00	10900	PANCREAS ACQUISITION	195,407		195,407	0
200.00		Subtotal (see instructions)	801,206,887	0	801,206,887	0
201.00		Less Observation Beds	0		0	0
202.00		Total (see instructions)	801,206,887	0	801,206,887	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
Date/Time Prepared:
3/2/2020 9:15 am

			Title V		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	337,805,657		337,805,657		30.00
31.00	03100	INTENSIVE CARE UNIT	100,058,148		100,058,148		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	36,765,605		36,765,605		31.01
41.00	04100	SUBPROVIDER - IRF	13,222,818		13,222,818		41.00
43.00	04300	NURSERY	28,306,504		28,306,504		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	208,786,432	187,044,623	395,831,055	0.155861	0.000000
51.00	05100	RECOVERY ROOM	27,344,714	40,266,788	67,611,502	0.093051	0.000000
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,696,327	3,861,397	25,557,724	0.340323	0.000000
53.00	05300	ANESTHESIOLOGY	118,006,546	109,085,344	227,091,890	0.028415	0.000000
54.00	05400	RADIOLOGY-DIAGNOSTIC	129,710,975	328,422,166	458,133,141	0.127929	0.000000
57.00	05700	CT SCAN	75,582,892	93,943,801	169,526,693	0.045261	0.000000
58.00	05800	MRI	29,025,286	59,592,982	88,618,268	0.116689	0.000000
59.00	05900	CARDIAC CATHETERIZATION	71,659,698	60,194,536	131,854,234	0.054504	0.000000
60.00	06000	LABORATORY	265,868,723	272,883,559	538,752,282	0.075256	0.000000
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,728,102	2,883,319	18,611,421	0.432434	0.000000
64.00	06400	INTRAVENOUS THERAPY	129,162	4,551,044	4,680,206	0.543756	0.000000
65.00	06500	RESPIRATORY THERAPY	172,072,693	14,964,784	187,037,477	0.088867	0.000000
66.00	06600	PHYSICAL THERAPY	24,157,518	16,454,458	40,611,976	0.383094	0.000000
67.00	06700	OCCUPATIONAL THERAPY	13,706,973	2,735,814	16,442,787	0.243090	0.000000
68.00	06800	SPEECH PATHOLOGY	6,394,685	1,834,546	8,229,231	0.262869	0.000000
69.00	06900	ELECTROCARDIOLOGY	66,996,519	115,331,220	182,327,739	0.046710	0.000000
70.00	07000	ELECTROENCEPHALOGRAPHY	20,286,234	5,086,480	25,372,714	0.068662	0.000000
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	118,275,398	91,453,416	209,728,814	0.188107	0.000000
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	190,993,448	84,891,226	275,884,674	0.217096	0.000000
73.00	07300	DRUGS CHARGED TO PATIENTS	377,238,546	262,682,913	639,921,459	0.125657	0.000000
74.00	07400	RENAL DIALYSIS	18,951,458	1,496,011	20,447,469	0.205164	0.000000
76.00	03950	DIGESTIVE DISEASES	30,126,990	47,123,192	77,250,182	0.087553	0.000000
76.01	03951	ENTEROSTOMAL	3,219,163	125,776	3,344,939	0.194945	0.000000
76.02	03952	DIABETIC SERVICE	2,675	3,933,865	3,936,540	0.735295	0.000000
76.03	03953	WOUND CARE	18,547	8,134,178	8,152,725	0.244240	0.000000
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,074,296	9,143,009	10,217,305	0.415071	0.000000
76.08	03956	SLEEP DISORDERS	148,837	19,309,573	19,458,410	0.160850	0.000000
76.09	03957	PAIN PROGRAM	22,296	19,697,650	19,719,946	0.105794	0.000000
76.97	07697	CARDIAC REHABILITATION	709,592	2,275,224	2,984,816	1.204516	0.000000
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	205,031	6,075,095	6,280,126	0.800984	0.000000
91.00	09100	EMERGENCY	50,788,745	102,879,027	153,667,772	0.264006	0.000000
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	13,058,157	28,716,908	41,775,065	0.138016	0.000000
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	4,329,143	188,268	4,517,411		105.00
109.00	10900	PANCREAS ACQUISITION	390,344	0	390,344		109.00
200.00		Subtotal (see instructions)	2,592,864,877	2,007,262,192	4,600,127,069		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	2,592,864,877	2,007,262,192	4,600,127,069		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0067	Period: From 10/01/2018 To 09/30/2019	Worksheet C Part I Date/Time Prepared: 3/2/2020 9:15 am
			Title V	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT			31.01
41.00	04100	SUBPROVIDER - IRF			41.00
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
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03950	DIGESTIVE DISEASES	0.000000		76.00
76.01	03951	ENTEROSTOMAL	0.000000		76.01
76.02	03952	DIABETIC SERVICE	0.000000		76.02
76.03	03953	WOUND CARE	0.000000		76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		76.04
76.08	03956	SLEEP DISORDERS	0.000000		76.08
76.09	03957	PAIN PROGRAM	0.000000		76.09
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
109.00	10900	PANCREAS ACQUISITION			109.00
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: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part I
Date/Time Prepared:
3/2/2020 9:15 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	13,957,584	0	13,957,584	167,621	83.27	30.00	
31.00	INTENSIVE CARE UNIT	2,553,308		2,553,308	16,234	157.28	31.00	
31.01	NEONATAL INTENSIVE CARE UNIT	1,470,994		1,470,994	8,535	172.35	31.01	
41.00	SUBPROVIDER - IRF	371,669	0	371,669	7,444	49.93	41.00	
43.00	NURSERY	201,616		201,616	4,730	42.62	43.00	
200.00	Total (lines 30 through 199)	18,555,171		18,555,171	204,564		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	52,011	4,330,956					30.00
31.00	INTENSIVE CARE UNIT	6,626	1,042,137					31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0					31.01
41.00	SUBPROVIDER - IRF	2,856	142,600					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	61,493	5,515,693					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0067	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part II Date/Time Prepared: 3/2/2020 9:15 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	9,053,117	395,831,055	0.022871	66,445,517	1,519,675	50.00
51.00	05100	RECOVERY ROOM	361,075	67,611,502	0.005340	11,290,203	60,290	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	700,072	25,557,724	0.027392	109,454	2,998	52.00
53.00	05300	ANESTHESIOLOGY	546,162	227,091,890	0.002405	39,390,936	94,735	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,450,398	458,133,141	0.018445	48,899,980	901,960	54.00
57.00	05700	CT SCAN	1,368,913	169,526,693	0.008075	30,086,036	242,945	57.00
58.00	05800	MRI	3,361,956	88,618,268	0.037938	10,785,192	409,169	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,036,406	131,854,234	0.007860	37,743,401	296,663	59.00
60.00	06000	LABORATORY	3,586,254	538,752,282	0.006657	92,023,822	612,603	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	430,397	18,611,421	0.023125	4,448,521	102,872	63.00
64.00	06400	INTRAVENOUS THERAPY	379,175	4,680,206	0.081017	78,936	6,395	64.00
65.00	06500	RESPIRATORY THERAPY	1,052,798	187,037,477	0.005629	48,592,539	273,527	65.00
66.00	06600	PHYSICAL THERAPY	1,391,986	40,611,976	0.034275	8,245,152	282,603	66.00
67.00	06700	OCCUPATIONAL THERAPY	213,367	16,442,787	0.012976	3,242,381	42,073	67.00
68.00	06800	SPEECH PATHOLOGY	72,573	8,229,231	0.008819	1,684,800	14,858	68.00
69.00	06900	ELECTROCARDIOLOGY	1,180,204	182,327,739	0.006473	24,855,819	160,892	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	98,638	25,372,714	0.003888	8,049,570	31,297	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,324,751	209,728,814	0.006316	42,724,283	269,847	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,988,509	275,884,674	0.007208	79,828,881	575,407	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,558,247	639,921,459	0.008686	112,469,326	976,909	73.00
74.00	07400	RENAL DIALYSIS	187,030	20,447,469	0.009147	9,819,394	89,818	74.00
76.00	03950	DIGESTIVE DISEASES	1,490,360	77,250,182	0.019293	10,412,334	200,885	76.00
76.01	03951	ENTEROSTOMAL	18,943	3,344,939	0.005663	1,356,853	7,684	76.01
76.02	03952	DIABETIC SERVICE	233,434	3,936,540	0.059299	0	0	76.02
76.03	03953	WOUND CARE	194,399	8,152,725	0.023845	17,905	427	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	486,454	10,217,305	0.047611	290,475	13,830	76.04
76.08	03956	SLEEP DISORDERS	224,952	19,458,410	0.011561	0	0	76.08
76.09	03957	PAIN PROGRAM	181,109	19,719,946	0.009184	14,268	131	76.09
76.97	07697	CARDIAC REHABILITATION	203,705	2,984,816	0.068247	297,394	20,296	76.97
	OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	483,795	6,280,126	0.077036	0	0	90.00
91.00	09100	EMERGENCY	2,162,853	153,667,772	0.014075	19,306,175	271,734	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,306,578	30,936,896	0.042234	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	648,964	10,838,169	0.059878	4,552,350	272,586	92.01
200.00		Total (lines 50 through 199)	49,977,574	4,079,060,582		717,061,897	7,755,109	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0067		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part III Date/Time Prepared: 3/2/2020 9:15 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	3,843,954	0	811,424	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	226,978	0	0	0	31.00			
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	14,097	0	0	0	31.01			
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00			
43.00	04300	NURSERY	0	0	0	0	0	43.00			
200.00		Total (lines 30 through 199)	0	4,085,029	0	811,424	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	4,655,378	167,621	27.77	52,011	30.00			
31.00	03100	INTENSIVE CARE UNIT		226,978	16,234	13.98	6,626	31.00			
31.01	02060	NEONATAL INTENSIVE CARE UNIT		14,097	8,535	1.65	0	31.01			
41.00	04100	SUBPROVIDER - IRF	0	0	7,444	0.00	2,856	41.00			
43.00	04300	NURSERY		0	4,730	0.00	0	43.00			
200.00		Total (lines 30 through 199)		4,896,453	204,564		61,493	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	1,444,345								30.00
31.00	03100	INTENSIVE CARE UNIT	92,631								31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0								31.01
41.00	04100	SUBPROVIDER - IRF	0								41.00
43.00	04300	NURSERY	0								43.00
200.00		Total (lines 30 through 199)	1,536,976								200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0067		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 3/2/2020 9:15 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	103,797	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	153,024	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	2,785	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	31,605	0	274,030	54.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	6,708	0	591,805	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	31,605	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.00	03950	DIGESTIVE DISEASES		0	0	30,014	0	0	76.00
76.01	03951	ENTEROSTOMAL		0	0	4,775	0	0	76.01
76.02	03952	DIABETIC SERVICE		0	0	4,661	0	0	76.02
