

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: 14-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet S Parts I-III Date/Time Prepared: 11/29/2019 9:37 am
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PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 11/29/2019	Time: 9:37 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 PRESENCE SAINT FRANCIS HOSPITAL (14-0080) for the cost reporting period beginning 07/01/2018 and ending 06/30/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) FLAVIO MARIN
Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER
Title

(Dated when report is electronically signed.)
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	616,269	284,523	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	616,269	284,523	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: 14-0080		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/29/2019 9:37 am	
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 355 RIDGE AVENUE			PO Box:				1.00	
2.00	City: EVANSTON			State: IL		Zip Code: 60202		County: COOK 2.00	
		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			PRESENCE SAINT FRANCIS HOSPITAL	140080	16974	1	07/01/1966	N P O
4.00	Subprovider - IPF								3.00
5.00	Subprovider - IRF								4.00
6.00	Subprovider - (Other)								5.00
7.00	Swing Beds - SNF								6.00
8.00	Swing Beds - NF								7.00
9.00	Hospital-Based SNF								8.00
10.00	Hospital-Based NF								9.00
11.00	Hospital-Based OLTC								10.00
12.00	Hospital-Based HHA								11.00
13.00	Separately Certified ASC								12.00
14.00	Hospital-Based Hospice								13.00
15.00	Hospital-Based Health Clinic - RHC								14.00
16.00	Hospital-Based Health Clinic - FQHC								15.00
17.00	Hospital-Based (CMHC) I								16.00
17.10	Hospital-Based (CORF) I								17.00
17.20	Hospital-Based (OPT) I								17.10
17.30	Hospital-Based (OOT) I								17.20
17.40	Hospital-Based (OSP) I								17.30
18.00	Renal Dialysis								17.40
19.00	Other								18.00
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2018	06/30/2019	20.00
21.00	Type of Control (see instructions)						1		21.00
							1.00	2.00	3.00
Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00

Worksheet S-2
Part I
Date/Time Prepared:
11/29/2019 9:37 am

MCRIF32 - 15.9.167.1

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0080		Period: From 07/01/2018 To 06/30/2019		Worksheet S-2 Part I Date/Time Prepared: 11/29/2019 9:37 am	
			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)			23.00	1	60.01	
			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
61.01	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
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
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
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
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)			0.96	37.74	0.024806	64.00

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

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		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	5,572,632	
		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.	Y	5.06		122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H082		140.00

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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: PRESENCE CARE TRANSPORTATION CORP		Contractor's Name: NATIONAL GOVERNMENT SERVICES, INC.		Contractor's Number: 00131		141.00			
142.00	Street: 200 S WACKER DR		PO Box:				142.00			
143.00	City: CHICAGO		State: IL		Zip Code: 60606		143.00			
							1.00			
144.00	Are provider based physicians' costs included in Worksheet A?							Y		144.00
							1.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.									145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							N		146.00
							1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N		149.00
				Part A	Part B	Title V	Title XIX			
				1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital			N	N	N	N			155.00
156.00	Subprovider - IPF			N	N	N	N			156.00
157.00	Subprovider - IRF			N	N	N	N			157.00
158.00	SUBPROVIDER									158.00
159.00	SNF			N	N	N	N			159.00
160.00	HOME HEALTH AGENCY			N	N	N	N			160.00
161.00	CMHC				N	N	N			161.00
161.10	CORF				N	N	N			161.10
161.20	OUTPATIENT PHYSICAL THERAPY				N	N	N			161.20
161.30	OUTPATIENT OCCUPATIONAL THERAPY				N	N	N			161.30
161.40	OUTPATIENT SPEECH PATHOLOGY				N	N	N			161.40
							1.00			
165.00	Multicampus Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N		165.00
				Name	County	State	Zip Code	CBSA	FTE/Campus	
				0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								0.00	166.00
							1.00			
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y		167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0		168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)									168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99		169.00
							Beginning		Ending	
							1.00		2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							07/01/2018 06/30/2019		170.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part I Date/Time Prepared: 11/29/2019 9:37 am
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/29/2019 9:37 am
			Y/N 1.00	Date 2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N 1.00	Legal Oper. 2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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.	N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	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		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/21/2019	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet S-2
Part II
Date/Time Prepared:
11/29/2019 9:37 am

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		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.		Y		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.	PATRICK	GILLILAND		41.00
42.00	Enter the employer/company name of the cost report preparer	PRESENCE HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(847) 813-3718	PATRICK.GILLILAND@AMITAHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet S-2 Part II Date/Time Prepared: 11/29/2019 9:37 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.	REGIONAL DIRECTOR OF REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/29/2019 9:37 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	155	56,575	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		155	56,575	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
9.02 SURGICAL HEART UNIT	32.02	10	3,650	0.00	0	9.02
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)		181	66,065	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
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)		181				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: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/29/2019 9:37 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)	8,772	1,335	24,213			1.00
2.00	HMO and other (see instructions)	3,713	8,381				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	8,772	1,335	24,213			7.00
8.00	INTENSIVE CARE UNIT	1,558	192	3,707			8.00
9.00	CORONARY CARE UNIT						9.00
9.02	SURGICAL HEART UNIT	747	51	1,721			9.02
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		272	860			13.00
14.00	Total (see instructions)	11,077	1,850	30,501	98.11	768.80	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)			0			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
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)				98.11	768.80	27.00
28.00	Observation Bed Days		874	4,098			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	200	346			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			7			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: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part I
Date/Time Prepared:
11/29/2019 9:37 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	2,622	567	8,040	1.00
2.00 HMO and other (see instructions)			833	1,611		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
9.02 SURGICAL HEART UNIT						9.02
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,622	567	8,040	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00					25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00					25.40
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: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/29/2019 9:37 am

		Wkst. A Line Number	Amount Reported	Reclassificati on of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	53,742,488	70,326	53,812,814	1,599,113.05	33.65	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		217,709	0	217,709	3,080.00	70.68	4.00
4.01	Physicians - Part A - Teaching		134,849	0	134,849	1,838.30	73.36	4.01
5.00	Physician and Non Physician-Part B		106,264	0	106,264	370.00	287.20	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	5,458,607	5,458,607	194,232.00	28.10	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		294,987	0	294,987	8,340.10	35.37	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		8,616,592	0	8,616,592	105,188.67	81.92	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		16,127,419	0	16,127,419	379,067.00	42.55	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		12,127,525	0	12,127,525			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		84,708	0	84,708			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		60,959	0	60,959			22.00
22.01	Physician Part A - Teaching		36,714	0	36,714			22.01
23.00	Physician Part B		12,719	0	12,719			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		1,877,267	0	1,877,267			25.00
25.50	Home office wage-related (core)		856,208	0	856,208			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	-70,326	70,326	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	3,758,382	-171,605	3,586,777	76,182.05	47.08	27.00
28.00	Administrative & General under contract (see inst.)		560,141	0	560,141	2,570.00	217.95	28.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part II
Date/Time Prepared:
11/29/2019 9:37 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	
29.00	Maintenance & Repairs	6.00	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,262,303	0	1,262,303	57,173.31	30.00
31.00	Laundry & Linen Service	8.00	101,371	0	101,371	6,666.23	31.00
32.00	Housekeeping	9.00	718,285	0	718,285	46,263.73	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,127,297	-675,626	451,671	30,732.64	34.00
35.00	Dietary under contract (see instructions)		588,028	0	588,028	9,704.80	35.00
36.00	Cafeteria	11.00	0	675,626	675,626	45,970.94	36.00
37.00	Maintenance of Personnel	12.00	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,400,716	0	1,400,716	28,184.68	38.00
39.00	Central Services and Supply	14.00	231,926	0	231,926	12,472.69	39.00
40.00	Pharmacy	15.00	1,998,111	0	1,998,111	49,155.85	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	171,605	171,605	4,679.49	42.00
43.00	Other General Service	18.00	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part III
Date/Time Prepared:
11/29/2019 9:37 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)	54,649,544	-5,388,281	49,261,263	1,414,947.55	34.81	1.00
2.00	Excluded area salaries (see instructions)	294,987	0	294,987	8,340.10	35.37	2.00
3.00	Subtotal salaries (line 1 minus line 2)	54,354,557	-5,388,281	48,966,276	1,406,607.45	34.81	3.00
4.00	Subtotal other wages & related costs (see inst.)	24,744,011	0	24,744,011	484,255.67	51.10	4.00
5.00	Subtotal wage-related costs (see inst.)	13,044,692	0	13,044,692	0.00	26.64	5.00
6.00	Total (sum of lines 3 thru 5)	92,143,260	-5,388,281	86,754,979	1,890,863.12	45.88	6.00
7.00	Total overhead cost (see instructions)	11,676,234	70,326	11,746,560	369,756.41	31.77	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2019 9:37 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,976,723	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)		2,401,248	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		4,933,968	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		131,680	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		28,437	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)		164,826	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		764,039	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		3,624,738	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		74,715	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		99,519	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		14,199,893	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COST		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet S-3
Part V
Date/Time Prepared:
11/29/2019 9:37 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	8,616,592	14,199,893	1.00
2.00	Hospital	8,616,592	14,199,893	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet S-10 Date/Time Prepared: 11/29/2019 9:37 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)		0.153171	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		31,698,361	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		6,432,960	5.00
6.00	Medicaid charges		237,367,913	6.00
7.00	Medicaid cost (line 1 times line 6)		36,357,881	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)	11,910,112	13,095,805	25,005,917
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,824,284	13,095,805	14,920,089
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	1,824,284	13,095,805	14,920,089
				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)		5,293,789	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,346,220	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,071,108	27.01
28.00	Non-Medicare bad debt expense (see instructions)		3,222,681	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,218,509	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		16,138,598	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		16,138,598	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0080

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

Worksheet A

Date/Time Prepared:
11/29/2019 9:37 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		4,833,312	4,833,312	3,331,694	8,165,006	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	5,969,171	5,969,171	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-70,326	579,725	509,399	11,487,017	11,996,416	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	0	800	800	-799	1	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	3,758,382	38,521,073	42,279,455	-3,070,752	39,208,703	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,262,303	7,698,038	8,960,341	-690,998	8,269,343	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	101,371	572,969	674,340	-39,838	634,502	8.00
9.00	00900	HOUSEKEEPING	718,285	1,855,192	2,573,477	-285,772	2,287,705	9.00
10.00	01000	DIETARY	1,127,297	1,979,209	3,106,506	-2,052,606	1,053,900	10.00
11.00	01100	CAFETERIA	0	0	0	1,575,952	1,575,952	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,400,716	480,033	1,880,749	-306,760	1,573,989	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	231,926	180,603	412,529	-118,461	294,068	14.00
15.00	01500	PHARMACY	1,998,111	15,357,443	17,355,554	-15,078,490	2,277,064	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	68,640	68,640	0	68,640	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	171,743	171,743	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	6,686,030	6,686,030	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	7,294,304	4,189,577	11,483,881	-8,127,615	3,356,266	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	178,733	134,372	313,105	-47,681	265,424	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,912,611	4,726,064	16,638,675	-3,802,193	12,836,482	30.00
31.00	03100	INTENSIVE CARE UNIT	3,011,688	1,867,782	4,879,470	-1,032,540	3,846,930	31.00
32.02	03202	SURGICAL HEART UNIT	1,173,214	728,078	1,901,292	-499,996	1,401,296	32.02
43.00	04300	NURSERY	807,557	1,031,797	1,839,354	-190,320	1,649,034	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,255,319	12,033,143	15,288,462	-8,418,105	6,870,357	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	481,385	743,989	1,225,374	-630,149	595,225	50.02
50.03	05002	WOUND CARE CENTER	133,648	537,521	671,169	-42,310	628,859	50.03
51.00	05100	RECOVERY ROOM	1,705,972	469,096	2,175,068	-394,405	1,780,663	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	214,773	214,773	52.00
53.00	05300	ANESTHESIOLOGY	116,736	2,951,336	3,068,072	-443,042	2,625,030	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,693,560	1,737,073	4,430,633	-1,525,779	2,904,854	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	236,172	530,252	766,424	-112,179	654,245	55.00
56.00	05600	RADIOISOTOPE	191,956	209,728	401,684	-75,209	326,475	56.00
58.00	05800	MRI	241,062	359,820	600,882	-355,026	245,856	58.00
59.00	05900	CARDIAC CATHETERIZATION	621,509	2,180,098	2,801,607	-2,285,899	515,708	59.00
60.00	06000	LABORATORY	0	7,223,803	7,223,803	-88,828	7,134,975	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	726,933	726,933	0	726,933	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1,351,408	782,111	2,133,519	-425,439	1,708,080	64.00
65.00	06500	RESPIRATORY THERAPY	1,081,634	565,522	1,647,156	-391,576	1,255,580	65.00
66.00	06600	PHYSICAL THERAPY	1,549,688	350,477	1,900,165	-320,410	1,579,755	66.00
69.00	06900	ELECTROCARDIOLOGY	636,706	172,327	809,033	-139,685	669,348	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	65,474	15,912	81,386	-14,687	66,699	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,363,959	6,363,959	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,823,412	4,823,412	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	15,816,484	15,816,484	73.00
73.02	07302	INPT RENAL DIALYSIS	0	617,902	617,902	-8,671	609,231	73.02
76.97	07697	CARDIAC REHABILITATION	97,388	22,132	119,520	-18,576	100,944	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	730,339	618,391	1,348,730	-310,915	1,037,815	90.01
91.00	09100	EMERGENCY	3,530,106	5,555,082	9,085,188	-1,430,851	7,654,337	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 14-0080		Period: From 07/01/2018 To 06/30/2019		Worksheet A Date/Time Prepared: 11/29/2019 9:37 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										
113.00	11300	INTEREST EXPENSE				3,630,884	3,630,884	-3,630,884	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)			53,626,234	126,838,239	180,464,473	32,789	180,497,262	118.00
NONREIMBURSABLE COST CENTERS										
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			0	0	0	0	0	190.00
190.01	19001	POB RX			0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE			0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER			0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES			0	16,415	16,415	0	16,415	192.00
192.02	19202	OUTREACH TRANSPORTATION			0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER			0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER			0	0	0	0	0	192.04
192.05	19205	OTHER NRCC			116,254	2,193,044	2,309,298	-32,789	2,276,509	192.05
192.06	19206	ASBURY STREET SNF			0	0	0	0	0	192.06
200.00		TOTAL (SUM OF LINES 118 through 199)			53,742,488	129,047,698	182,790,186	0	182,790,186	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0080