76.03	03953	WOUND CARE		0	0	31,605	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	29,104	0	0	76.04
76.08	03956	SLEEP DISORDERS		0	0	0	0	0	76.08
76.09	03957	PAIN PROGRAM		0	0	3,183	0	0	76.09
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	34,561	0	0	90.00
91.00	09100	EMERGENCY		0	0	107,151	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	359,834	0	75,958	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	48,204	0	0	92.01
200.00		Total (lines 50 through 199)		0	0	982,616	0	941,793	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0067		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 3/2/2020 9:15 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		103,797	103,797	395,831,055	0.000262	50.00
51.00	05100	RECOVERY ROOM	0		0	0	67,611,502	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		153,024	153,024	25,557,724	0.005987	52.00
53.00	05300	ANESTHESIOLOGY	0		2,785	2,785	227,091,890	0.000012	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		305,635	305,635	458,133,141	0.000667	54.00
57.00	05700	CT SCAN	0		0	0	169,526,693	0.000000	57.00
58.00	05800	MRI	0		0	0	88,618,268	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	131,854,234	0.000000	59.00
60.00	06000	LABORATORY	0		598,513	598,513	538,752,282	0.001111	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	18,611,421	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0		31,605	31,605	4,680,206	0.006753	64.00
65.00	06500	RESPIRATORY THERAPY	0		0	0	187,037,477	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0		0	0	40,611,976	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		0	0	16,442,787	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0		0	0	8,229,231	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	182,327,739	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	25,372,714	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	209,728,814	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	275,884,674	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		0	0	639,921,459	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	20,447,469	0.000000	74.00
76.00	03950	DIGESTIVE DISEASES	0		30,014	30,014	77,250,182	0.000389	76.00
76.01	03951	ENTEROSTOMAL	0		4,775	4,775	3,344,939	0.001428	76.01
76.02	03952	DIABETIC SERVICE	0		4,661	4,661	3,936,540	0.001184	76.02
76.03	03953	WOUND CARE	0		31,605	31,605	8,152,725	0.003877	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		29,104	29,104	10,217,305	0.002849	76.04
76.08	03956	SLEEP DISORDERS	0		0	0	19,458,410	0.000000	76.08
76.09	03957	PAIN PROGRAM	0		3,183	3,183	19,719,946	0.000161	76.09
76.97	07697	CARDIAC REHABILITATION	0		0	0	2,984,816	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		34,561	34,561	6,280,126	0.005503	90.00
91.00	09100	EMERGENCY	0		107,151	107,151	153,667,772	0.000697	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		435,792	435,792	30,936,896	0.014086	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		48,204	48,204	10,838,169	0.004448	92.01
200.00		Total (lines 50 through 199)	0		1,924,409	1,924,409	4,079,060,582		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0067		Period: From 10/01/2018 To 09/30/2019	Worksheet D Part IV Date/Time Prepared: 3/2/2020 9:15 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	0.000262	66,445,517	17,409	29,595,613	7,754	50.00
51.00	05100	RECOVERY ROOM	0.000000	11,290,203	0	9,592,749	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.005987	109,454	655	15,202	91	52.00
53.00	05300	ANESTHESIOLOGY	0.000012	39,390,936	473	21,506,500	258	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000667	48,899,980	32,616	92,074,421	61,414	54.00
57.00	05700	CT SCAN	0.000000	30,086,036	0	23,673,263	0	57.00
58.00	05800	MRI	0.000000	10,785,192	0	13,381,796	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	37,743,401	0	39,671,836	0	59.00
60.00	06000	LABORATORY	0.001111	92,023,822	102,238	25,386,938	28,205	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	4,448,521	0	436,496	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.006753	78,936	533	1,904,475	12,861	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	48,592,539	0	4,900,805	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	8,245,152	0	100,473	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	3,242,381	0	19,306	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	1,684,800	0	12,828	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	24,855,819	0	28,191,862	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	8,049,570	0	3,351,526	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	42,724,283	0	23,891,562	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	79,828,881	0	32,043,568	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	112,469,326	0	80,351,789	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	9,819,394	0	402,145	0	74.00
76.00	03950	DIGESTIVE DISEASES	0.000389	10,412,334	4,050	10,017,103	3,897	76.00
76.01	03951	ENTEROSTOMAL	0.001428	1,356,853	1,938	13,947	20	76.01
76.02	03952	DIABETIC SERVICE	0.001184	0	0	88,166	104	76.02
76.03	03953	WOUND CARE	0.003877	17,905	69	3,928,811	15,232	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.002849	290,475	828	1,052,338	2,998	76.04
76.08	03956	SLEEP DISORDERS	0.000000	0	0	369,179	0	76.08
76.09	03957	PAIN PROGRAM	0.000161	14,268	2	6,764,730	1,089	76.09
76.97	07697	CARDIAC REHABILITATION	0.000000	297,394	0	753,016	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.005503	0	0	965,854	5,315	90.00
91.00	09100	EMERGENCY	0.000697	19,306,175	13,456	13,132,096	9,153	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.014086	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.004448	4,552,350	20,249	2,827,364	12,576	92.01
200.00		Total (lines 50 through 199)		717,061,897	194,516	470,417,757	160,967	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0067		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part V Date/Time Prepared: 3/2/2020 9:15 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		0.136560	29,595,613	16,750	0	4,041,577	50.00
51.00	05100	RECOVERY ROOM		0.093051	9,592,749	3,176	0	892,615	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.280668	15,202	0	0	4,267	52.00
53.00	05300	ANESTHESIOLOGY		0.026987	21,506,500	7,602	0	580,396	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.116888	92,074,421	0	0	10,762,395	54.00
57.00	05700	CT SCAN		0.041459	23,673,263	0	0	981,470	57.00
58.00	05800	MRI		0.110146	13,381,796	0	0	1,473,951	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.029472	39,671,836	0	0	1,169,208	59.00
60.00	06000	LABORATORY		0.074830	25,386,938	16,210	0	1,899,705	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0.432434	436,496	0	0	188,756	63.00
64.00	06400	INTRAVENOUS THERAPY		0.543756	1,904,475	0	0	1,035,570	64.00
65.00	06500	RESPIRATORY THERAPY		0.083684	4,900,805	1,375	0	410,119	65.00
66.00	06600	PHYSICAL THERAPY		0.383094	100,473	832	0	38,491	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.243090	19,306	503	0	4,693	67.00
68.00	06800	SPEECH PATHOLOGY		0.262869	12,828	0	0	3,372	68.00
69.00	06900	ELECTROCARDIOLOGY		0.044058	28,191,862	0	0	1,242,077	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.059132	3,351,526	0	0	198,182	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.188107	23,891,562	8,851	0	4,494,170	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.217096	32,043,568	22,941	0	6,956,530	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.125657	80,351,789	6,436	605,377	10,096,765	73.00
74.00	07400	RENAL DIALYSIS		0.205164	402,145	0	0	82,506	74.00
76.00	03950	DIGESTIVE DISEASES		0.087553	10,017,103	0	0	877,027	76.00
76.01	03951	ENTEROSTOMAL		0.194945	13,947	0	0	2,719	76.01
76.02	03952	DIABETIC SERVICE		0.735295	88,166	0	0	64,828	76.02
76.03	03953	WOUND CARE		0.244240	3,928,811	0	0	959,573	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0.415071	1,052,338	0	0	436,795	76.04
76.08	03956	SLEEP DISORDERS		0.152798	369,179	0	0	56,410	76.08
76.09	03957	PAIN PROGRAM		0.105794	6,764,730	0	0	715,668	76.09
76.97	07697	CARDIAC REHABILITATION		1.204516	753,016	0	0	907,020	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0.751973	965,854	0	0	726,296	90.00
91.00	09100	EMERGENCY		0.205831	13,132,096	0	0	2,702,992	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.525752	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0.531974	2,827,364	0	0	1,504,084	92.01
200.00		Subtotal (see instructions)			470,417,757	84,676	605,377	55,510,227	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			470,417,757	84,676	605,377	55,510,227	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0067		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part V Date/Time Prepared: 3/2/2020 9:15 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	2,287	0				50.00	
51.00	05100	RECOVERY ROOM	296	0				51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0				52.00	
53.00	05300	ANESTHESIOLOGY	205	0				53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0				54.00	
57.00	05700	CT SCAN	0	0				57.00	
58.00	05800	MRI	0	0				58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0				59.00	
60.00	06000	LABORATORY	1,213	0				60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0				63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0				64.00	
65.00	06500	RESPIRATORY THERAPY	115	0				65.00	
66.00	06600	PHYSICAL THERAPY	319	0				66.00	
67.00	06700	OCCUPATIONAL THERAPY	122	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	1,665	0				71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,980	0				72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	809	76,070				73.00	
74.00	07400	RENAL DIALYSIS	0	0				74.00	
76.00	03950	DIGESTIVE DISEASES	0	0				76.00	
76.01	03951	ENTEROSTOMAL	0	0				76.01	
76.02	03952	DIABETIC SERVICE	0	0				76.02	
76.03	03953	WOUND CARE	0	0				76.03	
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0				76.04	
76.08	03956	SLEEP DISORDERS	0	0				76.08	
76.09	03957	PAIN PROGRAM	0	0				76.09	
76.97	07697	CARDIAC REHABILITATION	0	0				76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0				90.00	
91.00	09100	EMERGENCY	0	0				91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0				92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0				92.01	
200.00		Subtotal (see instructions)	12,011	76,070				200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0					201.00	
202.00		Net Charges (line 200 - line 201)	12,011	76,070				202.00	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0067

Period:

Worksheet D

Component CCN: 14-T067

From 10/01/2018
To 09/30/2019Part II
Date/Time Prepared:
3/2/2020 9:15 am

Title XVIII				Subprovider - IRF	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	9,053,117	395,831,055	0.022871	0	0 50.00
51.00	05100 RECOVERY ROOM	361,075	67,611,502	0.005340	2,742	15 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	700,072	25,557,724	0.027392	0	0 52.00
53.00	05300 ANESTHESIOLOGY	546,162	227,091,890	0.002405	341	1 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,450,398	458,133,141	0.018445	178,178	3,286 54.00
57.00	05700 CT SCAN	1,368,913	169,526,693	0.008075	61,478	496 57.00
58.00	05800 MRI	3,361,956	88,618,268	0.037938	9,599	364 58.00
59.00	05900 CARDIAC CATHETERIZATION	1,036,406	131,854,234	0.007860	0	0 59.00
60.00	06000 LABORATORY	3,586,254	538,752,282	0.006657	869,101	5,786 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	430,397	18,611,421	0.023125	16,128	373 63.00
64.00	06400 INTRAVENOUS THERAPY	379,175	4,680,206	0.081017	19,124	1,549 64.00
65.00	06500 RESPIRATORY THERAPY	1,052,798	187,037,477	0.005629	562,226	3,165 65.00
66.00	06600 PHYSICAL THERAPY	1,391,986	40,611,976	0.034275	2,198,141	75,341 66.00
67.00	06700 OCCUPATIONAL THERAPY	213,367	16,442,787	0.012976	2,167,216	28,122 67.00
68.00	06800 SPEECH PATHOLOGY	72,573	8,229,231	0.008819	566,438	4,995 68.00
69.00	06900 ELECTROCARDIOLOGY	1,180,204	182,327,739	0.006473	22,434	145 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	98,638	25,372,714	0.003888	5,450	21 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,324,751	209,728,814	0.006316	89,376	564 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,988,509	275,884,674	0.007208	66,568	480 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,558,247	639,921,459	0.008686	1,736,786	15,086 73.00
74.00	07400 RENAL DIALYSIS	187,030	20,447,469	0.009147	335,033	3,065 74.00
76.00	03950 DIGESTIVE DISEASES	1,490,360	77,250,182	0.019293	17,998	347 76.00
76.01	03951 ENTEROSTOMAL	18,943	3,344,939	0.005663	71,811	407 76.01
76.02	03952 DIABETIC SERVICE	233,434	3,936,540	0.059299	0	0 76.02
76.03	03953 WOUND CARE	194,399	8,152,725	0.023845	119	3 76.03
76.04	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	486,454	10,217,305	0.047611	63,293	3,013 76.04
76.08	03956 SLEEP DISORDERS	224,952	19,458,410	0.011561	0	0 76.08
76.09	03957 PAIN PROGRAM	181,109	19,719,946	0.009184	0	0 76.09
76.97	07697 CARDIAC REHABILITATION	203,705	2,984,816	0.068247	486	33 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	483,795	6,280,126	0.077036	0	0 90.00
91.00	09100 EMERGENCY	2,162,853	153,667,772	0.014075	135,851	1,912 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	30,936,896	0.000000	0	0 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	648,964	10,838,169	0.059878	0	0 92.01
200.00	Total (lines 50 through 199)	48,670,996	4,079,060,582		9,195,917	148,569 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0067 Component CCN: 14-T067		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 3/2/2020 9:15 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	103,797	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	153,024	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	2,785	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	31,605	0	274,030	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	6,708	0	591,805	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	31,605	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03950	DIGESTIVE DISEASES	0	0	30,014	0	0	0	76.00
76.01	03951	ENTEROSTOMAL	0	0	4,775	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	0	0	4,661	0	0	0	76.02
76.03	03953	WOUND CARE	0	0	31,605	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	29,104	0	0	0	76.04
76.08	03956	SLEEP DISORDERS	0	0	0	0	0	0	76.08
76.09	03957	PAIN PROGRAM	0	0	3,183	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	34,561	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	107,151	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	48,204	0	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	622,782	0	865,835	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0067 Component CCN: 14-T067		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 3/2/2020 9:15 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0		103,797	103,797	395,831,055	0.000262	50.00
51.00	05100	RECOVERY ROOM	0		0	0	67,611,502	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		153,024	153,024	25,557,724	0.005987	52.00
53.00	05300	ANESTHESIOLOGY	0		2,785	2,785	227,091,890	0.000012	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		305,635	305,635	458,133,141	0.000667	54.00
57.00	05700	CT SCAN	0		0	0	169,526,693	0.000000	57.00
58.00	05800	MRI	0		0	0	88,618,268	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	131,854,234	0.000000	59.00
60.00	06000	LABORATORY	0		598,513	598,513	538,752,282	0.001111	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	18,611,421	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0		31,605	31,605	4,680,206	0.006753	64.00
65.00	06500	RESPIRATORY THERAPY	0		0	0	187,037,477	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0		0	0	40,611,976	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0		0	0	16,442,787	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0		0	0	8,229,231	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	182,327,739	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	25,372,714	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0		0	0	209,728,814	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	275,884,674	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		0	0	639,921,459	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	20,447,469	0.000000	74.00
76.00	03950	DIGESTIVE DISEASES	0		30,014	30,014	77,250,182	0.000389	76.00
76.01	03951	ENTEROSTOMAL	0		4,775	4,775	3,344,939	0.001428	76.01
76.02	03952	DIABETIC SERVICE	0		4,661	4,661	3,936,540	0.001184	76.02
76.03	03953	WOUND CARE	0		31,605	31,605	8,152,725	0.003877	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		29,104	29,104	10,217,305	0.002849	76.04
76.08	03956	SLEEP DISORDERS	0		0	0	19,458,410	0.000000	76.08
76.09	03957	PAIN PROGRAM	0		3,183	3,183	19,719,946	0.000161	76.09
76.97	07697	CARDIAC REHABILITATION	0		0	0	2,984,816	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0		34,561	34,561	6,280,126	0.005503	90.00
91.00	09100	EMERGENCY	0		107,151	107,151	153,667,772	0.000697	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0	30,936,896	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		48,204	48,204	10,838,169	0.004448	92.01
200.00		Total (lines 50 through 199)	0		1,488,617	1,488,617	4,079,060,582		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0067 Component CCN: 14-T067		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 3/2/2020 9:15 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000262	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	2,742	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.005987	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000012	341	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000667	178,178	119	0	0	0	54.00
57.00	05700	CT SCAN	0.000000	61,478	0	0	0	0	57.00
58.00	05800	MRI	0.000000	9,599	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.001111	869,101	966	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	16,128	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.006753	19,124	129	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	562,226	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	2,198,141	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	2,167,216	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	566,438	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	22,434	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	5,450	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	89,376	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	66,568	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,736,786	0	9,167	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	335,033	0	0	0	0	74.00
76.00	03950	DIGESTIVE DISEASES	0.000389	17,998	7	0	0	0	76.00
76.01	03951	ENTEROSTOMAL	0.001428	71,811	103	0	0	0	76.01
76.02	03952	DIABETIC SERVICE	0.001184	0	0	0	0	0	76.02
76.03	03953	WOUND CARE	0.003877	119	0	0	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.002849	63,293	180	0	0	0	76.04
76.08	03956	SLEEP DISORDERS	0.000000	0	0	0	0	0	76.08
76.09	03957	PAIN PROGRAM	0.000161	0	0	0	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	0.000000	486	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.005503	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000697	135,851	95	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.004448	0	0	0	0	0	92.01
200.00		Total (lines 50 through 199)		9,195,917	1,599	9,167	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0067 Component CCN: 14-T067		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part V Date/Time Prepared: 3/2/2020 9:15 am	
				Title XVIII		Subprovider - IRF		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	0.136560	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.093051	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.280668	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.026987	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.116888	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0.041459	0	0	0	0	0	57.00
58.00	05800	MRI	0.110146	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.029472	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0.074830	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.432434	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.543756	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.083684	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.383094	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.243090	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.262869	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.044058	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.059132	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.188107	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.217096	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.125657	9,167	0	902	1,152	73.00	
74.00	07400	RENAL DIALYSIS	0.205164	0	0	0	0	74.00	
76.00	03950	DIGESTIVE DISEASES	0.087553	0	0	0	0	76.00	
76.01	03951	ENTEROSTOMAL	0.194945	0	0	0	0	76.01	
76.02	03952	DIABETIC SERVICE	0.735295	0	0	0	0	76.02	
76.03	03953	WOUND CARE	0.244240	0	0	0	0	76.03	
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.415071	0	0	0	0	76.04	
76.08	03956	SLEEP DISORDERS	0.152798	0	0	0	0	76.08	
76.09	03957	PAIN PROGRAM	0.105794	0	0	0	0	76.09	
76.97	07697	CARDIAC REHABILITATION	1.204516	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.751973	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0.205831	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.525752	0	0	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.531974	0	0	0	0	92.01	
200.00		Subtotal (see instructions)		9,167	0	902	1,152	200.00	
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00	
202.00		Net Charges (line 200 - line 201)		9,167	0	902	1,152	202.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 14-0067 Component CCN: 14-T067	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part V Date/Time Prepared: 3/2/2020 9:15 am
	Title XVIII	Subprovider - IRF	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
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
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	113	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03950	DIGESTIVE DISEASES	0	0	76.00
76.01	03951	ENTEROSTOMAL	0	0	76.01
76.02	03952	DIABETIC SERVICE	0	0	76.02
76.03	03953	WOUND CARE	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.04
76.08	03956	SLEEP DISORDERS	0	0	76.08
76.09	03957	PAIN PROGRAM	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
200.00		Subtotal (see instructions)	0	113	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	113	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part I
Date/Time Prepared:
3/2/2020 9:15 am