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

Worksheet A

Date/Time Prepared:
11/29/2019 9:37 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	-3,344,191	4,820,815	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	439,839	6,409,010	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	573,278	12,569,694	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	5.03
5.04	00570	ADMITTING	0	1	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	-4,607,512	34,601,191	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	63,641	8,332,984	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,374	636,876	8.00
9.00	00900	HOUSEKEEPING	-963	2,286,742	9.00
10.00	01000	DIETARY	0	1,053,900	10.00
11.00	01100	CAFETERIA	-695,347	880,605	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-75	1,573,914	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	294,068	14.00
15.00	01500	PHARMACY	-159	2,276,905	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	873,155	941,795	16.00
17.00	01700	SOCIAL SERVICE	0	171,743	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	6,686,030	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,356,266	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	-173,967	91,457	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-67,229	12,769,253	30.00
31.00	03100	INTENSIVE CARE UNIT	593,948	4,440,878	31.00
32.02	03202	SURGICAL HEART UNIT	-180,729	1,220,567	32.02
43.00	04300	NURSERY	-831,707	817,327	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-96,806	6,773,551	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	595,225	50.02
50.03	05002	WOUND CARE CENTER	0	628,859	50.03
51.00	05100	RECOVERY ROOM	0	1,780,663	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	214,773	52.00
53.00	05300	ANESTHESIOLOGY	-2,463,615	161,415	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,904,854	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-261,816	392,429	55.00
56.00	05600	RADIOISOTOPE	0	326,475	56.00
58.00	05800	MRI	0	245,856	58.00
59.00	05900	CARDIAC CATHETERIZATION	-123	515,585	59.00
60.00	06000	LABORATORY	297,471	7,432,446	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	726,933	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	1,708,080	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,255,580	65.00
66.00	06600	PHYSICAL THERAPY	0	1,579,755	66.00
69.00	06900	ELECTROCARDIOLOGY	-69,864	599,484	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	66,699	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,363,959	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,823,412	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,816,484	73.00
73.02	07302	INPT RENAL DIALYSIS	0	609,231	73.02
76.97	07697	CARDIAC REHABILITATION	-7,404	93,540	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OPD	-7,400	1,030,415	90.01
91.00	09100	EMERGENCY	-3,402,523	4,251,814	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-13,367,724	167,129,538	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0080

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

Worksheet A

Date/Time Prepared:
11/29/2019 9:37 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	POB RX	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	16,415	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	192.04
192.05	19205	OTHER NRCC	24,338	2,300,847	192.05
192.06	19206	ASBURY STREET SNF	0	0	192.06
200.00		TOTAL (SUM OF LINES 118 through 199)	-13,343,386	169,446,800	200.00

RECLASSIFICATIONS

Provider CCN: 14-0080

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

Worksheet A-6

Date/Time Prepared:
11/29/2019 9:37 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,630,884		1.00
	TOTALS		0	3,630,884		
	B - ALLOCATED BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	11,487,017		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
	TOTALS		0	11,487,017		
	C - SOCOAL SERVICE					
1.00	SOCIAL SERVICE	17.00	171,605	138		1.00
	TOTALS		171,605	138		
	D - CHARGEABLE IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,823,412		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
	TOTALS		0	4,823,412		
	E - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	15,816,484		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

RECLASSIFICATIONS

Provider CCN: 14-0080

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

Worksheet A-6

Date/Time Prepared:
11/29/2019 9:37 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
TOTALS						
F - CHARGEABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,363,959		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
TOTALS						
G - LABOR & DELIVERY						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	186,955	27,818		1.00
TOTALS						
H - CAFETERIA						
1.00	CAFETERIA	11.00	675,626	900,326		1.00
TOTALS						
I - ALLOCATED DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,669,981		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

RECLASSIFICATIONS

Provider CCN: 14-0080

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

Worksheet A-6

Date/Time Prepared:
11/29/2019 9:37 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
	TOTALS		0	5,669,981	
J - RESIDENTS COST					
1.00	I&R SERVICES-SALARY & FRINGES	21.00	5,458,607	1,227,423	1.00
	APPRV				
	TOTALS		5,458,607	1,227,423	
K - EQUIPMENT DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,969,171	1.00
	TOTALS		0	5,969,171	
L - SALARY CREDIT RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	70,326	0	1.00
	TOTALS		70,326	0	
500.00	Grand Total: Increases		6,563,119	55,916,613	500.00

RECLASSIFICATIONS

Provider CCN: 14-0080

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

Worksheet A-6

Date/Time Prepared:
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	Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	3,630,884	11			1.00
	TOTALS		0	3,630,884				
	B - ALLOCATED BENEFITS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	653,918	0			1.00
2.00	OPERATION OF PLANT	7.00	0	373,567	0			2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	39,838	0			3.00
4.00	HOUSEKEEPING	9.00	0	284,555	0			4.00
5.00	DIETARY	10.00	0	457,979	0			5.00
6.00	NURSING ADMINISTRATION	13.00	0	264,955	0			6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	71,791	0			7.00
8.00	PHARMACY	15.00	0	371,080	0			8.00
9.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	1,424,739	0			9.00
10.00	PARAMEDICAL EDUCATION PROGRAM	23.00	0	37,961	0			10.00
11.00	ADULTS & PEDIATRICS	30.00	0	2,688,494	0			11.00
12.00	INTENSIVE CARE UNIT	31.00	0	561,523	0			12.00
13.00	SURGICAL HEART UNIT	32.02	0	259,542	0			13.00
14.00	NURSERY	43.00	0	143,823	0			14.00
15.00	OPERATING ROOM	50.00	0	633,761	0			15.00
16.00	GASTRO INTESTINAL SERVICES	50.02	0	90,590	0			16.00
17.00	WOUND CARE CENTER	50.03	0	28,188	0			17.00
18.00	RECOVERY ROOM	51.00	0	340,287	0			18.00
19.00	ANESTHESIOLOGY	53.00	0	34,525	0			19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	559,259	0			20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	33,888	0			21.00
22.00	RADIOISOTOPE	56.00	0	35,149	0			22.00
23.00	MRI	58.00	0	49,654	0			23.00
24.00	CARDIAC CATHETERIZATION	59.00	0	121,572	0			24.00
25.00	INTRAVENOUS THERAPY	64.00	0	297,456	0			25.00
26.00	RESPIRATORY THERAPY	65.00	0	252,211	0			26.00
27.00	PHYSICAL THERAPY	66.00	0	309,836	0			27.00
28.00	ELECTROCARDIOLOGY	69.00	0	104,087	0			28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	10,136	0			29.00
30.00	CARDIAC REHABILITATION	76.97	0	17,936	0			30.00
31.00	OPD	90.01	0	148,419	0			31.00
32.00	EMERGENCY	91.00	0	786,298	0			32.00
	TOTALS		0	11,487,017				
	C - SOCOAL SERVICE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	171,605	138	0			1.00
	TOTALS		171,605	138				
	D - CHARGEABLE IMPLANTS							
1.00	ADULTS & PEDIATRICS	30.00	0	5,542	0			1.00
2.00	INTENSIVE CARE UNIT	31.00	0	6,547	0			2.00
3.00	OPERATING ROOM	50.00	0	3,943,075	0			3.00
4.00	GASTRO INTESTINAL SERVICES	50.02	0	21,549	0			4.00
5.00	WOUND CARE CENTER	50.03	0	7,290	0			5.00
6.00	RECOVERY ROOM	51.00	0	39	0			6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	37,944	0			7.00
8.00	RADIOLOGY-THERAPEUTIC	55.00	0	3	0			8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	793,271	0			9.00
10.00	INTRAVENOUS THERAPY	64.00	0	70	0			10.00
11.00	EMERGENCY	91.00	0	8,082	0			11.00
	TOTALS		0	4,823,412				
	E - CHARGEABLE DRUGS							
1.00	ADULTS & PEDIATRICS	30.00	0	166,160	0			1.00
2.00	INTENSIVE CARE UNIT	31.00	0	59,861	0			2.00
3.00	SURGICAL HEART UNIT	32.02	0	21,336	0			3.00
4.00	NURSERY	43.00	0	4,427	0			4.00
5.00	OPERATING ROOM	50.00	0	104,910	0			5.00
6.00	GASTRO INTESTINAL SERVICES	50.02	0	7,505	0			6.00
7.00	WOUND CARE CENTER	50.03	0	1,911	0			7.00
8.00	RECOVERY ROOM	51.00	0	2,114	0			8.00
9.00	ANESTHESIOLOGY	53.00	0	145,556	0			9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	128,605	0			10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	937	0			11.00
12.00	RADIOISOTOPE	56.00	0	904	0			12.00
13.00	MRI	58.00	0	25,443	0			13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	119,102	0			14.00
15.00	LABORATORY	60.00	0	34,856	0			15.00
16.00	INTRAVENOUS THERAPY	64.00	0	74,514	0			16.00
17.00	RESPIRATORY THERAPY	65.00	0	1,540	0			17.00

RECLASSIFICATIONS

Provider CCN: 14-0080

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

Worksheet A-6

Date/Time Prepared:
11/29/2019 9:37 am

Decreases						
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
18.00	PHYSICAL THERAPY	66.00	0	34	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	2,304	0	19.00
20.00	INPT RENAL DIALYSIS	73.02	0	3,122	0	20.00
21.00	OPD	90.01	0	678	0	21.00
22.00	EMERGENCY	91.00	0	219,817	0	22.00
23.00	OPERATION OF PLANT	7.00	0	345	0	23.00
24.00	PHARMACY	15.00	0	14,680,783	0	24.00
25.00	PARAMEDICAL EDUCATION PROGRAM	23.00	0	9,720	0	25.00
	TOTALS		0	15,816,484		
F - CHARGEABLE SUPPLIES						
1.00	ADULTS & PEDIATRICS	30.00	0	586,592	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	363,558	0	2.00
3.00	SURGICAL HEART UNIT	32.02	0	95,992	0	3.00
4.00	NURSERY	43.00	0	9,065	0	4.00
5.00	OPERATING ROOM	50.00	0	3,299,472	0	5.00
6.00	GASTRO INTESTINAL SERVICES	50.02	0	249,361	0	6.00
7.00	WOUND CARE CENTER	50.03	0	4,921	0	7.00
8.00	RECOVERY ROOM	51.00	0	8,476	0	8.00
9.00	ANESTHESIOLOGY	53.00	0	176,840	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	236,379	0	10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	4,367	0	11.00
12.00	RADIOISOTOPE	56.00	0	3,442	0	12.00
13.00	MRI	58.00	0	677	0	13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	921,555	0	14.00
15.00	LABORATORY	60.00	0	7,743	0	15.00
16.00	INTRAVENOUS THERAPY	64.00	0	16,362	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	92,422	0	17.00
18.00	PHYSICAL THERAPY	66.00	0	7,740	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	3,456	0	19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,460	0	20.00
21.00	INPT RENAL DIALYSIS	73.02	0	120	0	21.00
22.00	CARDIAC REHABILITATION	76.97	0	640	0	22.00
23.00	OPD	90.01	0	9,066	0	23.00
24.00	EMERGENCY	91.00	0	264,253	0	24.00
	TOTALS		0	6,363,959		
G - LABOR & DELIVERY						
1.00	ADULTS & PEDIATRICS	30.00	186,955	27,818	0	1.00
	TOTALS		186,955	27,818		
H - CAFETERIA						
1.00	DIETARY	10.00	675,626	900,326	0	1.00
	TOTALS		675,626	900,326		
I - ALLOCATED DEPRECIATION						
1.00	ADMITTING	5.04	0	799	9	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,245,091	9	2.00
3.00	OPERATION OF PLANT	7.00	0	317,086	9	3.00
4.00	HOUSEKEEPING	9.00	0	1,217	9	4.00
5.00	DIETARY	10.00	0	18,675	9	5.00
6.00	NURSING ADMINISTRATION	13.00	0	41,805	9	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	46,670	9	7.00
8.00	PHARMACY	15.00	0	26,627	9	8.00
9.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	16,846	9	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	140,632	9	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	41,051	9	11.00
12.00	SURGICAL HEART UNIT	32.02	0	123,126	9	12.00
13.00	NURSERY	43.00	0	33,005	9	13.00
14.00	OPERATING ROOM	50.00	0	436,887	9	14.00
15.00	GASTRO INTESTINAL SERVICES	50.02	0	261,144	9	15.00
16.00	RECOVERY ROOM	51.00	0	43,489	9	16.00
17.00	ANESTHESIOLOGY	53.00	0	86,121	9	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	563,592	9	18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	72,984	9	19.00
20.00	RADIOISOTOPE	56.00	0	35,714	9	20.00
21.00	MRI	58.00	0	279,252	9	21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	330,399	9	22.00
23.00	LABORATORY	60.00	0	46,229	9	23.00
24.00	INTRAVENOUS THERAPY	64.00	0	37,037	9	24.00
25.00	RESPIRATORY THERAPY	65.00	0	45,403	9	25.00
26.00	PHYSICAL THERAPY	66.00	0	2,800	9	26.00
27.00	ELECTROCARDIOLOGY	69.00	0	29,838	9	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,091	9	28.00
29.00	INPT RENAL DIALYSIS	73.02	0	5,429	9	29.00
30.00	OPD	90.01	0	152,752	9	30.00