			Title V		Hospital	Cost		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	13,957,584	0	13,957,584	167,621	83.27	30.00	
31.00	INTENSIVE CARE UNIT	2,553,308		2,553,308	16,234	157.28	31.00	
31.01	NEONATAL INTENSIVE CARE UNIT	1,470,994		1,470,994	8,535	172.35	31.01	
41.00	SUBPROVIDER - IRF	371,669	0	371,669	7,444	49.93	41.00	
43.00	NURSERY	201,616		201,616	4,730	42.62	43.00	
200.00	Total (lines 30 through 199)	18,555,171		18,555,171	204,564		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	0	0					30.00
31.00	INTENSIVE CARE UNIT	0	0					31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0					31.01
41.00	SUBPROVIDER - IRF	0	0					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	0	0					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part II
Date/Time Prepared:
3/2/2020 9:15 am

Cost Center Description		Title V		Hospital		Cost	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,053,117	395,831,055	0.022871	0	50.00
51.00	05100	RECOVERY ROOM	361,075	67,611,502	0.005340	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	700,072	25,557,724	0.027392	0	52.00
53.00	05300	ANESTHESIOLOGY	546,162	227,091,890	0.002405	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,450,398	458,133,141	0.018445	0	54.00
57.00	05700	CT SCAN	1,368,913	169,526,693	0.008075	0	57.00
58.00	05800	MRI	3,361,956	88,618,268	0.037938	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,036,406	131,854,234	0.007860	0	59.00
60.00	06000	LABORATORY	3,586,254	538,752,282	0.006657	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	430,397	18,611,421	0.023125	0	63.00
64.00	06400	INTRAVENOUS THERAPY	379,175	4,680,206	0.081017	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,052,798	187,037,477	0.005629	0	65.00
66.00	06600	PHYSICAL THERAPY	1,391,986	40,611,976	0.034275	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	213,367	16,442,787	0.012976	0	67.00
68.00	06800	SPEECH PATHOLOGY	72,573	8,229,231	0.008819	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,180,204	182,327,739	0.006473	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	98,638	25,372,714	0.003888	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,324,751	209,728,814	0.006316	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,988,509	275,884,674	0.007208	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,558,247	639,921,459	0.008686	0	73.00
74.00	07400	RENAL DIALYSIS	187,030	20,447,469	0.009147	0	74.00
76.00	03950	DIGESTIVE DISEASES	1,490,360	77,250,182	0.019293	0	76.00
76.01	03951	ENTEROSTOMAL	18,943	3,344,939	0.005663	0	76.01
76.02	03952	DIABETIC SERVICE	233,434	3,936,540	0.059299	0	76.02
76.03	03953	WOUND CARE	194,399	8,152,725	0.023845	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	486,454	10,217,305	0.047611	0	76.04
76.08	03956	SLEEP DISORDERS	224,952	19,458,410	0.011561	0	76.08
76.09	03957	PAIN PROGRAM	181,109	19,719,946	0.009184	0	76.09
76.97	07697	CARDIAC REHABILITATION	203,705	2,984,816	0.068247	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	483,795	6,280,126	0.077036	0	90.00
91.00	09100	EMERGENCY	2,162,853	153,667,772	0.014075	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	648,964	41,775,065	0.015535	0	92.01
200.00		Total (lines 50 through 199)	48,670,996	4,079,060,582		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0067		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part III Date/Time Prepared: 3/2/2020 9:15 am		
					Title V		Hospital		Cost		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	3,843,954	0	811,424	0	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	226,978	0	0	0	31.00			
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	14,097	0	0	0	31.01			
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00			
43.00	04300	NURSERY	0	0	0	0	0	43.00			
200.00		Total (lines 30 through 199)	0	4,085,029	0	811,424	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	4,655,378	167,621	27.77	0	30.00			
31.00	03100	INTENSIVE CARE UNIT		226,978	16,234	13.98	0	31.00			
31.01	02060	NEONATAL INTENSIVE CARE UNIT		14,097	8,535	1.65	0	31.01			
41.00	04100	SUBPROVIDER - IRF	0	0	7,444	0.00	0	41.00			
43.00	04300	NURSERY		0	4,730	0.00	0	43.00			
200.00		Total (lines 30 through 199)		4,896,453	204,564		0	200.00			
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)								
			9.00								
	INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0								30.00
31.00	03100	INTENSIVE CARE UNIT	0								31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0								31.01
41.00	04100	SUBPROVIDER - IRF	0								41.00
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: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part IV
Date/Time Prepared:
3/2/2020 9:15 am

Cost Center Description		Title V			Hospital		Cost	
		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	103,797	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	153,024	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	2,785	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	31,605	0	274,030	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	6,708	0	591,805	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	31,605	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	DIGESTIVE DISEASES	0	0	30,014	0	0	76.00
76.01	03951	ENTEROSTOMAL	0	0	4,775	0	0	76.01
76.02	03952	DIABETIC SERVICE	0	0	4,661	0	0	76.02
76.03	03953	WOUND CARE	0	0	31,605	0	0	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	29,104	0	0	76.04
76.08	03956	SLEEP DISORDERS	0	0	0	0	0	76.08
76.09	03957	PAIN PROGRAM	0	0	3,183	0	0	76.09
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	34,561	0	0	90.00
91.00	09100	EMERGENCY	0	0	107,151	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	48,204	0	0	92.01
200.00		Total (lines 50 through 199)	0	0	622,782	0	865,835	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0067		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 3/2/2020 9:15 am	
					Title V		Hospital		Cost	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)			
									4.00	5.00
	ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	103,797	103,797	395,831,055	0.000262	50.00		
51.00	05100	RECOVERY ROOM	0	0	0	67,611,502	0.000000	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	153,024	153,024	25,557,724	0.005987	52.00		
53.00	05300	ANESTHESIOLOGY	0	2,785	2,785	227,091,890	0.000012	53.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	305,635	305,635	458,133,141	0.000667	54.00		
57.00	05700	CT SCAN	0	0	0	169,526,693	0.000000	57.00		
58.00	05800	MRI	0	0	0	88,618,268	0.000000	58.00		
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	131,854,234	0.000000	59.00		
60.00	06000	LABORATORY	0	598,513	598,513	538,752,282	0.001111	60.00		
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	18,611,421	0.000000	63.00		
64.00	06400	INTRAVENOUS THERAPY	0	31,605	31,605	4,680,206	0.006753	64.00		
65.00	06500	RESPIRATORY THERAPY	0	0	0	187,037,477	0.000000	65.00		
66.00	06600	PHYSICAL THERAPY	0	0	0	40,611,976	0.000000	66.00		
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	16,442,787	0.000000	67.00		
68.00	06800	SPEECH PATHOLOGY	0	0	0	8,229,231	0.000000	68.00		
69.00	06900	ELECTROCARDIOLOGY	0	0	0	182,327,739	0.000000	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	25,372,714	0.000000	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	209,728,814	0.000000	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	275,884,674	0.000000	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	639,921,459	0.000000	73.00		
74.00	07400	RENAL DIALYSIS	0	0	0	20,447,469	0.000000	74.00		
76.00	03950	DIGESTIVE DISEASES	0	30,014	30,014	77,250,182	0.000389	76.00		
76.01	03951	ENTEROSTOMAL	0	4,775	4,775	3,344,939	0.001428	76.01		
76.02	03952	DIABETIC SERVICE	0	4,661	4,661	3,936,540	0.001184	76.02		
76.03	03953	WOUND CARE	0	31,605	31,605	8,152,725	0.003877	76.03		
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	29,104	29,104	10,217,305	0.002849	76.04		
76.08	03956	SLEEP DISORDERS	0	0	0	19,458,410	0.000000	76.08		
76.09	03957	PAIN PROGRAM	0	3,183	3,183	19,719,946	0.000161	76.09		
76.97	07697	CARDIAC REHABILITATION	0	0	0	2,984,816	0.000000	76.97		
	OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	34,561	34,561	6,280,126	0.005503	90.00		
91.00	09100	EMERGENCY	0	107,151	107,151	153,667,772	0.000697	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0.000000	92.00		
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	48,204	48,204	41,775,065	0.001154	92.01		
200.00		Total (lines 50 through 199)	0	1,488,617	1,488,617	4,079,060,582		200.00		