RECLASSIFICATIONS

Provider CCN: 14-0080

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

Worksheet A-6

Date/Time Prepared:
11/29/2019 9:37 am

Decreases						wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
31.00	EMERGENCY	91.00	0	152,401	9		31.00
32.00	OTHER NRCC	192.05	0	32,789	9		32.00
33.00		0.00	0	0	9		33.00
34.00		0.00	0	0	9		34.00
35.00		0.00	0	0	9		35.00
36.00		0.00	0	0	9		36.00
	TOTALS		0	5,669,981			
J - RESIDENTS COST							
1.00	I&R SERVICES-OTHER PRGM COSTS	22.00	5,458,607	1,227,423	0		1.00
	APPRV						
	TOTALS		5,458,607	1,227,423			
K - EQUIPMENT DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,969,171	9		1.00
	TOTALS		0	5,969,171			
L - SALARY CREDIT RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	70,326	0		1.00
	TOTALS		0	70,326			
500.00	Grand Total: Decreases		6,492,793	55,986,939			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part I
Date/Time Prepared:
11/29/2019 9:37 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	15,000,000	0	0	0	0	1.00	
2.00	Land Improvements	352,750	0	0	0	0	2.00	
3.00	Buildings and Fixtures	39,230,753	298,108	0	298,108	0	3.00	
4.00	Building Improvements	0	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	0	5.00	
6.00	Movable Equipment	19,034,232	1,877,358	0	1,877,358	0	6.00	
7.00	HIT designated Assets	0	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	73,617,735	2,175,466	0	2,175,466	0	8.00	
9.00	Reconciling Items	0	0	0	0	0	9.00	
10.00	Total (line 8 minus line 9)	73,617,735	2,175,466	0	2,175,466	0	10.00	
		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	15,000,000	0				1.00	
2.00	Land Improvements	352,750	0				2.00	
3.00	Buildings and Fixtures	39,528,861	0				3.00	
4.00	Building Improvements	0	0				4.00	
5.00	Fixed Equipment	0	0				5.00	
6.00	Movable Equipment	20,911,590	0				6.00	
7.00	HIT designated Assets	0	0				7.00	
8.00	Subtotal (sum of lines 1-7)	75,793,201	0				8.00	
9.00	Reconciling Items	0	0				9.00	
10.00	Total (line 8 minus line 9)	75,793,201	0				10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part II
Date/Time Prepared:
11/29/2019 9:37 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	4,833,312	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,833,312	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other	Total (1) (sum				
		Capital-Related Costs (see instructions)	of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	4,833,312				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	4,833,312				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet A-7
Part III
Date/Time Prepared:
11/29/2019 9:37 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	39,230,753	0	39,230,753	0.532898	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	34,386,982	0	34,386,982	0.467102	0	2.00
3.00	Total (sum of lines 1-2)	73,617,735	0	73,617,735	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,101,468	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,409,010	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,510,478	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	719,347	0	0	0	4,820,815	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	6,409,010	2.00
3.00	Total (sum of lines 1-2)	719,347	0	0	0	11,229,825	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0080

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

Worksheet A-8

Date/Time Prepared:
11/29/2019 9:37 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
				Cost Center				
1.00		1.00	2.00	3.00		4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-5,604,678	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP		2.00	0	2.00
3.00	Investment income - other (chapter 2)		0			0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0			0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0			0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0			0.00	0	7.00
8.00	Television and radio service (chapter 21)		0			0.00	0	8.00
9.00	Parking lot (chapter 21)		0			0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-7,661,711				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	1,147,888				0	12.00
13.00	Laundry and linen service		0			0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-666,567	CAFETERIA		11.00	0	14.00
15.00	Rental of quarters to employee and others		0			0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0			0.00	0	16.00
17.00	Sale of drugs to other than patients		0			0.00	0	17.00
18.00	Sale of medical records and abstracts	B	0	MEDICAL RECORDS & LIBRARY		16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0	19.00
20.00	Vending machines	B	-28,780	CAFETERIA		11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00	
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00	
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00	25.00	
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	-432,654	CAP REL COSTS-BLDG & FIXT		1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	439,839	CAP REL COSTS-MVBLE EQUIP		2.00	9	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS		19.00	28.00	
29.00	Physicians' assistant		0			0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***		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	*** Cost Center Deleted ***		68.00	31.00	
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00	REFERENCE LAB REVENUE	B	0	LABORATORY		60.00	0	33.00
36.00	TAXES & ASSESSMENTS	A	-4,972	OPERATION OF PLANT		7.00	0	36.00
37.00	TAXES & ASSESSMENTS	A	24,338	OTHER NRCC		192.05	0	37.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0080

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

Worksheet A-8

Date/Time Prepared:
11/29/2019 9:37 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	
38.00	TAXES & ASSESSMENTS	A	-39	OPERATING ROOM	50.00	0	38.00
39.00	TAXES & ASSESSMENTS	A	-53	EMERGENCY	91.00	0	39.00
41.02	EQUIP TRADE-IN CREDIT MEMO	A	0	CAP REL COSTS-BLDG & FIXT	1.00	9	41.02
41.03	SAVE THE DAY/COMMUNITY OUTREACH	A	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	41.03
41.04	MISC REVENUE	B	-356,856	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	41.04
41.06	MISC REVENUE	B	-15,210	OPERATION OF PLANT	7.00	0	41.06
41.08	MISC REVENUE	B	-963	HOUSEKEEPING	9.00	0	41.08
41.11	MISC REVENUE	B	-75	NURSING ADMINISTRATION	13.00	0	41.11
41.12	MISC REVENUE	B	-159	PHARMACY	15.00	0	41.12
41.13	MISC REVENUE	B	-173,967	PARAMEDICAL EDUCATION PROGRAM	23.00	0	41.13
41.15	MISC REVENUE	B	-840	ADULTS & PEDIATRICS	30.00	0	41.15
41.16	MISC REVENUE	B	0	DELIVERY ROOM & LABOR ROOM	52.00	0	41.16
41.17	MISC REVENUE	B	0	RADIOLOGY-DIAGNOSTIC	54.00	0	41.17
41.18	MISC REVENUE	B	0	RADIOISOTOPE	56.00	0	41.18
41.19	MISC REVENUE	B	-123	CARDIAC CATHETERIZATION	59.00	0	41.19
41.20	MISC REVENUE	B	-7,404	CARDIAC REHABILITATION	76.97	0	41.20
41.21	MISC REVENUE	B	-400	OPD	90.01	0	41.21
41.22	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.22
41.23	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.23
41.24	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.24
41.25	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	41.25
42.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	42.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,343,386				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: 14-0080

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

Worksheet A-8-1

Date/Time Prepared:
11/29/2019 9:37 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	HOME OFFICE COSTS	2,693,141	0	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE COSTS	573,278	0	2.00
3.00	5.00	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE COSTS	15,316,492	19,504,608	3.00
3.01	7.00	OPERATION OF PLANT	HOME OFFICE COSTS	83,823	0	3.01
3.02	8.00	LAUNDRY & LINEN SERVICE	HOME OFFICE COSTS	2,374	0	3.02
3.03	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE COSTS	873,155	0	3.03
3.04	31.00	INTENSIVE CARE UNIT	HOME OFFICE COSTS	783,677	0	3.04
3.05	60.00	LABORATORY	ALVERNO LAB	7,160,401	6,833,845	3.05
3.06	0.00			0	0	3.06
4.00	0.00			0	0	4.00
4.01	0.00			0	0	4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			27,486,341	26,338,453	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		100.00	PRESENCE CARE	100.00	6.00
7.00	C		66.67	ALVERNO LAB	100.00	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: 14-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet A-8-1 Date/Time Prepared: 11/29/2019 9:37 am
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	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	2,693,141	11		1.00
2.00	573,278	0		2.00
3.00	-4,188,116	0		3.00
3.01	83,823	0		3.01
3.02	2,374	0		3.02
3.03	873,155	0		3.03
3.04	783,677	9		3.04
3.05	326,556	9		3.05
3.06	0	0		3.06
4.00	0	0		4.00
4.01	0	0		4.01
5.00	1,147,888			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	SOLE CORPORATE MEMBER		6.00
7.00	RELATED LAB		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: 14-0080

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

Worksheet A-8-2

Date/Time Prepared:
11/29/2019 9:37 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	62,540	62,540	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	66,389	66,389	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	189,729	189,729	0	0	0	3.00
4.00	32.02	SURGICAL HEART UNIT	180,729	180,729	0	0	0	4.00
5.00	43.00	NURSERY	831,707	831,707	0	0	0	5.00
6.00	50.00	OPERATING ROOM	96,767	96,767	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	2,463,615	2,463,615	0	0	0	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	261,816	261,816	0	0	0	8.00
9.00	60.00	LABORATORY	29,085	29,085	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	69,864	69,864	0	0	0	10.00
11.00	90.01	OPD	7,000	7,000	0	0	0	11.00
12.00	91.00	EMERGENCY	3,402,470	3,402,470	0	0	0	12.00
200.00			7,661,711	7,661,711	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	32.02	SURGICAL HEART UNIT	0	0	0	0	0	4.00
5.00	43.00	NURSERY	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	0	0	0	0	0	9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	10.00
11.00	90.01	OPD	0	0	0	0	0	11.00
12.00	91.00	EMERGENCY	0	0	0	0	0	12.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	62,540		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	66,389		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	189,729		3.00
4.00	32.02	SURGICAL HEART UNIT	0	0	0	180,729		4.00
5.00	43.00	NURSERY	0	0	0	831,707		5.00
6.00	50.00	OPERATING ROOM	0	0	0	96,767		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	2,463,615		7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	261,816		8.00
9.00	60.00	LABORATORY	0	0	0	29,085		9.00
10.00	69.00	ELECTROCARDIOLOGY	0	0	0	69,864		10.00
11.00	90.01	OPD	0	0	0	7,000		11.00
12.00	91.00	EMERGENCY	0	0	0	3,402,470		12.00
200.00			0	0	0	7,661,711		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			Net Expenses for Cost Allocation (from Wkst A col. 7)	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	4,820,815	4,820,815			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	6,409,010		6,409,010		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12,569,694	20,914	0	12,590,608	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMITTING	1	15,147	4,514	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	78,099	0	0	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	34,601,191	469,298	3,192,880	839,198	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	8,332,984	71,676	1,220,086	295,341	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	636,876	0	0	23,718	8.00
9.00	00900	HOUSEKEEPING	2,286,742	232,193	6,867	168,057	9.00
10.00	01000	DIETARY	1,053,900	39,328	105,372	105,677	10.00
11.00	01100	CAFETERIA	880,605	177,148	0	158,076	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,573,914	33,809	181,066	327,726	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	294,068	206,700	0	54,264	14.00
15.00	01500	PHARMACY	2,276,905	36,680	150,241	467,498	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	941,795	58,348	0	0	16.00
17.00	01700	SOCIAL SERVICE	171,743	24,057	0	40,150	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	6,686,030	0	0	1,277,150	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,356,266	222,552	90,279	429,498	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	91,457	13,712	0	41,818	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	12,769,253	1,125,246	33,618	2,743,476	30.00
31.00	03100	INTENSIVE CARE UNIT	4,440,878	106,153	0	704,645	31.00
32.02	03202	SURGICAL HEART UNIT	1,220,567	103,220	0	274,497	32.02
43.00	04300	NURSERY	817,327	13,415	17,345	188,944	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,773,551	239,878	9,067	761,647	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	595,225	30,938	0	112,630	50.02
50.03	05002	WOUND CARE CENTER	628,859	0	0	31,270	50.03
51.00	05100	RECOVERY ROOM	1,780,663	154,898	2,257	399,146	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	214,773	78,012	0	43,742	52.00
53.00	05300	ANESTHESIOLOGY	161,415	9,813	0	27,313	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,904,854	235,719	1,285,668	630,212	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	392,429	88,370	9,993	55,257	55.00
56.00	05600	RADIOISOTOPE	326,475	38,301	0	44,912	56.00
58.00	05800	MRI	245,856	61,813	0	56,401	58.00
59.00	05900	CARDIAC CATHETERIZATION	515,585	95,152	0	145,414	59.00
60.00	06000	LABORATORY	7,432,446	203,470	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	726,933	9,059	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1,708,080	41,889	60,769	316,189	64.00
65.00	06500	RESPIRATORY THERAPY	1,255,580	41,828	0	253,070	65.00
66.00	06600	PHYSICAL THERAPY	1,579,755	55,824	0	362,581	66.00
69.00	06900	ELECTROCARDIOLOGY	599,484	49,191	0	148,970	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	66,699	9,133	5,642	15,319	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,363,959	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,823,412	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,816,484	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	609,231	5,507	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	93,540	27,720	0	22,786	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OPD	1,030,415	12,561	3,103	170,877	90.01
91.00	09100	EMERGENCY	4,251,814	120,632	18,270	825,939	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30