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part IV
Date/Time Prepared:
3/2/2020 9:15 am

				Title V		Hospital	Cost		
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			9.00	10.00	11.00	12.00	13.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000262	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.005987	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000012	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000667	0	0	0	0	54.00	
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00	
58.00	05800	MRI	0.000000	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00	
60.00	06000	LABORATORY	0.001111	0	0	0	0	60.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0.006753	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00	
76.00	03950	DIGESTIVE DISEASES	0.000389	0	0	0	0	76.00	
76.01	03951	ENTEROSTOMAL	0.001428	0	0	0	0	76.01	
76.02	03952	DIABETIC SERVICE	0.001184	0	0	0	0	76.02	
76.03	03953	WOUND CARE	0.003877	0	0	0	0	76.03	
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.002849	0	0	0	0	76.04	
76.08	03956	SLEEP DISORDERS	0.000000	0	0	0	0	76.08	
76.09	03957	PAIN PROGRAM	0.000161	0	0	0	0	76.09	
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.005503	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0.000697	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.001154	0	0	0	0	92.01	
200.00		Total (lines 50 through 199)		0	0	0	0	200.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0067

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

Worksheet D-1

Date/Time Prepared:
3/2/2020 9:15 am

Title XVIII		Hospital	PPS
Cost Center Description			1.00
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	167,621	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	167,621	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)	151,930	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)	52,011	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)	173,754,055	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)	173,754,055	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)	173,754,055	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)	1,036.59	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	53,914,082	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)	53,914,082	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0067

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

Worksheet D-1

Date/Time Prepared:
3/2/2020 9:15 am

Cost Center Description		Title XVIII			Hospital	PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
	Intensive Care Type Inpatient Hospital Units					
43.00	INTENSIVE CARE UNIT	37,851,524	16,234	2,331.62	6,626	15,449,314
43.01	NEONATAL INTENSIVE CARE UNIT	17,972,120	8,535	2,105.70	0	0
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
	Cost Center Description					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					89,125,133
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					158,488,529
	PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					6,910,069
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					7,949,625
52.00	Total Program excludable cost (sum of lines 50 and 51)					14,859,694
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					143,628,835
	TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
	PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)					15,691
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,036.59
89.00	Observation bed cost (line 87 x line 88) (see instructions)					16,265,134

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0067

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

Worksheet D-1

Date/Time Prepared:
3/2/2020 9:15 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	13,957,584	173,754,055	0.080330	16,265,134	1,306,578
91.00	Nursing School cost	3,843,954	173,754,055	0.022123	16,265,134	359,834
92.00	Allied health cost	811,424	173,754,055	0.004670	16,265,134	75,958
93.00	All other Medical Education	0	173,754,055	0.000000	16,265,134	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0067 Component CCN: 14-T067	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 3/2/2020 9:15 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,444	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,444	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		7,444	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,856	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)		6,473,756	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)		6,473,756	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)		6,473,756	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)		869.66	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,483,749	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)		2,483,749	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0067	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1	
				Component CCN: 14-T067		Date/Time Prepared: 3/2/2020 9:15 am	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)	
		Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)			
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
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)					2,062,572	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,546,321	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)					142,600	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					150,168	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					292,768	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,253,553	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0067 Component CCN: 14-T067		Period: From 10/01/2018 To 09/30/2019		Worksheet D-1 Date/Time Prepared: 3/2/2020 9:15 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	371,669	6,473,756	0.057412	0	0	90.00
91.00	Nursing School cost	0	6,473,756	0.000000	0	0	91.00
92.00	Allied health cost	0	6,473,756	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,473,756	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0067	Period: From 10/01/2018 To 09/30/2019	Worksheet D-3 Date/Time Prepared: 3/2/2020 9:15 am
			Title XVIII	Hospital	PPS
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
			1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		121,691,883	30.00
31.00	03100	INTENSIVE CARE UNIT		28,302,046	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.138118	66,445,517	50.00
51.00	05100	RECOVERY ROOM	0.093051	11,290,203	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.280668	109,454	52.00
53.00	05300	ANESTHESIOLOGY	0.026987	39,390,936	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.116994	48,899,980	54.00
57.00	05700	CT SCAN	0.041459	30,086,036	57.00
58.00	05800	MRI	0.110146	10,785,192	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.029472	37,743,401	59.00
60.00	06000	LABORATORY	0.074906	92,023,822	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.432434	4,448,521	63.00
64.00	06400	INTRAVENOUS THERAPY	0.543756	78,936	64.00
65.00	06500	RESPIRATORY THERAPY	0.083689	48,592,539	65.00
66.00	06600	PHYSICAL THERAPY	0.383094	8,245,152	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.243090	3,242,381	67.00
68.00	06800	SPEECH PATHOLOGY	0.262869	1,684,800	68.00
69.00	06900	ELECTROCARDIOLOGY	0.044094	24,855,819	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.059132	8,049,570	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.188107	42,724,283	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.217096	79,828,881	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.125657	112,469,326	73.00
74.00	07400	RENAL DIALYSIS	0.205164	9,819,394	74.00
76.00	03950	DIGESTIVE DISEASES	0.087553	10,412,334	76.00
76.01	03951	ENTEROSTOMAL	0.194945	1,356,853	76.01
76.02	03952	DIABETIC SERVICE	0.735295	0	76.02
76.03	03953	WOUND CARE	0.244240	17,905	76.03
76.04	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.415071	290,475	76.04
76.08	03956	SLEEP DISORDERS	0.152812	0	76.08
76.09	03957	PAIN PROGRAM	0.108057	14,268	76.09
76.97	07697	CARDIAC REHABILITATION	1.204529	297,394	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.751973	0	90.00
91.00	09100	EMERGENCY	0.209762	19,306,175	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.525752	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.531974	4,552,350	92.01
200.00		Total (sum of lines 50 through 94 and 96 through 98)		717,061,897	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)		717,061,897	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0067 Component CCN: 14-T067	Period: From 10/01/2018 To 09/30/2019	Worksheet D-3 Date/Time Prepared: 3/2/2020 9:15 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT		0		31.01
41.00	04100 SUBPROVIDER - IRF		4,971,427		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.138118	0	0	50.00
51.00	05100 RECOVERY ROOM	0.093051	2,742	255	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.280668	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.026987	341	9	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.116994	178,178	20,846	54.00
57.00	05700 CT SCAN	0.041459	61,478	2,549	57.00
58.00	05800 MRI	0.110146	9,599	1,057	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.029472	0	0	59.00
60.00	06000 LABORATORY	0.074906	869,101	65,101	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.432434	16,128	6,974	63.00
64.00	06400 INTRAVENOUS THERAPY	0.543756	19,124	10,399	64.00
65.00	06500 RESPIRATORY THERAPY	0.083689	562,226	47,052	65.00
66.00	06600 PHYSICAL THERAPY	0.383094	2,198,141	842,095	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.243090	2,167,216	526,829	67.00
68.00	06800 SPEECH PATHOLOGY	0.262869	566,438	148,899	68.00
69.00	06900 ELECTROCARDIOLOGY	0.044094	22,434	989	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.059132	5,450	322	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.188107	89,376	16,812	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.217096	66,568	14,452	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.125657	1,736,786	218,239	73.00
74.00	07400 RENAL DIALYSIS	0.205164	335,033	68,737	74.00
76.00	03950 DIGESTIVE DISEASES	0.087553	17,998	1,576	76.00
76.01	03951 ENTEROSTOMAL	0.194945	71,811	13,999	76.01
76.02	03952 DIABETIC SERVICE	0.735295	0	0	76.02
76.03	03953 WOUND CARE	0.244240	119	29	76.03
76.04	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.415071	63,293	26,271	76.04
76.08	03956 SLEEP DISORDERS	0.152812	0	0	76.08
76.09	03957 PAIN PROGRAM	0.108057	0	0	76.09
76.97	07697 CARDIAC REHABILITATION	1.204529	486	585	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.751973	0	0	90.00
91.00	09100 EMERGENCY	0.209762	135,851	28,496	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.525752	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.531974	0	0	92.01
200.00	Total (sum of lines 50 through 94 and 96 through 98)		9,195,917	2,062,572	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		9,195,917		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0067