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Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	5.01	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	167,129,538	4,657,403	6,397,037	12,563,408	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23,525	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	16,415	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	2,300,847	139,887	11,973	27,200	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
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)	169,446,800	4,820,815	6,409,010	12,590,608	0	202.00

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	0					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0				5.03
5.04	00570	ADMITTING	0	0	19,662			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	78,099		5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	39,102,567	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	9,920,087	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	660,594	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	2,693,859	9.00
10.00	01000	DIETARY	0	0	0	0	1,304,277	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,215,829	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	2,116,515	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	555,032	14.00
15.00	01500	PHARMACY	0	0	0	0	2,931,324	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,000,143	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	235,950	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	7,963,180	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	4,098,595	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	146,987	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	2,313	9,253	16,683,159	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	456	1,826	5,253,958	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	197	788	1,599,269	32.02
43.00	04300	NURSERY	0	0	162	649	1,037,842	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	1,699	6,794	7,792,636	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	244	978	740,015	50.02
50.03	05002	WOUND CARE CENTER	0	0	50	199	660,378	50.03
51.00	05100	RECOVERY ROOM	0	0	431	1,723	2,339,118	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	34	134	336,695	52.00
53.00	05300	ANESTHESIOLOGY	0	0	393	1,573	200,507	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,589	6,356	5,064,398	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	204	817	547,070	55.00
56.00	05600	RADIOISOTOPE	0	0	131	525	410,344	56.00
58.00	05800	MRI	0	0	198	793	365,061	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	538	2,153	758,842	59.00
60.00	06000	LABORATORY	0	0	1,859	7,437	7,645,212	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	106	426	736,524	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	178	712	2,127,817	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	706	2,824	1,554,008	65.00
66.00	06600	PHYSICAL THERAPY	0	0	242	969	1,999,371	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	624	2,496	800,765	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	10	40	96,843	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	787	3,149	6,367,895	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	640	2,561	4,826,613	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	4,005	15,460	15,835,949	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	70	281	615,089	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	7	28	144,081	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	271	1,084	1,218,311	90.01
91.00	09100	EMERGENCY	0	0	1,518	6,071	5,224,244	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	19,662	78,099	166,926,953	118.00

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Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	23,525	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	16,415	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	0	0	0	2,479,907	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	19,662	78,099	169,446,800	202.00

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	39,102,567					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	2,975,976	0	12,896,063			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	198,175	0	0	858,769		8.00
9.00	00900	HOUSEKEEPING	808,144	0	718,819	30	4,220,852	9.00
10.00	01000	DIETARY	391,277	0	121,751	0	48,058	10.00
11.00	01100	CAFETERIA	364,743	0	548,414	0	215,474	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	634,944	0	104,664	0	13,590	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	166,507	0	639,899	3,130	10,833	14.00
15.00	01500	PHARMACY	879,383	0	113,552	0	16,939	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	300,038	0	180,634	0	26,984	16.00
17.00	01700	SOCIAL SERVICE	70,784	0	74,476	0	6,697	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,388,914	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	1,229,558	0	688,975	25,658	97,101	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	44,095	0	42,448	0	7,288	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,004,813	0	3,483,533	311,297	1,802,182	30.00
31.00	03100	INTENSIVE CARE UNIT	1,576,161	0	328,627	72,209	163,083	31.00
32.02	03202	SURGICAL HEART UNIT	479,773	0	319,547	131	257,230	32.02
43.00	04300	NURSERY	311,347	0	41,529	0	13,393	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,337,752	0	742,610	119,138	335,620	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	222,001	0	95,776	32,404	6,894	50.02
50.03	05002	WOUND CARE CENTER	198,110	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	701,724	0	479,532	0	77,208	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	101,007	0	241,509	0	91,980	52.00
53.00	05300	ANESTHESIOLOGY	60,151	0	30,380	0	8,863	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,519,294	0	729,737	58,476	188,294	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	164,118	0	273,575	0	74,254	55.00
56.00	05600	RADIOISOTOPE	123,101	0	118,571	26,351	26,984	56.00
58.00	05800	MRI	109,516	0	191,361	8,035	22,453	58.00
59.00	05900	CARDIAC CATHETERIZATION	227,649	0	294,569	0	130,584	59.00
60.00	06000	LABORATORY	2,293,525	0	629,900	0	47,861	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	220,954	0	28,043	0	1,576	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	638,334	0	129,681	0	74,254	64.00
65.00	06500	RESPIRATORY THERAPY	466,195	0	129,489	0	28,953	65.00
66.00	06600	PHYSICAL THERAPY	599,801	0	172,818	7,958	13,787	66.00
69.00	06900	ELECTROCARDIOLOGY	240,225	0	152,284	11,409	27,574	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	29,052	0	28,273	0	6,894	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,910,337	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,447,960	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,750,706	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	184,524	0	17,048	0	9,454	73.02
76.97	07697	CARDIAC REHABILITATION	43,224	0	85,815	49	6,894	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	365,487	0	38,885	30,406	13,393	90.01
91.00	09100	EMERGENCY	1,567,247	0	373,450	150,194	262,548	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	38,346,626	0	12,390,174	856,875	4,135,174	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,057	0	72,828	0	6,697	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,924	0	0	1,894	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	743,960	0	433,061	0	78,981	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	39,102,567	0	12,896,063	858,769	4,220,852	202.00

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	1,865,363					10.00
11.00	01100	CAFETERIA	0	2,344,460				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	49,453	0	2,919,166		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	21,898	0	537	1,397,836	14.00
15.00	01500	PHARMACY	0	86,242	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	8,212	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	384,350	0	206	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	9,307	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,680,751	657,459	0	881,518	0	30.00
31.00	03100	INTENSIVE CARE UNIT	126,086	129,929	0	395,236	0	31.00
32.02	03202	SURGICAL HEART UNIT	58,526	55,512	0	150,680	0	32.02
43.00	04300	NURSERY	0	29,088	0	103,492	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	141,937	0	214,232	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	22,847	0	50,241	0	50.02
50.03	05002	WOUND CARE CENTER	0	6,788	0	14,148	0	50.03
51.00	05100	RECOVERY ROOM	0	73,615	0	191,125	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,832	0	322,262	0	52.00
53.00	05300	ANESTHESIOLOGY	0	9,088	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	127,010	0	26,585	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	10,256	0	568	0	55.00
56.00	05600	RADIOISOTOPE	0	7,518	0	0	0	56.00
58.00	05800	MRI	0	11,059	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	28,358	0	32,329	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	70,293	0	107,893	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	62,373	0	318	0	65.00
66.00	06600	PHYSICAL THERAPY	0	67,301	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	24,672	0	325	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,810	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	795,160	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	602,676	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	3,869	0	13,473	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	36,862	0	13,436	0	90.01
91.00	09100	EMERGENCY	0	192,193	0	399,875	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,865,363	2,339,131	0	2,918,479	1,397,836	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	5,329	0	687	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,865,363	2,344,460	0	2,919,166	1,397,836	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	4,027,440					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,507,799				16.00
17.00	01700	SOCIAL SERVICE	0	0	396,119			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0			23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	179,616	294,396	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	35,439	33,591	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	0	15,300	35,175	0	0	32.02
43.00	04300	NURSERY	0	12,606	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	131,892	0	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	18,978	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	3,866	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	33,447	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,607	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	30,534	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	123,391	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	15,856	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	10,187	0	0	0	56.00
58.00	05800	MRI	0	15,396	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	41,797	0	0	0	59.00
60.00	06000	LABORATORY	0	144,362	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	8,269	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	13,823	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	54,814	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	18,805	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	48,462	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	773	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	61,127	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	49,720	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,027,440	291,845	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	5,456	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	543	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	21,033	0	0	0	90.01
91.00	09100	EMERGENCY	0	117,855	32,957	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,027,440	1,507,799	396,119	0	0	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	0	0	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,027,440	1,507,799	396,119	0	0	202.00

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Cost Center Description			INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			APPRV	APPRV				
			21.00	22.00	23.00	23.01	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	10,352,094					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		6,524,443				22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM			250,125			23.00
23.01	02301	RADIOLOGY SCHOOL				0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,910,339	2,464,502	0	0	37,353,565	30.00
31.00	03100	INTENSIVE CARE UNIT	823,378	518,937	0	0	9,456,634	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	0	0	2,971,143	32.02
43.00	04300	NURSERY	0	0	0	0	1,549,297	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	768,335	484,246	0	0	13,068,398	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	129,947	81,900	0	0	1,401,003	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	883,290	50.03
51.00	05100	RECOVERY ROOM	0	0	0	0	3,895,769	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	625,336	394,120	0	0	2,124,348	52.00
53.00	05300	ANESTHESIOLOGY	182,153	114,803	0	0	636,479	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,012,908	638,389	0	0	9,488,482	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	15,321	9,656	0	0	1,110,674	55.00
56.00	05600	RADIOISOTOPE	71,499	45,063	0	0	839,618	56.00
58.00	05800	MRI	51,071	32,188	0	0	806,140	58.00
59.00	05900	CARDIAC CATHETERIZATION	336,501	212,081	0	0	2,062,710	59.00
60.00	06000	LABORATORY	165,697	104,431	0	0	11,030,988	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	995,366	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	3,162,095	64.00
65.00	06500	RESPIRATORY THERAPY	118,598	74,747	0	0	2,489,495	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	2,879,841	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	1,305,716	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	164,645	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	9,134,519	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,926,969	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	24,905,940	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	831,571	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	297,948	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	79,444	50,070	0	0	1,867,327	90.01
91.00	09100	EMERGENCY	1,259,752	793,963	250,125	0	10,624,403	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0080

Period:
From 07/01/2018
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Cost Center Description			INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,550,279	6,019,096	250,125	0	164,264,373	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	110,107	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	453,397	285,755	0	0	762,385	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	348,418	219,592	0	0	4,309,935	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	10,352,094	6,524,443	250,125	0	169,446,800	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		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	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM		23.00
23.01	02301	RADIOLOGY SCHOOL		23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-6,374,841	30,978,724
31.00	03100	INTENSIVE CARE UNIT	-1,342,315	8,114,319
32.02	03202	SURGICAL HEART UNIT	0	2,971,143
43.00	04300	NURSERY	0	1,549,297
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-1,252,581	11,815,817
50.01	05001	AMBULATORY PRE/POST OP	0	0
50.02	03340	GASTRO INTESTINAL SERVICES	-211,847	1,189,156
50.03	05002	WOUND CARE CENTER	0	883,290
51.00	05100	RECOVERY ROOM	0	3,895,769
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,019,456	1,104,892
53.00	05300	ANESTHESIOLOGY	-296,956	339,523
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,651,297	7,837,185
55.00	05500	RADIOLOGY-THERAPEUTIC	-24,977	1,085,697
56.00	05600	RADIOISOTOPE	-116,562	723,056
58.00	05800	MRI	-83,259	722,881
59.00	05900	CARDIAC CATHETERIZATION	-548,582	1,514,128
60.00	06000	LABORATORY	-270,128	10,760,860
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	995,366
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0
64.00	06400	INTRAVENOUS THERAPY	0	3,162,095
65.00	06500	RESPIRATORY THERAPY	-193,345	2,296,150
66.00	06600	PHYSICAL THERAPY	0	2,879,841
69.00	06900	ELECTROCARDIOLOGY	0	1,305,716
70.00	07000	ELECTROENCEPHALOGRAPHY	0	164,645
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,134,519
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,926,969
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,905,940
73.02	07302	INPT RENAL DIALYSIS	0	831,571
76.97	07697	CARDIAC REHABILITATION	0	297,948
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0
76.99	07699	LITHOTRIPSY	0	0
OUTPATIENT SERVICE COST CENTERS				
90.01	09001	OPD	-129,514	1,737,813
91.00	09100	EMERGENCY	-2,053,715	8,570,688
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	0
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-15,569,375 148,694,998	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0 110,107	190.00
190.01	19001	POB RX	0 0	190.01
190.02	19002	MOBILE MEDICAL CARE	0 0	190.02
190.03	19003	ARTHRITIS CENTER	0 0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-739,152 23,233	192.00
192.02	19202	OUTREACH TRANSPORTATION	0 0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0 0	192.03
192.04	19204	WOMENS HEALTH CENTER	0 0	192.04
192.05	19205	OTHER NRCC	-568,010 3,741,925	192.05
192.06	19206	ASBURY STREET SNF	0 0	192.06
200.00		Cross Foot Adjustments	0 0	200.00
201.00		Negative Cost Centers	0 0	201.00
202.00		TOTAL (sum lines 118 through 201)	-16,876,537 152,570,263	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