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

Worksheet D-4

Component CCN:

Date/Time Prepared:
3/2/2020 9:15 am

Cost Center Description		Kidney		Hospital		PPS	
		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	35,411	1,036.59	21	21,768	1.00
2.00	INTENSIVE CARE UNIT	43.00	129,737	2,331.62	39	90,933	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	2,105.70	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		165,148		60	112,701	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.136560	986,826	134,761	8.00	
9.00	RECOVERY ROOM	51.00	0.093051	35,538	3,307	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.280668	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.026987	342,900	9,254	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.116888	696,950	81,465	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.041459	52,923	2,194	15.00	
16.00	MRI	58.00	0.110146	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.029472	51,254	1,511	17.00	
18.00	LABORATORY	60.00	0.074830	1,109,187	83,000	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.432434	13,513	5,843	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.543756	15,078	8,199	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.083684	241,266	20,190	23.00	
24.00	PHYSICAL THERAPY	66.00	0.383094	0	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.243090	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.262869	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.044058	505,515	22,272	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.059132	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.188107	336,466	63,292	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.217096	3,064	665	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.125657	409,862	51,502	31.00	
32.00	RENAL DIALYSIS	74.00	0.205164	6,493	1,332	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	DIGESTIVE DISEASES	76.00	0.087553	0	0	34.00	
34.01	ENTEROSTOMAL	76.01	0.194945	0	0	34.01	
34.02	DIABETIC SERVICE	76.02	0.735295	0	0	34.02	
34.03	WOUND CARE	76.03	0.244240	63	15	34.03	
34.04	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0.415071	0	0	34.04	
34.08	SLEEP DISORDERS	76.08	0.152798	0	0	34.08	
34.09	PAIN PROGRAM	76.09	0.105794	0	0	34.09	
34.97	CARDIAC REHABILITATION	76.97	1.204516	0	0	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.751973	0	0	37.00	
38.00	EMERGENCY	91.00	0.205831	7,404	1,524	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.525752	0	0	39.00	
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.531974	0	0	39.01	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			4,814,302	490,326	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS				Provider CCN: 14-0067		Period: From 10/01/2018 To 09/30/2019		Worksheet D-4	
				Component CCN:				Date/Time Prepared: 3/2/2020 9:15 am	
				Kidney		Hospital		PPS	
Cost Center Description				Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)									
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program									
42.00	ADULTS & PEDIATRICS	2.00	0.00	21	0	42.00			
43.00	INTENSIVE CARE UNIT	3.00	0.00	39	0	43.00			
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01			
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00			
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00			
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00			
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00			
48.00	TOTAL (sum of lines 42 through 47)			60	0	48.00			
Cost Center Description				Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
				0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program									
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00			
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00			
51.00	CLINIC	23.00	0	0.000000	0	51.00			
52.00	EMERGENCY	24.00	7,404	0.000000	0	52.00			
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00			
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01			
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00			
55.00	TOTAL (sum of lines 49 through 52)		7,404		0	55.00			
Cost Center Description				Cost		Charges			
				Part A	Part B	Part A	Part B		
				1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES									
56.00	Routine and Ancillary from Part I	603,027		4,979,450		56.00			
57.00	Interns and Residents (inpatient)	0		0		57.00			
58.00	Interns and Residents (outpatient)	0		0		58.00			
59.00	Direct Organ Acquisition (see instructions)	3,236,768		3,233,675		59.00			
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00			
61.00	Total (sum of lines 56 thru 60)	3,839,795		8,213,125		61.00			
62.00	Total Usable Organs (see instructions)		98			62.00			
63.00	Medicare Usable Organs (see instructions)		82			63.00			
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.836735			64.00			
65.00	Medicare Cost/Charges (see instructions)	3,212,891		6,872,209		65.00			
66.00	Revenue for Organs Sold	213,786		0		66.00			
67.00	Subtotal (line 65 minus line 66)	2,999,105		6,872,209		67.00			
68.00	Organs Furnished Part B	0	0	0	0	68.00			
69.00	Net Organ Acquisition Cost and Charges (see instructions)	2,999,105	0	6,872,209	0	69.00			
Cost Center Description				Living Related	Cadaveric	Revenue			
				1.00	2.00	3.00			
PART IV - STATISTICS									
70.00	Organs Excised in Provider (1)		12	33		70.00			
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00			
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00			
73.00	Organs Purchased from OPOs		0	60		73.00			
74.00	Total (sum of lines 70 through 73)		12	93		74.00			
75.00	Organs Transplanted		12	33	0	75.00			
76.00	Organs Sold to Other Hospitals		0	0	0	76.00			
77.00	Organs Sold to OPOs		0	52	210,214	77.00			
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00			
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00			
80.00	Organs Sold Outside the U.S.		0	0	0	80.00			
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00			
82.00	Organs Used for Research		0	1		82.00			
83.00	Unusable/Discarded Organs		0	7		83.00			
84.00	Total (sum of lines 75 through 83 should equal line 74)		12	93		84.00			

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
(2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0067

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

Worksheet D-4

Component CCN:

Date/Time Prepared:
3/2/2020 9:15 am

		Pancreas		Hospital		PPS	
Cost Center Description		Worksheet D-1 Line Numbers	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)							
Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition							
1.00	ADULTS & PEDIATRICS	38.00	0	1,036.59	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	10,415	2,331.62	5	11,658	2.00
2.01	NEONATAL INTENSIVE CARE UNIT	43.01	0	2,105.70	0	0	2.01
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	OTHER SPECIAL CARE (SPECIFY)	47.00	0	0.00	0	0	6.00
7.00	TOTAL (sum of lines 1 through 6)		10,415		5	11,658	7.00
Cost Center Description		Worksheet C Line Numbers	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs		
		0	1.00	2.00	3.00		
Computation of Ancillary Service Cost Applicable to Organ Acquisition							
8.00	OPERATING ROOM	50.00	0.136560	59,791	8,165	8.00	
9.00	RECOVERY ROOM	51.00	0.093051	0	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.280668	0	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0.026987	0	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.116888	18,571	2,171	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	13.00	
14.00	RADIOISOTOPE	56.00	0.000000	0	0	14.00	
15.00	CT SCAN	57.00	0.041459	2,477	103	15.00	
16.00	MRI	58.00	0.110146	0	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0.029472	9,585	282	17.00	
18.00	LABORATORY	60.00	0.074830	63,425	4,746	18.00	
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.000000	0	0	20.00	
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.432434	0	0	21.00	
22.00	INTRAVENOUS THERAPY	64.00	0.543756	1,329	723	22.00	
23.00	RESPIRATORY THERAPY	65.00	0.083684	1,181	99	23.00	
24.00	PHYSICAL THERAPY	66.00	0.383094	20,462	7,839	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0.243090	0	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0.262869	0	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0.044058	7,140	315	27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.059132	0	0	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.188107	16,589	3,121	29.00	
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.217096	0	0	30.00	
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.125657	33,436	4,201	31.00	
32.00	RENAL DIALYSIS	74.00	0.205164	0	0	32.00	
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00	
34.00	DIGESTIVE DISEASES	76.00	0.087553	0	0	34.00	
34.01	ENTEROSTOMAL	76.01	0.194945	0	0	34.01	
34.02	DIABETIC SERVICE	76.02	0.735295	0	0	34.02	
34.03	WOUND CARE	76.03	0.244240	0	0	34.03	
34.04	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.04	0.415071	0	0	34.04	
34.08	SLEEP DISORDERS	76.08	0.152798	0	0	34.08	
34.09	PAIN PROGRAM	76.09	0.105794	0	0	34.09	
34.97	CARDIAC REHABILITATION	76.97	1.204516	0	0	34.97	
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00	
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00	
37.00	CLINIC	90.00	0.751973	0	0	37.00	
38.00	EMERGENCY	91.00	0.205831	0	0	38.00	
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.525752	0	0	39.00	
39.01	OBSERVATION BEDS (DISTINCT PART)	92.01	0.531974	0	0	39.01	
40.00	OTHER OUTPATIENT SERVICE COST CENTER					40.00	
41.00	TOTAL (sum of lines 8 through 40)			233,986	31,765	41.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team from your center are included in the count.