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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	20,914	0	20,914	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	5.03
5.04	00570	ADMITTING	0	15,147	4,514	19,661	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	78,099	0	78,099	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	34,842	469,298	3,192,880	3,697,020	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	4,591	71,676	1,220,086	1,296,353	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	522	232,193	6,867	239,582	9.00
10.00	01000	DIETARY	5,490	39,328	105,372	150,190	10.00
11.00	01100	CAFETERIA	0	177,148	0	177,148	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	8,277	33,809	181,066	223,152	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	96,177	206,700	0	302,877	14.00
15.00	01500	PHARMACY	37,042	36,680	150,241	223,963	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	58,348	0	58,348	16.00
17.00	01700	SOCIAL SERVICE	0	24,057	0	24,057	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,284	222,552	90,279	316,115	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	11,419	13,712	0	25,131	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	33,944	1,125,246	33,618	1,192,808	30.00
31.00	03100	INTENSIVE CARE UNIT	3,260	106,153	0	109,413	31.00
32.02	03202	SURGICAL HEART UNIT	5,874	103,220	0	109,094	32.02
43.00	04300	NURSERY	2,256	13,415	17,345	33,016	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	279,294	239,878	9,067	528,239	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	6,437	30,938	0	37,375	50.02
50.03	05002	WOUND CARE CENTER	4,121	0	0	4,121	50.03
51.00	05100	RECOVERY ROOM	11,766	154,898	2,257	168,921	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	78,012	0	78,012	52.00
53.00	05300	ANESTHESIOLOGY	6	9,813	0	9,819	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,469	235,719	1,285,668	1,530,856	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,978	88,370	9,993	100,341	55.00
56.00	05600	RADIOISOTOPE	71	38,301	0	38,372	56.00
58.00	05800	MRI	2,309	61,813	0	64,122	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,470	95,152	0	97,622	59.00
60.00	06000	LABORATORY	10,814	203,470	0	214,284	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,791	9,059	0	10,850	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	2,413	41,889	60,769	105,071	64.00
65.00	06500	RESPIRATORY THERAPY	4,007	41,828	0	45,835	65.00
66.00	06600	PHYSICAL THERAPY	3,021	55,824	0	58,845	66.00
69.00	06900	ELECTROCARDIOLOGY	7,741	49,191	0	56,932	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	111	9,133	5,642	14,886	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	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	1,520	5,507	0	7,027	73.02
76.97	07697	CARDIAC REHABILITATION	102	27,720	0	27,822	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OPD	5,193	12,561	3,103	20,857	90.01
91.00	09100	EMERGENCY	10,859	120,632	18,270	149,761	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	612,471	4,657,403	6,397,037	11,666,911	20,869
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23,525	0	23,525	0
190.01	19001	POB RX	0	0	0	0	0
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0
192.05	19205	OTHER NRCC	0	139,887	11,973	151,860	45
192.06	19206	ASBURY STREET SNF	0	0	0	0	0
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	612,471	4,820,815	6,409,010	11,842,296	20,914

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	0					5.01
5.02	00550	DATA PROCESSING	0	0				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0			5.03
5.04	00570	ADMITTING	0	0	0	19,661		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	78,099	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	2,313	9,253	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	456	1,826	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	0	197	788	32.02
43.00	04300	NURSERY	0	0	0	162	649	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	1,699	6,794	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	244	978	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	50	199	50.03
51.00	05100	RECOVERY ROOM	0	0	0	431	1,723	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	34	134	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	393	1,573	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,589	6,356	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	204	817	55.00
56.00	05600	RADIOISOTOPE	0	0	0	131	525	56.00
58.00	05800	MRI	0	0	0	198	793	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	538	2,153	59.00
60.00	06000	LABORATORY	0	0	0	1,859	7,437	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	106	426	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	178	712	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	706	2,824	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	242	969	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	624	2,496	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	10	40	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	787	3,149	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	640	2,561	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,004	15,460	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	70	281	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	7	28	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	271	1,084	90.01
91.00	09100	EMERGENCY	0	0	0	1,518	6,071	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	19,661	78,099	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACC OUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	0	0	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	19,661	78,099	202.00

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	3,698,415					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	281,473	0	1,578,317			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	18,744	0	0	18,783		8.00
9.00	00900	HOUSEKEEPING	76,436	0	87,974	1	404,272	9.00
10.00	01000	DIETARY	37,008	0	14,901	0	4,603	10.00
11.00	01100	CAFETERIA	34,498	0	67,119	0	20,638	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	60,054	0	12,810	0	1,302	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,748	0	78,316	68	1,038	14.00
15.00	01500	PHARMACY	83,173	0	13,897	0	1,622	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	28,378	0	22,107	0	2,584	16.00
17.00	01700	SOCIAL SERVICE	6,695	0	9,115	0	641	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	225,947	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	116,294	0	84,322	561	9,300	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	4,171	0	5,195	0	698	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	473,395	0	426,339	6,809	172,613	30.00
31.00	03100	INTENSIVE CARE UNIT	149,076	0	40,220	1,579	15,620	31.00
32.02	03202	SURGICAL HEART UNIT	45,378	0	39,109	3	24,637	32.02
43.00	04300	NURSERY	29,448	0	5,083	0	1,283	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	221,108	0	90,886	2,606	32,146	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	20,997	0	11,722	709	660	50.02
50.03	05002	WOUND CARE CENTER	18,738	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	66,370	0	58,689	0	7,395	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,553	0	29,558	0	8,810	52.00
53.00	05300	ANESTHESIOLOGY	5,689	0	3,718	0	849	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	143,697	0	89,311	1,279	18,035	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	15,523	0	33,482	0	7,112	55.00
56.00	05600	RADIOISOTOPE	11,643	0	14,512	576	2,584	56.00
58.00	05800	MRI	10,358	0	23,420	176	2,151	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,531	0	36,052	0	12,507	59.00
60.00	06000	LABORATORY	216,925	0	77,092	0	4,584	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	20,898	0	3,432	0	151	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	60,375	0	15,871	0	7,112	64.00
65.00	06500	RESPIRATORY THERAPY	44,093	0	15,848	0	2,773	65.00
66.00	06600	PHYSICAL THERAPY	56,730	0	21,151	174	1,321	66.00
69.00	06900	ELECTROCARDIOLOGY	22,721	0	18,638	250	2,641	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,748	0	3,460	0	660	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	180,683	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	136,950	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	449,329	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	17,453	0	2,086	0	906	73.02
76.97	07697	CARDIAC REHABILITATION	4,088	0	10,503	1	660	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	34,568	0	4,759	665	1,283	90.01
91.00	09100	EMERGENCY	148,233	0	45,706	3,285	25,147	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,626,917	0	1,516,403	18,742	396,066	118.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	667	0	8,913	0	641	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	466	0	0	41	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	70,365	0	53,001	0	7,565	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,698,415	0	1,578,317	18,783	404,272	202.00

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	206,878					10.00
11.00	01100	CAFETERIA	0	299,666				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	6,321	0	304,184		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,799	0	56	400,992	14.00
15.00	01500	PHARMACY	0	11,023	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,050	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	49,127	0	21	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	1,190	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	186,403	84,037	0	91,857	0	30.00
31.00	03100	INTENSIVE CARE UNIT	13,984	16,607	0	41,185	0	31.00
32.02	03202	SURGICAL HEART UNIT	6,491	7,095	0	15,701	0	32.02
43.00	04300	NURSERY	0	3,718	0	10,784	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	18,142	0	22,323	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	2,920	0	5,235	0	50.02
50.03	05002	WOUND CARE CENTER	0	868	0	1,474	0	50.03
51.00	05100	RECOVERY ROOM	0	9,409	0	19,916	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,129	0	33,580	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,162	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	16,234	0	2,770	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,311	0	59	0	55.00
56.00	05600	RADIOISOTOPE	0	961	0	0	0	56.00
58.00	05800	MRI	0	1,413	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,625	0	3,369	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	8,985	0	11,243	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	7,972	0	33	0	65.00
66.00	06600	PHYSICAL THERAPY	0	8,602	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	3,154	0	34	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	359	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	228,106	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	172,886	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	494	0	1,404	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	4,712	0	1,400	0	90.01
91.00	09100	EMERGENCY	0	24,566	0	41,668	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	206,878	298,985	0	304,112	400,992	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	681	0	72	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	206,878	299,666	0	304,184	400,992	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	334,455					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	111,417				16.00
17.00	01700	SOCIAL SERVICE	0	0	41,625			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0		23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	13,301	30,936			30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,624	3,530			31.00
32.02	03202	SURGICAL HEART UNIT	0	1,133	3,696			32.02
43.00	04300	NURSERY	0	933	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	9,767	0			50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0			50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	1,405	0			50.02
50.03	05002	WOUND CARE CENTER	0	286	0			50.03
51.00	05100	RECOVERY ROOM	0	2,477	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	193	0			52.00
53.00	05300	ANESTHESIOLOGY	0	2,261	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,137	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,174	0			55.00
56.00	05600	RADIOISOTOPE	0	754	0			56.00
58.00	05800	MRI	0	1,140	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,095	0			59.00
60.00	06000	LABORATORY	0	10,690	0			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	612	0			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
64.00	06400	INTRAVENOUS THERAPY	0	1,024	0			64.00
65.00	06500	RESPIRATORY THERAPY	0	4,059	0			65.00
66.00	06600	PHYSICAL THERAPY	0	1,392	0			66.00
69.00	06900	ELECTROCARDIOLOGY	0	3,589	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	57	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,526	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,682	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	334,455	21,377	0			73.00
73.02	07302	INPT RENAL DIALYSIS	0	404	0			73.02
76.97	07697	CARDIAC REHABILITATION	0	40	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LITHOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	1,558	0			90.01
91.00	09100	EMERGENCY	0	8,727	3,463			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	334,455	111,417	41,625	0	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/29/2019 9:37 am

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
190.01	19001	POB RX	0	0	0			190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0			190.02
190.03	19003	ARTHRITIS CENTER	0	0	0			190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0			192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0			192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0			192.04
192.05	19205	OTHER NRCC	0	0	0			192.05
192.06	19206	ASBURY STREET SNF	0	0	0			192.06
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	334,455	111,417	41,625	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/29/2019 9:37 am

Cost Center Description			INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
			APPRV	APPRV				
			21.00	22.00	23.00	23.01	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	228,070					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		576,454				22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM			36,455			23.00
23.01	02301	RADIOLOGY SCHOOL				0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS					2,694,606	30.00
31.00	03100	INTENSIVE CARE UNIT					397,292	31.00
32.02	03202	SURGICAL HEART UNIT					253,778	32.02
43.00	04300	NURSERY					85,390	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM					934,976	50.00
50.01	05001	AMBULATORY PRE/POST OP					0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES					82,432	50.02
50.03	05002	WOUND CARE CENTER					25,788	50.03
51.00	05100	RECOVERY ROOM					335,995	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM					161,076	52.00
53.00	05300	ANESTHESIOLOGY					25,509	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC					1,820,312	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC					160,115	55.00
56.00	05600	RADIOISOTOPE					70,133	56.00
58.00	05800	MRI					103,865	58.00
59.00	05900	CARDIAC CATHETERIZATION					180,734	59.00
60.00	06000	LABORATORY					532,871	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL					36,475	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS					0	62.30
64.00	06400	INTRAVENOUS THERAPY					211,097	64.00
65.00	06500	RESPIRATORY THERAPY					124,564	65.00
66.00	06600	PHYSICAL THERAPY					150,029	66.00
69.00	06900	ELECTROCARDIOLOGY					111,327	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY					22,245	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT					417,251	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS					316,719	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS					824,625	73.00
73.02	07302	INPT RENAL DIALYSIS					28,227	73.02
76.97	07697	CARDIAC REHABILITATION					45,085	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY					0	76.98
76.99	07699	LITHOTRIPSY					0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD					71,441	90.01
91.00	09100	EMERGENCY					459,518	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF					0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY					0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY					0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY					0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/29/2019 9:37 am

Cost Center Description			INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	RADIOLOGY SCHOOL	Subtotal	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	10,683,475	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN					33,746	190.00
190.01	19001	POB RX					0	190.01
190.02	19002	MOBILE MEDICAL CARE					0	190.02
190.03	19003	ARTHRITIS CENTER					0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES					507	192.00
192.02	19202	OUTREACH TRANSPORTATION					0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER					0	192.03
192.04	19204	WOMENS HEALTH CENTER					0	192.04
192.05	19205	OTHER NRCC					283,589	192.05
192.06	19206	ASBURY STREET SNF					0	192.06
200.00		Cross Foot Adjustments	228,070	576,454	36,455	0	840,979	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	228,070	576,454	36,455	0	11,842,296	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/29/2019 9:37 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		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	00540	NONPATIENT TELEPHONES			5.01
5.02	00550	DATA PROCESSING			5.02
5.03	00560	PURCHASING RECEIVING AND STORES			5.03
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM			23.00
23.01	02301	RADIOLOGY SCHOOL			23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	2,694,606	30.00
31.00	03100	INTENSIVE CARE UNIT	0	397,292	31.00
32.02	03202	SURGICAL HEART UNIT	0	253,778	32.02
43.00	04300	NURSERY	0	85,390	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	934,976	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	82,432	50.02
50.03	05002	WOUND CARE CENTER	0	25,788	50.03
51.00	05100	RECOVERY ROOM	0	335,995	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	161,076	52.00
53.00	05300	ANESTHESIOLOGY	0	25,509	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,820,312	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	160,115	55.00
56.00	05600	RADIOISOTOPE	0	70,133	56.00
58.00	05800	MRI	0	103,865	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	180,734	59.00
60.00	06000	LABORATORY	0	532,871	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	36,475	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	211,097	64.00
65.00	06500	RESPIRATORY THERAPY	0	124,564	65.00
66.00	06600	PHYSICAL THERAPY	0	150,029	66.00
69.00	06900	ELECTROCARDIOLOGY	0	111,327	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	22,245	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	417,251	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	316,719	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	824,625	73.00
73.02	07302	INPT RENAL DIALYSIS	0	28,227	73.02
76.97	07697	CARDIAC REHABILITATION	0	45,085	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OPD	0	71,441	90.01
91.00	09100	EMERGENCY	0	459,518	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet B
Part II
Date/Time Prepared:
11/29/2019 9:37 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	POB RX	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	190.02
190.03	19003	ARTHRITIS CENTER	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	192.04
192.05	19205	OTHER NRCC	0	192.05
192.06	19206	ASBURY STREET SNF	0	192.06
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/29/2019 9:37 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NON PT PHONES)	DATA PROCESSING (TIME)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	389,560					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,135,859				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,690	0	53,812,814			4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	0		5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	00570	ADMITTING	1,224	800	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	6,311	0	0	0	0	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	37,923	565,869	3,586,777	7,923	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	5,792	216,234	1,262,303	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	101,371	0	0	8.00
9.00	00900	HOUSEKEEPING	18,763	1,217	718,285	0	0	9.00
10.00	01000	DIETARY	3,178	18,675	451,671	0	0	10.00
11.00	01100	CAFETERIA	14,315	0	675,626	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,732	32,090	1,400,716	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,703	0	231,926	0	0	14.00
15.00	01500	PHARMACY	2,964	26,627	1,998,111	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,715	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,944	0	171,605	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	5,458,607	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	17,984	16,000	1,835,697	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	1,108	0	178,733	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	90,929	5,958	11,725,656	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8,578	0	3,011,688	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	8,341	0	1,173,214	0	0	32.02
43.00	04300	NURSERY	1,084	3,074	807,557	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,384	1,607	3,255,319	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	2,500	0	481,385	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	133,648	0	0	50.03
51.00	05100	RECOVERY ROOM	12,517	400	1,705,972	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,304	0	186,955	0	0	52.00
53.00	05300	ANESTHESIOLOGY	793	0	116,736	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,048	227,857	2,693,560	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,141	1,771	236,172	0	0	55.00
56.00	05600	RADIOISOTOPE	3,095	0	191,956	0	0	56.00
58.00	05800	MRI	4,995	0	241,062	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,689	0	621,509	0	0	59.00
60.00	06000	LABORATORY	16,442	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	732	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	3,385	10,770	1,351,408	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,380	0	1,081,634	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,511	0	1,549,688	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	3,975	0	636,706	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	738	1,000	65,474	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
73.02	07302	INPT RENAL DIALYSIS	445	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	2,240	0	97,388	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	1,015	550	730,339	0	0	90.01
91.00	09100	EMERGENCY	9,748	3,238	3,530,106	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/29/2019 9:37 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NON PT PHONES)	DATA PROCESSING (TIME)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0		99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	376,355	1,133,737	53,696,560	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,901	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	11,304	2,122	116,254	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,820,815	6,409,010	12,590,608	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.375026	5.642434	0.233970	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			20,914	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000389	0.000000	0.000000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/29/2019 9:37 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (GROSS REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES	12,296,200					5.03
5.04	00570	ADMITTING	0	970,774,902				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	970,774,902			5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	21,947	0	0	-39,102,567	130,344,233	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	11,937	0	0	0	9,920,087	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	56	0	0	0	660,594	8.00
9.00	00900	HOUSEKEEPING	9,495	0	0	0	2,693,859	9.00
10.00	01000	DIETARY	3,175	0	0	0	1,304,277	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,215,829	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,352	0	0	0	2,116,515	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	54,460	0	0	0	555,032	14.00
15.00	01500	PHARMACY	15,296	0	0	0	2,931,324	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,000,143	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	235,950	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	7,963,180	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	4,206	0	0	0	4,098,595	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	26,583	0	0	0	146,987	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	230,451	115,657,683	115,657,683	0	16,683,159	30.00
31.00	03100	INTENSIVE CARE UNIT	101,923	22,819,767	22,819,767	0	5,253,958	31.00
32.02	03202	SURGICAL HEART UNIT	18,305	9,852,128	9,852,128	0	1,599,269	32.02
43.00	04300	NURSERY	2,539	8,117,227	8,117,227	0	1,037,842	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	184,595	84,927,035	84,927,035	0	7,792,636	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	12,757	12,220,375	12,220,375	0	740,015	50.02
50.03	05002	WOUND CARE CENTER	40,573	2,489,257	2,489,257	0	660,378	50.03
51.00	05100	RECOVERY ROOM	17,653	21,537,306	21,537,306	0	2,339,118	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,678,657	1,678,657	0	336,695	52.00
53.00	05300	ANESTHESIOLOGY	11,480	19,661,360	19,661,360	0	200,507	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,696	79,453,089	79,453,089	0	5,064,398	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,943	10,210,166	10,210,166	0	547,070	55.00
56.00	05600	RADIOISOTOPE	249	6,559,321	6,559,321	0	410,344	56.00
58.00	05800	MRI	711	9,913,853	9,913,853	0	365,061	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,153	26,913,605	26,913,605	0	758,842	59.00
60.00	06000	LABORATORY	55,855	92,956,590	92,956,590	0	7,645,212	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	5,324,613	5,324,613	0	736,524	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	53,465	8,900,754	8,900,754	0	2,127,817	64.00
65.00	06500	RESPIRATORY THERAPY	1,476	35,295,257	35,295,257	0	1,554,008	65.00
66.00	06600	PHYSICAL THERAPY	5,776	12,108,678	12,108,678	0	1,999,371	66.00
69.00	06900	ELECTROCARDIOLOGY	3,657	31,205,323	31,205,323	0	800,765	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	497,599	497,599	0	96,843	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,363,959	39,360,505	39,360,505	0	6,367,895	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,823,412	32,015,182	32,015,182	0	4,826,613	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	187,804,776	187,804,776	0	15,835,949	73.00
73.02	07302	INPT RENAL DIALYSIS	6,292	3,513,198	3,513,198	0	615,089	73.02
76.97	07697	CARDIAC REHABILITATION	1,270	349,416	349,416	0	144,081	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	7,336	13,543,752	13,543,752	0	1,218,311	90.01
91.00	09100	EMERGENCY	143,664	75,888,430	75,888,430	0	5,224,244	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/29/2019 9:37 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLIES EXPENSE)	ADMITTING (GROSS REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM COST)	
		5.03	5.04	5.05	5A.06	5.06	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	12,293,697	970,774,902	970,774,902	-39,102,567	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	23,525	190.00
190.01	19001	POB RX	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	16,415	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	192.04
192.05	19205	OTHER NRCC	2,503	0	0	2,479,907	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	192.06
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	19,662	78,099	39,102,567	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000020	0.000080	0.299995	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	19,661	78,099	3,698,415	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000020	0.000080	0.028374	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: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/29/2019 9:37 am

Cost Center Description			MAINTENANCE & REPAIRS ((SQUARE FEET))	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE ((POUNDS OF LAUNDRY))	HOUSEKEEPING ((HOURS OF SERVICE))	DIETARY ((MEALS SERVED))	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS	0					6.00
7.00	00700	OPERATION OF PLANT	0	336,620				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	879,065			8.00
9.00	00900	HOUSEKEEPING	0	18,763	31	21,430		9.00
10.00	01000	DIETARY	0	3,178	0	244	68,557	10.00
11.00	01100	CAFETERIA	0	14,315	0	1,094	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	2,732	0	69	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	16,703	3,204	55	0	14.00
15.00	01500	PHARMACY	0	2,964	0	86	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,715	0	137	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,944	0	34	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	17,984	26,264	493	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	1,108	0	37	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	90,929	318,652	9,150	61,772	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,578	73,916	828	4,634	31.00
32.02	03202	SURGICAL HEART UNIT	0	8,341	134	1,306	2,151	32.02
43.00	04300	NURSERY	0	1,084	0	68	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	19,384	121,954	1,704	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	2,500	33,170	35	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	12,517	0	392	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,304	0	467	0	52.00
53.00	05300	ANESTHESIOLOGY	0	793	0	45	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,048	59,858	956	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,141	0	377	0	55.00
56.00	05600	RADIOISOTOPE	0	3,095	26,974	137	0	56.00
58.00	05800	MRI	0	4,995	8,225	114	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,689	0	663	0	59.00
60.00	06000	LABORATORY	0	16,442	0	243	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	732	0	8	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	3,385	0	377	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,380	0	147	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,511	8,146	70	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	3,975	11,679	140	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	738	0	35	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
73.02	07302	INPT RENAL DIALYSIS	0	445	0	48	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	2,240	50	35	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	1,015	31,125	68	0	90.01
91.00	09100	EMERGENCY	0	9,748	153,744	1,333	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/29/2019 9:37 am

Cost Center Description		MAINTENANCE & REPAIRS ((SQUARE FEET))	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE ((POUNDS OF LAUNDRY))	HOUSEKEEPING ((HOURS OF SERVICE))	DIETARY ((MEALS SERVED))	
		6.00	7.00	8.00	9.00	10.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	323,415	877,126	20,995	68,557	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,901	0	34	0	190.00
190.01	19001 POB RX	0	0	0	0	0	190.01
190.02	19002 MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003 ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	1,939	0	0	192.00
192.02	19202 OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203 SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204 WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205 OTHER NRCC	0	11,304	0	401	0	192.05
192.06	19206 ASBURY STREET SNF	0	0	0	0	0	192.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	12,896,063	858,769	4,220,852	1,865,363	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	38.310448	0.976912	196.959963	27.208936	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	1,578,317	18,783	404,272	206,878	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	4.688720	0.021367	18.864769	3.017606	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: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/29/2019 9:37 am

Cost Center Description			CAFETERIA (FTEs SERVED))	MAINTENANCE OF PERSONNEL ((NUMBER HOUSED))	NURSING ADMINISTRATION ((DIRECT NRSNG FTEs))	CENTRAL SERVICES & SUPPLY ((COSTED REQUIS))	PHARMACY ((COSTED REQUIS))	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	64,237					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	1,355	0	467,556			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	600	0	86	11,187,371		14.00
15.00	01500	PHARMACY	2,363	0	0	0	15,816,484	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	225	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	10,531	0	33	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	255	0	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,014	0	141,191	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,560	0	63,304	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	1,521	0	24,134	0	0	32.02
43.00	04300	NURSERY	797	0	16,576	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,889	0	34,313	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	626	0	8,047	0	0	50.02
50.03	05002	WOUND CARE CENTER	186	0	2,266	0	0	50.03
51.00	05100	RECOVERY ROOM	2,017	0	30,612	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	242	0	51,616	0	0	52.00
53.00	05300	ANESTHESIOLOGY	249	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,480	0	4,258	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	281	0	91	0	0	55.00
56.00	05600	RADIOISOTOPE	206	0	0	0	0	56.00
58.00	05800	MRI	303	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	777	0	5,178	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	1,926	0	17,281	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,709	0	51	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,844	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	676	0	52	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	77	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,363,959	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,823,412	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	15,816,484	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	106	0	2,158	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	1,010	0	2,152	0	0	90.01
91.00	09100	EMERGENCY	5,266	0	64,047	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/29/2019 9:37 am

Cost Center Description		CAFETERIA (FTEs SERVED))	MAINTENANCE OF PERSONNEL ((NUMBER HOUSED))	NURSING ADMINISTRATION ((DIRECT NRSNG FTEs))	CENTRAL SERVICES & SUPPLY ((COSTED REQUIS))	PHARMACY ((COSTED REQUIS))	
		11.00	12.00	13.00	14.00	15.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	64,091	0	467,446	11,187,371	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	192.04
192.05	19205	OTHER NRCC	146	0	110	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	192.06
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,344,460	0	2,919,166	1,397,836	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	36.497034	0.000000	6.243457	0.124948	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	299,666	0	304,184	400,992	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.665006	0.000000	0.650583	0.035843	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: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/29/2019 9:37 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE ((TIME SPENT))	NONPHYSICIAN ANESTHETISTS ((ASSIGNED TIME))	NURSING SCHOOL ((ASSIGNED TIME))	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV ((ASSIGNED TIME))	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	970,774,902					16.00
17.00	01700	SOCIAL SERVICE	0	10,000				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			18,243	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0				23.00
23.01	02301	RADIOLOGY SCHOOL	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	115,657,683	7,432	0	0	6,891	30.00
31.00	03100	INTENSIVE CARE UNIT	22,819,767	848	0	0	1,451	31.00
32.02	03202	SURGICAL HEART UNIT	9,852,128	888	0	0	0	32.02
43.00	04300	NURSERY	8,117,227	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	84,927,035	0	0	0	1,354	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	12,220,375	0	0	0	229	50.02
50.03	05002	WOUND CARE CENTER	2,489,257	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	21,537,306	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,678,657	0	0	0	1,102	52.00
53.00	05300	ANESTHESIOLOGY	19,661,360	0	0	0	321	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	79,453,089	0	0	0	1,785	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,210,166	0	0	0	27	55.00
56.00	05600	RADIOISOTOPE	6,559,321	0	0	0	126	56.00
58.00	05800	MRI	9,913,853	0	0	0	90	58.00
59.00	05900	CARDIAC CATHETERIZATION	26,913,605	0	0	0	593	59.00
60.00	06000	LABORATORY	92,956,590	0	0	0	292	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	5,324,613	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	8,900,754	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	35,295,257	0	0	0	209	65.00
66.00	06600	PHYSICAL THERAPY	12,108,678	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	31,205,323	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	497,599	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	39,360,505	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,015,182	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	187,804,776	0	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	3,513,198	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	349,416	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	13,543,752	0	0	0	140	90.01
91.00	09100	EMERGENCY	75,888,430	832	0	0	2,220	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/29/2019 9:37 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE ((TIME SPENT))	NONPHYSICIAN ANESTHETISTS ((ASSIGNED TIME))	NURSING SCHOOL ((ASSIGNED TIME))	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES APPRV ((ASSIGNED TIME))	
			16.00	17.00	19.00	20.00	21.00	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	970,774,902	10,000	0	0	16,830	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	POB RX	0	0	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	799	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	0	0	192.04
192.05	19205	OTHER NRCC	0	0	0	0	614	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	0	0	192.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,507,799	396,119	0	0	10,352,094	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.001553	39.611900	0.000000	0.000000	567.455682	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	111,417	41,625	0	0	228,070	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000115	4.162500	0.000000	0.000000	12.501782	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		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