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS
WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 14-0067

Period:

From 10/01/2018

To 09/30/2019

Worksheet D-4

Date/Time Prepared:

3/2/2020 9:15 am

		Pancreas		Hospital		PPS	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)							
Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program							
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00	
43.00	INTENSIVE CARE UNIT	3.00	0.00	5	0	43.00	
43.01	NEONATAL INTENSIVE CARE UNIT	3.01	0.00	0	0	43.01	
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)	7.00	0.00	0	0	47.00	
48.00	TOTAL (sum of lines 42 through 47)			5	0	48.00	
Cost Center Description		Worksheet D-2, Part I Line Numbers	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program							
49.00	RURAL HEALTH CLINIC	21.00	0	0.000000	0	49.00	
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	50.00	
51.00	CLINIC	23.00	0	0.000000	0	51.00	
52.00	EMERGENCY	24.00	0	0.000000	0	52.00	
53.00	OBSERVATION BEDS (NON-DISTINCT PART	25.00	0	0.000000	0	53.00	
53.01	OBSERVATION BEDS (DISTINCT PART)	25.01	0	0.000000	0	53.01	
54.00	OTHER OUTPATIENT SERVICE COST CENTER	26.00	0	0.000000	0	54.00	
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00	
Cost Center Description		Cost		Charges			
		Part A	Part B	Part A	Part B		
		1.00	2.00	3.00	4.00		
PART III - SUMMARY OF COSTS AND CHARGES							
56.00	Routine and Ancillary from Part I	43,423		244,401		56.00	
57.00	Interns and Residents (inpatient)	0		0		57.00	
58.00	Interns and Residents (outpatient)	0		0		58.00	
59.00	Direct Organ Acquisition (see instructions)	195,407		195,215		59.00	
60.00	Cost of physicians' services in a teaching hospital (see intructions)	0		0		60.00	
61.00	Total (sum of lines 56 thru 60)	238,830		439,616		61.00	
62.00	Total Usable Organs (see instructions)		8			62.00	
63.00	Medicare Usable Organs (see instructions)		6			63.00	
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.750000			64.00	
65.00	Medicare Cost/Charges (see instructions)	179,123		329,712		65.00	
66.00	Revenue for Organs Sold	18,185		0		66.00	
67.00	Subtotal (line 65 minus line 66)	160,938		329,712		67.00	
68.00	Organs Furnished Part B	0	0	0	0	68.00	
69.00	Net Organ Acquisition Cost and Charges (see instructions)	160,938	0	329,712	0	69.00	
Cost Center Description			Living Related	Cadaveric	Revenue		
			1.00	2.00	3.00		
PART IV - STATISTICS							
70.00	Organs Excised in Provider (1)		0	4		70.00	
71.00	Organs Purchased from Other Transplant Hospitals (2)		0	0		71.00	
72.00	Organs Purchased from Non-Transplant Hospitals		0	0		72.00	
73.00	Organs Purchased from OPOs		0	7		73.00	
74.00	Total (sum of lines 70 through 73)		0	11		74.00	
75.00	Organs Transplanted		0	4	0	75.00	
76.00	Organs Sold to Other Hospitals		0	0	0	76.00	
77.00	Organs Sold to OPOs		0	4	18,185	77.00	
78.00	Organs Sold to Transplant Hospitals		0	0	0	78.00	
79.00	Organs Sold to Military or VA Hospitals		0	0	0	79.00	
80.00	Organs Sold Outside the U.S.		0	0	0	80.00	
81.00	Organs Sent Outside the U.S. (no revenue received)		0	0		81.00	
82.00	Organs Used for Research		0	0		82.00	
83.00	Unusable/Discarded Organs		0	3		83.00	
84.00	Total (sum of lines 75 through 83 should equal line 74)		0	11		84.00	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.

(2) Organs procured outside your center by a procurement team from your center are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0067	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 3/2/2020 9:15 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)		114,900,793		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)			5,185,765	2.04
3.00	Managed Care Simulated Payments			42,277,364	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			586.01	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)			126.89	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)			1.04	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).			4.62	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)			132.55	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records			216.43	10.00
11.00	FTE count for residents in dental and podiatric programs.			2.98	11.00
12.00	Current year allowable FTE (see instructions)			135.53	12.00
13.00	Total allowable FTE count for the prior year.			134.99	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.			134.07	14.00
15.00	Sum of lines 12 through 14 divided by 3.			134.86	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			134.86	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).			0.230133	19.00
20.00	Prior year resident to bed ratio (see instructions)			0.228376	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)			0.228376	21.00
22.00	IME payment adjustment (see instructions)			13,475,565	22.00
22.01	IME payment adjustment - Managed Care (see instructions)			4,958,289	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) .			25.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)			83.88	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)			25.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)			0.042661	26.00
27.00	IME payments adjustment factor. (see instructions)			0.011262	27.00
28.00	IME add-on adjustment amount (see instructions)			1,294,013	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)			476,128	28.01
29.00	Total IME payment (sum of lines 22 and 28)			14,769,578	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)			5,434,417	29.01
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)			4.85	30.00
31.00	Percentage of Medicaid patient days (see instructions)			30.69	31.00
32.00	Sum of lines 30 and 31			35.54	32.00
33.00	Allowable disproportionate share percentage (see instructions)			18.54	33.00
34.00	Disproportionate share adjustment (see instructions)			5,325,652	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0067	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 3/2/2020 9:15 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	0.000936435	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	7,747,010	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	7,747,010	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		7,747,010		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 an 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 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 an 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)		147,928,798		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			153,363,215	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			10,751,267	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).			5,298,719	52.00
53.00	Nursing and Allied Health Managed Care payment			1,188,426	53.00
54.00	Special add-on payments for new technologies			45,682	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)			3,160,043	55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			1,536,976	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			194,516	58.00
59.00	Total (sum of amounts on lines 49 through 58)			175,538,844	59.00
60.00	Primary payer payments			37,218	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			175,501,626	61.00
62.00	Deductibles billed to program beneficiaries			10,089,080	62.00
63.00	Coinsurance billed to program beneficiaries			576,766	63.00
64.00	Allowable bad debts (see instructions)			1,924,398	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			1,250,859	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,685,824	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			166,086,639	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)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			-824,968	70.93
70.94	HRR adjustment amount (see instructions)			-1,080,494	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0067	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 3/2/2020 9:15 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)		1,622,547	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		162,558,630	71.00	
71.01	Sequestration adjustment (see instructions)		3,251,173	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		158,837,631	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)		469,826	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		3,602,441	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
		Prior to 10/1	On/After 10/1		
		1.00	2.00		
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
3/2/2020 9:15 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	114,900,793		114,900,793	114,900,793	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	5,185,765		5,185,765	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	42,277,364	0	42,277,364	42,277,364	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.228376	0.228376	0.228376		5.00
6.00	IME payment adjustment (see instructions)	22.00	13,475,565	0	13,475,565	13,475,565	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	4,958,289	0	4,958,289	4,958,289	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	0.011262	0.011262	0.011262		7.00
8.00	IME adjustment (see instructions)	28.00	1,294,013	0	1,294,013	1,294,013	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	476,128	0	476,128	476,128	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	14,769,578	0	14,769,578	14,769,578	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	5,434,417	0	5,434,417	5,434,417	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1854	0.1854	0.1854		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	5,325,652	0	5,325,652	5,325,652	11.00
11.01	Uncompensated care payments	36.00	7,747,010	0	7,747,010	7,747,010	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	147,928,798	0	147,928,798	147,928,798	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	153,363,215	0	153,363,215	153,363,215	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	10,751,267	0	10,751,267	10,751,267	16.00
17.00	Special add-on payments for new technologies	54.00	45,682	0	45,682	45,682	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	164,160,164	164,160,164	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
3/2/2020 9:15 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	9,299,355	0	9,299,355	9,299,355	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	550,805	0	550,805	550,805	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	0.0969	0.0969	0.0969		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	901,107	0	901,107	901,107	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	10,751,267	0	10,751,267	10,751,267	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	-824,968	0	-824,968	-824,968	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-1,080,494	0	-1,080,494	-1,080,494	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	1,622,547	1,622,547	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

Health Financial Systems		SAINT FRANCIS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0067	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part B Date/Time Prepared: 3/2/2020 9:15 am	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)		88,081	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)		55,349,260	2.00	
3.00	OPPS payments		58,020,533	3.00	
4.00	Outlier payment (see instructions)		275,087	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		160,967	9.00	
10.00	Organ acquisitions		0	10.00	
11.00	Total cost (sum of lines 1 and 10) (see instructions)		88,081	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges		690,053	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)		690,053	14.00	
Customary charges					
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00	
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00	
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00	
18.00	Total customary charges (see instructions)		690,053	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		601,972	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)		88,081	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)		58,456,587	24.00	
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		2,017	25.00	
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		10,023,995	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)		48,518,656	27.00	
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,772,982	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)		50,291,638	30.00	
31.00	Primary payer payments		2,400	31.00	
32.00	Subtotal (line 30 minus line 31)		50,289,238	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)		1,093,048	34.00	
35.00	Adjusted reimbursable bad debts (see instructions)		710,481	35.00	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		896,266	36.00	
37.00	Subtotal (see instructions)		50,999,719	37.00	
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00	
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00	
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97	
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98	
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99	
40.00	Subtotal (see instructions)		50,999,719	40.00	
40.01	Sequestration adjustment (see instructions)		1,019,994	40.01	
40.02	Demonstration payment adjustment amount after sequestration		0	40.02	
41.00	Interim payments		50,271,157	41.00	
42.00	Tentative settlement (for contractors use only)		0	42.00	
43.00	Balance due provider/program (see instructions)		-291,432	43.00	
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		30,483	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	