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

Worksheet B-1

Date/Time Prepared:
11/29/2019 9:37 am

Cost Center Description			INTERNS & RESIDENTS	PARAMEDICAL EDUCATION PROGRAM ((ASSIGNED TIME))	RADIOLOGY SCHOOL ((ASSIGNED TIME))	
			SERVICES-OTHER PRGM COSTS APPRV ((ASSIGNED TIME))			
			22.00	23.00	23.01	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	18,243			22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM		1,000		23.00
23.01	02301	RADIOLOGY SCHOOL			0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,891	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,451	0	0	31.00
32.02	03202	SURGICAL HEART UNIT	0	0	0	32.02
43.00	04300	NURSERY	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,354	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	229	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,102	0	0	52.00
53.00	05300	ANESTHESIOLOGY	321	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,785	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	27	0	0	55.00
56.00	05600	RADIOISOTOPE	126	0	0	56.00
58.00	05800	MRI	90	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	593	0	0	59.00
60.00	06000	LABORATORY	292	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	209	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	OPD	140	0	0	90.01
91.00	09100	EMERGENCY	2,220	1,000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet B-1
Date/Time Prepared:
11/29/2019 9:37 am

Cost Center Description			INTERNS & RESIDENTS	PARAMEDICAL EDUCATION PROGRAM ((ASSIGNED TIME))	RADIOLOGY SCHOOL ((ASSIGNED TIME))	
			SERVICES-OTHER PRGM COSTS APPRV ((ASSIGNED TIME))			
			22.00			
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,830	1,000	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	19001	POB RX	0	0	0	190.01
190.02	19002	MOBILE MEDICAL CARE	0	0	0	190.02
190.03	19003	ARTHRITIS CENTER	0	0	0	190.03
192.00	19200	PHYSICIANS' PRIVATE OFFICES	799	0	0	192.00
192.02	19202	OUTREACH TRANSPORTATION	0	0	0	192.02
192.03	19203	SAINT FRANCIS HEALTH CENTER	0	0	0	192.03
192.04	19204	WOMENS HEALTH CENTER	0	0	0	192.04
192.05	19205	OTHER NRCC	614	0	0	192.05
192.06	19206	ASBURY STREET SNF	0	0	0	192.06
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,524,443	250,125	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	357.640903	250.125000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	576,454	36,455	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	31.598641	36.455000	0.000000	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/29/2019 9:37 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,978,724		30,978,724	0	30,978,724	30.00
31.00	03100	INTENSIVE CARE UNIT	8,114,319		8,114,319	0	8,114,319	31.00
32.02	03202	SURGICAL HEART UNIT	2,971,143		2,971,143	0	2,971,143	32.02
43.00	04300	NURSERY	1,549,297		1,549,297	0	1,549,297	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,815,817		11,815,817	0	11,815,817	50.00
50.01	05001	AMBULATORY PRE/POST OP	0		0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	1,189,156		1,189,156	0	1,189,156	50.02
50.03	05002	WOUND CARE CENTER	883,290		883,290	0	883,290	50.03
51.00	05100	RECOVERY ROOM	3,895,769		3,895,769	0	3,895,769	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,104,892		1,104,892	0	1,104,892	52.00
53.00	05300	ANESTHESIOLOGY	339,523		339,523	0	339,523	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,837,185		7,837,185	0	7,837,185	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,085,697		1,085,697	0	1,085,697	55.00
56.00	05600	RADIOISOTOPE	723,056		723,056	0	723,056	56.00
58.00	05800	MRI	722,881		722,881	0	722,881	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,514,128		1,514,128	0	1,514,128	59.00
60.00	06000	LABORATORY	10,760,860		10,760,860	0	10,760,860	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	995,366		995,366	0	995,366	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	3,162,095		3,162,095	0	3,162,095	64.00
65.00	06500	RESPIRATORY THERAPY	2,296,150	0	2,296,150	0	2,296,150	65.00
66.00	06600	PHYSICAL THERAPY	2,879,841	0	2,879,841	0	2,879,841	66.00
69.00	06900	ELECTROCARDIOLOGY	1,305,716		1,305,716	0	1,305,716	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	164,645		164,645	0	164,645	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,134,519		9,134,519	0	9,134,519	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,926,969		6,926,969	0	6,926,969	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,905,940		24,905,940	0	24,905,940	73.00
73.02	07302	INPT RENAL DIALYSIS	831,571		831,571	0	831,571	73.02
76.97	07697	CARDIAC REHABILITATION	297,948		297,948	0	297,948	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	1,737,813		1,737,813	0	1,737,813	90.01
91.00	09100	EMERGENCY	8,570,688		8,570,688	0	8,570,688	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,484,155		4,484,155		4,484,155	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0		0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0		0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0		0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0		0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	153,179,153	0	153,179,153	0	153,179,153	200.00
201.00		Less Observation Beds	4,484,155		4,484,155		4,484,155	201.00
202.00		Total (see instructions)	148,694,998	0	148,694,998	0	148,694,998	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0080		Period: From 07/01/2018 To 06/30/2019		Worksheet C Part I Date/Time Prepared: 11/29/2019 9:37 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	102,651,573		102,651,573			30.00	
31.00	03100	INTENSIVE CARE UNIT	22,819,767		22,819,767			31.00	
32.02	03202	SURGICAL HEART UNIT	9,852,128		9,852,128			32.02	
43.00	04300	NURSERY	8,117,227		8,117,227			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	39,858,138	45,068,897	84,927,035	0.139129	0.000000	50.00	
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0.000000	0.000000	50.01	
50.02	03340	GASTRO INTESTINAL SERVICES	1,942,598	10,277,777	12,220,375	0.097309	0.000000	50.02	
50.03	05002	WOUND CARE CENTER	17,198	2,472,059	2,489,257	0.354841	0.000000	50.03	
51.00	05100	RECOVERY ROOM	6,720,504	14,816,802	21,537,306	0.180885	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,678,657	0	1,678,657	0.658200	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	8,340,869	11,320,491	19,661,360	0.017269	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,633,743	47,819,346	79,453,089	0.098639	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	773,204	9,436,962	10,210,166	0.106335	0.000000	55.00	
56.00	05600	RADIOISOTOPE	2,208,096	4,351,225	6,559,321	0.110233	0.000000	56.00	
58.00	05800	MRI	2,174,110	7,739,743	9,913,853	0.072916	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	14,800,790	12,112,815	26,913,605	0.056259	0.000000	59.00	
60.00	06000	LABORATORY	54,671,550	38,285,040	92,956,590	0.115762	0.000000	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,451,088	1,873,525	5,324,613	0.186937	0.000000	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
64.00	06400	INTRAVENOUS THERAPY	41,324	8,859,430	8,900,754	0.355261	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	26,981,770	8,313,487	35,295,257	0.065055	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	5,964,333	6,144,345	12,108,678	0.237833	0.000000	66.00	
69.00	06900	ELECTROCARDIOLOGY	15,362,425	15,842,898	31,205,323	0.041843	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	165,047	332,552	497,599	0.330879	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,695,505	15,665,000	39,360,505	0.232073	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,790,662	13,224,520	32,015,182	0.216365	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	63,876,660	123,928,116	187,804,776	0.132616	0.000000	73.00	
73.02	07302	INPT RENAL DIALYSIS	3,236,272	276,926	3,513,198	0.236699	0.000000	73.02	
76.97	07697	CARDIAC REHABILITATION	0	349,416	349,416	0.852703	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OPD	39,017	13,504,735	13,543,752	0.128311	0.000000	90.01	
91.00	09100	EMERGENCY	22,450,438	53,437,992	75,888,430	0.112938	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,651,741	11,354,369	13,006,110	0.344773	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0			99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	493,966,434	476,808,468	970,774,902			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	493,966,434	476,808,468	970,774,902			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/29/2019 9:37 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.02	03202	SURGICAL HEART UNIT				32.02
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.139129			50.00
50.01	05001	AMBULATORY PRE/POST OP	0.000000			50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0.097309			50.02
50.03	05002	WOUND CARE CENTER	0.354841			50.03
51.00	05100	RECOVERY ROOM	0.180885			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.658200			52.00
53.00	05300	ANESTHESIOLOGY	0.017269			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.098639			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.106335			55.00
56.00	05600	RADIOISOTOPE	0.110233			56.00
58.00	05800	MRI	0.072916			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.056259			59.00
60.00	06000	LABORATORY	0.115762			60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.186937			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
64.00	06400	INTRAVENOUS THERAPY	0.355261			64.00
65.00	06500	RESPIRATORY THERAPY	0.065055			65.00
66.00	06600	PHYSICAL THERAPY	0.237833			66.00
69.00	06900	ELECTROCARDIOLOGY	0.041843			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.330879			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.232073			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.216365			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.132616			73.00
73.02	07302	INPT RENAL DIALYSIS	0.236699			73.02
76.97	07697	CARDIAC REHABILITATION	0.852703			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	OPD	0.128311			90.01
91.00	09100	EMERGENCY	0.112938			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.344773			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
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: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/29/2019 9:37 am

			Title XIX		Hospital		Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,978,724		30,978,724	0	30,978,724	30.00
31.00	03100	INTENSIVE CARE UNIT	8,114,319		8,114,319	0	8,114,319	31.00
32.02	03202	SURGICAL HEART UNIT	2,971,143		2,971,143	0	2,971,143	32.02
43.00	04300	NURSERY	1,549,297		1,549,297	0	1,549,297	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,815,817		11,815,817	0	11,815,817	50.00
50.01	05001	AMBULATORY PRE/POST OP	0		0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	1,189,156		1,189,156	0	1,189,156	50.02
50.03	05002	WOUND CARE CENTER	883,290		883,290	0	883,290	50.03
51.00	05100	RECOVERY ROOM	3,895,769		3,895,769	0	3,895,769	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,104,892		1,104,892	0	1,104,892	52.00
53.00	05300	ANESTHESIOLOGY	339,523		339,523	0	339,523	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,837,185		7,837,185	0	7,837,185	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,085,697		1,085,697	0	1,085,697	55.00
56.00	05600	RADIOISOTOPE	723,056		723,056	0	723,056	56.00
58.00	05800	MRI	722,881		722,881	0	722,881	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,514,128		1,514,128	0	1,514,128	59.00
60.00	06000	LABORATORY	10,760,860		10,760,860	0	10,760,860	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	995,366		995,366	0	995,366	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	3,162,095		3,162,095	0	3,162,095	64.00
65.00	06500	RESPIRATORY THERAPY	2,296,150	0	2,296,150	0	2,296,150	65.00
66.00	06600	PHYSICAL THERAPY	2,879,841	0	2,879,841	0	2,879,841	66.00
69.00	06900	ELECTROCARDIOLOGY	1,305,716		1,305,716	0	1,305,716	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	164,645		164,645	0	164,645	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,134,519		9,134,519	0	9,134,519	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,926,969		6,926,969	0	6,926,969	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,905,940		24,905,940	0	24,905,940	73.00
73.02	07302	INPT RENAL DIALYSIS	831,571		831,571	0	831,571	73.02
76.97	07697	CARDIAC REHABILITATION	297,948		297,948	0	297,948	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	1,737,813		1,737,813	0	1,737,813	90.01
91.00	09100	EMERGENCY	8,570,688		8,570,688	0	8,570,688	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,484,155		4,484,155		4,484,155	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0		0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0		0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0		0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0		0	99.40
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	153,179,153	0	153,179,153	0	153,179,153	200.00
201.00		Less Observation Beds	4,484,155		4,484,155		4,484,155	201.00
202.00		Total (see instructions)	148,694,998	0	148,694,998	0	148,694,998	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/29/2019 9:37 am