Health Financial Systems		SAINT FRANCIS MEDICAL CENTER		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0067	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part B Date/Time Prepared: 3/2/2020 9:15 am	
		Component CCN: 14-T067			
		Title XVIII	Subprovider - IRF	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)			113	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			1,152	2.00
3.00	OPPS payments			496	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)			113	11.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges			902	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)			902	14.00
Customary charges					
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)			0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000	17.00
18.00	Total customary charges (see instructions)			902	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			789	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)			113	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)			496	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)			0	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)			609	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)			609	30.00
31.00	Primary payer payments			0	31.00
32.00	Subtotal (line 30 minus line 31)			609	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0	33.00
34.00	Allowable bad debts (see instructions)			0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0	36.00
37.00	Subtotal (see instructions)			609	37.00
38.00	MSP-LCC reconciliation amount from PS&R			0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
39.97	Demonstration payment adjustment amount before sequestration			0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0	39.99
40.00	Subtotal (see instructions)			609	40.00
40.01	Sequestration adjustment (see instructions)			12	40.01
40.02	Demonstration payment adjustment amount after sequestration			0	40.02
41.00	Interim payments			2,330	41.00
42.00	Tentative settlement (for contractors use only)			0	42.00
43.00	Balance due provider/program (see instructions)			-1,733	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: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet E-1
Part I
Date/Time Prepared:
3/2/2020 9:15 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		158,330,631		50,103,457	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	04/14/2019	507,000	04/17/2019	167,700	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)		507,000		167,700	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)		158,837,631		50,271,157	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		469,826		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		291,432	6.02
7.00	Total Medicare program liability (see instructions)		159,307,457		49,979,725	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0067 Component CCN: 14-T067		Period: From 10/01/2018 To 09/30/2019		Worksheet E-1 Part I Date/Time Prepared: 3/2/2020 9:15 am	
		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		5,191,558		2,330	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		5,191,558		2,330	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		4,456		1,733	6.02	
7.00	Total Medicare program liability (see instructions)		5,187,102		597	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: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet E-1
Part II
Date/Time Prepared:
3/2/2020 9:15 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0067 Component CCN: 14-T067	Period: From 10/01/2018 To 09/30/2019	Worksheet E-3 Part III Date/Time Prepared: 3/2/2020 9:15 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
	PART III - MEDICARE PART A SERVICES - IRF PPS			
1.00	Net Federal PPS Payment (see instructions)			4,873,265 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0176 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			310,427 3.00
4.00	Outlier Payments			126,004 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.12 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			2.62 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.12 9.00
10.00	Average Daily Census (see instructions)			20.394521 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.005980 11.00
12.00	Teaching Adjustment (see instructions)			29,142 12.00
13.00	Total PPS Payment (see instructions)			5,338,838 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			5,338,838 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			5,338,838 19.00
20.00	Deductibles			28,428 20.00
21.00	Subtotal (line 19 minus line 20)			5,310,410 21.00
22.00	Coinsurance			19,048 22.00
23.00	Subtotal (line 21 minus line 22)			5,291,362 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			5,291,362 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			1,599 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			5,292,961 32.00
32.01	Sequestration adjustment (see instructions)			105,859 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			5,191,558 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			-4,456 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			58,368 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			126,004 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0067	Period: From 10/01/2018 To 09/30/2019	Worksheet E-4 Date/Time Prepared: 3/2/2020 9:15 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			114.45	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			6.62	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			121.07	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			216.55	6.00
7.00	Enter the lesser of line 5 or line 6			121.07	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	106.41	102.48	208.89	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	59.49	57.30	116.79	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.98		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		2.98		10.01
11.00	Total weighted FTE count	59.49	60.28		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	57.11	63.63		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	58.37	62.25		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	58.32	62.05		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	58.32	62.05		17.00
18.00	Per resident amount	116,515.04	110,459.66		18.00
19.00	Approved amount for resident costs	6,795,157	6,854,022	13,649,179	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			25.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			95.48	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			24.12	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			98,909.60	23.00
24.00	Multiply line 22 time line 23			2,385,700	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			16,034,879	25.00
		Inpatient Part	Managed care		
		A			
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	61,493	23,590		26.00
27.00	Total Inpatient Days (see instructions)	185,365	185,365		27.00
28.00	Ratio of inpatient days to total inpatient days	0.331740	0.127262		28.00
29.00	Program direct GME amount	5,319,411	2,040,631		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		288,341		30.00
31.00	Net Program direct GME amount			7,071,701	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0067	Period: From 10/01/2018 To 09/30/2019	Worksheet E-4 Date/Time Prepared: 3/2/2020 9:15 am
		Title XVIII	Hospital	PPS
			1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		20,447,469	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		163,034,850	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		3,160,043	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		37,218	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		166,157,675	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		55,599,573	42.00
43.00	Primary payer payments (see instructions)		2,400	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		55,597,173	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		221,754,848	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.749285	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.250715	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		7,071,701	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		5,298,719	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,772,982	50.00

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

Provider CCN: 14-0067

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

Worksheet G

Date/Time Prepared:
3/2/2020 9:15 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	10,055,155	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	854,293,696	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-638,333,740	0	0	0	6.00
7.00	Inventory	16,593,385	0	0	0	7.00
8.00	Prepaid expenses	1,143,955	0	0	0	8.00
9.00	Other current assets	6,259,552	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)	250,012,003	0	0	0	11.00
FIXED ASSETS						
12.00	Land	11,692,483	0	0	0	12.00
13.00	Land improvements	9,375,580	0	0	0	13.00
14.00	Accumulated depreciation	-7,020,306	0	0	0	14.00
15.00	Buildings	699,986,154	0	0	0	15.00
16.00	Accumulated depreciation	-317,923,133	0	0	0	16.00
17.00	Leasehold improvements	1,211,239	0	0	0	17.00
18.00	Accumulated depreciation	-1,138,312	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	251,843,169	0	0	0	23.00
24.00	Accumulated depreciation	-182,234,425	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	16,502,098	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	482,294,547	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,680,132,088	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	4,846,524	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,684,978,612	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	2,417,285,162	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	33,661,729	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,206,139	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	6,156,176	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	28,238	0	0	0	43.00
44.00	Other current liabilities	80,213,612	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	121,265,894	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	2,828,727	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,828,727	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	124,094,621	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	2,293,190,541	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)	2,293,190,541	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	2,417,285,162	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0067

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

Worksheet G-1

Date/Time Prepared:
3/2/2020 9:15 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		2,030,947,052		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		348,021,323				2.00
3.00	Total (sum of line 1 and line 2)		2,378,968,375		0		3.00
4.00	CHANGE IN TRNA	2,673,371		0		0	4.00
5.00	CHANGE IN PERMANENT RESTRICTED	26,286,571		0		0	5.00
6.00	OTHER	3,327,141		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)		32,287,083		0		10.00
11.00	Subtotal (line 3 plus line 10)		2,411,255,458		0		11.00
12.00	EQUITY TRANSFER	118,064,917		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		118,064,917		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		2,293,190,541		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	CHANGE IN TRNA		0				4.00
5.00	CHANGE IN PERMANENT RESTRICTED		0				5.00
6.00	OTHER		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	EQUITY TRANSFER		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0067

Period:
From 10/01/2018
To 09/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
3/2/2020 9:15 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	366,112,161		366,112,161	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	13,222,818		13,222,818	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)	379,334,979		379,334,979	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	100,058,148		100,058,148	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	36,765,605		36,765,605	11.01
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)	136,823,753		136,823,753	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	516,158,732		516,158,732	17.00
18.00	Ancillary services	2,017,507,772	1,890,116,619	3,907,624,391	18.00
19.00	Outpatient services	54,168,854	111,238,478	165,407,332	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	15,087,905	69,186,472	84,274,377	27.00
27.01	TRANSPLANTS	4,719,487	188,268	4,907,755	27.01
27.02	CLINICS	205,031	6,075,095	6,280,126	27.02
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	2,607,847,781	2,076,804,932	4,684,652,713	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		943,271,153		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)		943,271,153		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0067

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

Worksheet G-3

Date/Time Prepared:
3/2/2020 9:15 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	4,684,652,713	1.00
2.00	Less contractual allowances and discounts on patients' accounts	3,518,955,702	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,165,697,011	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	943,271,153	4.00
5.00	Net income from service to patients (line 3 minus line 4)	222,425,858	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,172,991	6.00
7.00	Income from investments	88,839,501	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	38,729	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	100,508	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	3,015,315	17.00
18.00	Revenue from sale of medical records and abstracts	160,637	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	7,594,144	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	145,045	21.00
22.00	Rental of hospital space	1,120,673	22.00
23.00	Governmental appropriations	0	23.00
24.00	RESEARCH	954,676	24.00
24.01	OTHER REVENUES	3,182,502	24.01
24.02	COMM HEALTH ED	81,096	24.02
24.03	RISK AND VALUE BASED RESERVES	5,835,005	24.03
24.04	FINANCE CHARGE	908,957	24.04
24.05	BLUE CROSS QUALITY	13,124,999	24.05
25.00	Total other income (sum of lines 6-24)	126,274,778	25.00
26.00	Total (line 5 plus line 25)	348,700,636	26.00
27.00	FEDERAL AND STATE TAXES	679,313	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	679,313	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	348,021,323	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0067	Period: From 10/01/2018 To 09/30/2019	Worksheet L Parts I-III Date/Time Prepared: 3/2/2020 9:15 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		9,299,355	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		550,805	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)		487.45	3.00
4.00	Number of interns & residents (see instructions)		159.86	4.00
5.00	Indirect medical education percentage (see instructions)		9.69	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		901,107	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)		10,751,267	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