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	102,651,573		102,651,573		30.00
31.00	03100	INTENSIVE CARE UNIT	22,819,767		22,819,767		31.00
32.02	03202	SURGICAL HEART UNIT	9,852,128		9,852,128		32.02
43.00	04300	NURSERY	8,117,227		8,117,227		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	39,858,138	45,068,897	84,927,035	0.139129	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0.000000	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	1,942,598	10,277,777	12,220,375	0.097309	50.02
50.03	05002	WOUND CARE CENTER	17,198	2,472,059	2,489,257	0.354841	50.03
51.00	05100	RECOVERY ROOM	6,720,504	14,816,802	21,537,306	0.180885	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,678,657	0	1,678,657	0.658200	52.00
53.00	05300	ANESTHESIOLOGY	8,340,869	11,320,491	19,661,360	0.017269	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	31,633,743	47,819,346	79,453,089	0.098639	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	773,204	9,436,962	10,210,166	0.106335	55.00
56.00	05600	RADIOISOTOPE	2,208,096	4,351,225	6,559,321	0.110233	56.00
58.00	05800	MRI	2,174,110	7,739,743	9,913,853	0.072916	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,800,790	12,112,815	26,913,605	0.056259	59.00
60.00	06000	LABORATORY	54,671,550	38,285,040	92,956,590	0.115762	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	3,451,088	1,873,525	5,324,613	0.186937	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	41,324	8,859,430	8,900,754	0.355261	64.00
65.00	06500	RESPIRATORY THERAPY	26,981,770	8,313,487	35,295,257	0.065055	65.00
66.00	06600	PHYSICAL THERAPY	5,964,333	6,144,345	12,108,678	0.237833	66.00
69.00	06900	ELECTROCARDIOLOGY	15,362,425	15,842,898	31,205,323	0.041843	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	165,047	332,552	497,599	0.330879	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	23,695,505	15,665,000	39,360,505	0.232073	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	18,790,662	13,224,520	32,015,182	0.216365	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	63,876,660	123,928,116	187,804,776	0.132616	73.00
73.02	07302	INPT RENAL DIALYSIS	3,236,272	276,926	3,513,198	0.236699	73.02
76.97	07697	CARDIAC REHABILITATION	0	349,416	349,416	0.852703	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	09001	OPD	39,017	13,504,735	13,543,752	0.128311	90.01
91.00	09100	EMERGENCY	22,450,438	53,437,992	75,888,430	0.112938	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,651,741	11,354,369	13,006,110	0.344773	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	493,966,434	476,808,468	970,774,902		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	493,966,434	476,808,468	970,774,902		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet C
Part I
Date/Time Prepared:
11/29/2019 9:37 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
32.02	03202	SURGICAL HEART UNIT				32.02
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	05001	AMBULATORY PRE/POST OP	0.000000			50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0.000000			50.02
50.03	05002	WOUND CARE CENTER	0.000000			50.03
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600	RADIOISOTOPE	0.000000			56.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
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
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
73.02	07302	INPT RENAL DIALYSIS	0.000000			73.02
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	OPD	0.000000			90.01
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
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: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part I
Date/Time Prepared:
11/29/2019 9:37 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	2,694,606	0	2,694,606	28,311	95.18	30.00
31.00	INTENSIVE CARE UNIT	397,292		397,292	3,707	107.17	31.00
32.02	SURGICAL HEART UNIT	253,778		253,778	1,721	147.46	32.02
43.00	NURSERY	85,390		85,390	860	99.29	43.00
200.00	Total (lines 30 through 199)	3,431,066		3,431,066	34,599		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	8,772	834,919				30.00
31.00	INTENSIVE CARE UNIT	1,558	166,971				31.00
32.02	SURGICAL HEART UNIT	747	110,153				32.02
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	11,077	1,112,043				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part II
Date/Time Prepared:
11/29/2019 9:37 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	934,976	84,927,035	0.011009	13,775,816	151,658	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0.000000	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	82,432	12,220,375	0.006745	786,446	5,305	50.02
50.03	05002	WOUND CARE CENTER	25,788	2,489,257	0.010360	17,198	178	50.03
51.00	05100	RECOVERY ROOM	335,995	21,537,306	0.015601	2,300,042	35,883	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	161,076	1,678,657	0.095955	0	0	52.00
53.00	05300	ANESTHESIOLOGY	25,509	19,661,360	0.001297	2,842,417	3,687	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,820,312	79,453,089	0.022911	11,491,701	263,286	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	160,115	10,210,166	0.015682	224,459	3,520	55.00
56.00	05600	RADIOISOTOPE	70,133	6,559,321	0.010692	967,850	10,348	56.00
58.00	05800	MRI	103,865	9,913,853	0.010477	754,218	7,902	58.00
59.00	05900	CARDIAC CATHETERIZATION	180,734	26,913,605	0.006715	5,632,980	37,825	59.00
60.00	06000	LABORATORY	532,871	92,956,590	0.005732	20,646,282	118,344	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	36,475	5,324,613	0.006850	1,160,838	7,952	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	211,097	8,900,754	0.023717	38,592	915	64.00
65.00	06500	RESPIRATORY THERAPY	124,564	35,295,257	0.003529	10,560,166	37,267	65.00
66.00	06600	PHYSICAL THERAPY	150,029	12,108,678	0.012390	2,634,574	32,642	66.00
69.00	06900	ELECTROCARDIOLOGY	111,327	31,205,323	0.003568	6,366,057	22,714	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	22,245	497,599	0.044705	69,298	3,098	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	417,251	39,360,505	0.010601	9,019,566	95,616	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	316,719	32,015,182	0.009893	7,865,472	77,813	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	824,625	187,804,776	0.004391	24,048,360	105,596	73.00
73.02	07302	INPT RENAL DIALYSIS	28,227	3,513,198	0.008035	1,369,210	11,002	73.02
76.97	07697	CARDIAC REHABILITATION	45,085	349,416	0.129030	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	71,441	13,543,752	0.005275	3,550	19	90.01
91.00	09100	EMERGENCY	459,518	75,888,430	0.006055	8,469,671	51,284	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	390,041	13,006,110	0.029989	828,906	24,858	92.00
200.00	Total (lines 50 through 199)		7,642,450	827,334,207		131,873,669	1,108,712	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0080		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part III Date/Time Prepared: 11/29/2019 9:37 am	
					Title XVIII		Hospital		PPS	
Cost Center Description					Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	
					1A	1.00	2A	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	0	0	0	0	0	31.00
32.02	03202	SURGICAL HEART UNIT		0	0	0	0	0	0	32.02
43.00	04300	NURSERY		0	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)		0	0	0	0	0	0	200.00
Cost Center Description					Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
					4.00	5.00	6.00	7.00	8.00	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS		0	0	28,311	0.00	8,772	30.00	
31.00	03100	INTENSIVE CARE UNIT			0	3,707	0.00	1,558	31.00	
32.02	03202	SURGICAL HEART UNIT			0	1,721	0.00	747	32.02	
43.00	04300	NURSERY			0	860	0.00	0	43.00	
200.00		Total (lines 30 through 199)			0	34,599		11,077	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	
32.02	03202	SURGICAL HEART UNIT		0					32.02	
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: 14-0080		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/29/2019 9:37 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	0	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
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
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	250,125	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	250,125	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0080		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/29/2019 9:37 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	84,927,035	0.000000	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0.000000	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	12,220,375	0.000000	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	2,489,257	0.000000	50.03
51.00	05100	RECOVERY ROOM	0	0	0	21,537,306	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,678,657	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	19,661,360	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	79,453,089	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	10,210,166	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	6,559,321	0.000000	56.00
58.00	05800	MRI	0	0	0	9,913,853	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	26,913,605	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	92,956,590	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	5,324,613	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	8,900,754	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	35,295,257	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,108,678	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	31,205,323	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	497,599	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	39,360,505	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	32,015,182	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	187,804,776	0.000000	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	3,513,198	0.000000	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	349,416	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	13,543,752	0.000000	90.01
91.00	09100	EMERGENCY	0	250,125	250,125	75,888,430	0.003296	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	13,006,110	0.000000	92.00
200.00		Total (lines 50 through 199)	0	250,125	250,125	827,334,207		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0080		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/29/2019 9:37 am	
				Title XVIII		Hospital		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	13,775,816	0	10,185,595	0	50.00
50.01	05001	AMBULATORY PRE/POST OP		0.000000	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES		0.000000	786,446	0	2,688,942	0	50.02
50.03	05002	WOUND CARE CENTER		0.000000	17,198	0	847,756	0	50.03
51.00	05100	RECOVERY ROOM		0.000000	2,300,042	0	3,520,908	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.000000	2,842,417	0	2,802,129	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	11,491,701	0	12,467,160	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	224,459	0	2,952,817	0	55.00
56.00	05600	RADIOISOTOPE		0.000000	967,850	0	1,679,813	0	56.00
58.00	05800	MRI		0.000000	754,218	0	1,927,408	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	5,632,980	0	5,095,558	0	59.00
60.00	06000	LABORATORY		0.000000	20,646,282	0	7,578,461	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.000000	1,160,838	0	767,761	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY		0.000000	38,592	0	3,647,927	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	10,560,166	0	1,655,548	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	2,634,574	0	162,216	0	66.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	6,366,057	0	5,070,278	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.000000	69,298	0	100,929	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	9,019,566	0	3,530,923	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	7,865,472	0	4,560,175	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	24,048,360	0	53,350,148	0	73.00
73.02	07302	INPT RENAL DIALYSIS		0.000000	1,369,210	0	276,926	0	73.02
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	133,945	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OPD		0.000000	3,550	0	982,251	0	90.01
91.00	09100	EMERGENCY		0.003296	8,469,671	27,916	7,734,758	25,494	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	828,906	0	3,116,575	0	92.00
200.00		Total (lines 50 through 199)			131,873,669	27,916	136,836,907	25,494	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0080		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/29/2019 9:37 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		0.139129	10,185,595	0	0	1,417,112	50.00
50.01	05001	AMBULATORY PRE/POST OP		0.000000	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES		0.097309	2,688,942	0	0	261,658	50.02
50.03	05002	WOUND CARE CENTER		0.354841	847,756	0	0	300,819	50.03
51.00	05100	RECOVERY ROOM		0.180885	3,520,908	0	0	636,879	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.658200	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY		0.017269	2,802,129	0	0	48,390	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.098639	12,467,160	0	0	1,229,748	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		0.106335	2,952,817	0	0	313,988	55.00
56.00	05600	RADIOISOTOPE		0.110233	1,679,813	0	0	185,171	56.00
58.00	05800	MRI		0.072916	1,927,408	0	0	140,539	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.056259	5,095,558	0	0	286,671	59.00
60.00	06000	LABORATORY		0.115762	7,578,461	0	0	877,298	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL		0.186937	767,761	0	0	143,523	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY		0.355261	3,647,927	0	85	1,295,966	64.00
65.00	06500	RESPIRATORY THERAPY		0.065055	1,655,548	0	0	107,702	65.00
66.00	06600	PHYSICAL THERAPY		0.237833	162,216	0	0	38,580	66.00
69.00	06900	ELECTROCARDIOLOGY		0.041843	5,070,278	0	0	212,156	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		0.330879	100,929	0	0	33,395	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.232073	3,530,923	0	0	819,432	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.216365	4,560,175	0	0	986,662	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.132616	53,350,148	303	228,789	7,075,083	73.00
73.02	07302	INPT RENAL DIALYSIS		0.236699	276,926	0	0	65,548	73.02
76.97	07697	CARDIAC REHABILITATION		0.852703	133,945	0	0	114,215	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OPD		0.128311	982,251	0	0	126,034	90.01
91.00	09100	EMERGENCY		0.112938	7,734,758	0	379	873,548	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.344773	3,116,575	0	91	1,074,511	92.00
200.00		Subtotal (see instructions)			136,836,907	303	229,344	18,664,628	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0	0	201.00
202.00		Net Charges (line 200 - line 201)			136,836,907	303	229,344	18,664,628	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0080		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part V Date/Time Prepared: 11/29/2019 9:37 am	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0					50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0					50.02
50.03	05002	WOUND CARE CENTER	0	0					50.03
51.00	05100	RECOVERY ROOM	0	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0					52.00
53.00	05300	ANESTHESIOLOGY	0	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
56.00	05600	RADIOISOTOPE	0	0					56.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0					62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					62.30
64.00	06400	INTRAVENOUS THERAPY	0	30					64.00
65.00	06500	RESPIRATORY THERAPY	0	0					65.00
66.00	06600	PHYSICAL THERAPY	0	0					66.00
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	40	30,341					73.00
73.02	07302	INPT RENAL DIALYSIS	0	0					73.02
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
90.01	09001	OPD	0	0					90.01
91.00	09100	EMERGENCY	0	43					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	31					92.00
200.00		Subtotal (see instructions)	40	30,445					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	40	30,445					202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0080		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/29/2019 9:37 am	
			Title XIX		Hospital		Cost	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
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
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
73.02	07302	INPT RENAL DIALYSIS	0	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	250,125	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)	0	0	0	0	250,125	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 14-0080		Period: From 07/01/2018 To 06/30/2019		Worksheet D Part IV Date/Time Prepared: 11/29/2019 9:37 am	
			Title XIX		Hospital		Cost	
Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
			4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	84,927,035	0.000000	50.00
50.01	05001	AMBULATORY PRE/POST OP	0	0	0	0	0.000000	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0	0	0	12,220,375	0.000000	50.02
50.03	05002	WOUND CARE CENTER	0	0	0	2,489,257	0.000000	50.03
51.00	05100	RECOVERY ROOM	0	0	0	21,537,306	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,678,657	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	19,661,360	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	79,453,089	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	10,210,166	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	6,559,321	0.000000	56.00
58.00	05800	MRI	0	0	0	9,913,853	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	26,913,605	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	92,956,590	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	5,324,613	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30
64.00	06400	INTRAVENOUS THERAPY	0	0	0	8,900,754	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	35,295,257	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	12,108,678	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	31,205,323	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	497,599	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	39,360,505	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	32,015,182	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	187,804,776	0.000000	73.00
73.02	07302	INPT RENAL DIALYSIS	0	0	0	3,513,198	0.000000	73.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	349,416	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0	0	0	13,543,752	0.000000	90.01
91.00	09100	EMERGENCY	0	250,125	250,125	75,888,430	0.003296	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	13,006,110	0.000000	92.00
200.00		Total (lines 50 through 199)	0	250,125	250,125	827,334,207		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet D
Part IV
Date/Time Prepared:
11/29/2019 9:37 am

Cost Center Description		Title XIX			Hospital		Cost	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01	05001	AMBULATORY PRE/POST OP	0.000000	0	0	0	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0.000000	0	0	0	0	50.02
50.03	05002	WOUND CARE CENTER	0.000000	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.000000	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
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
73.02	07302	INPT RENAL DIALYSIS	0.000000	0	0	0	0	73.02
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.01	09001	OPD	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.003296	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/29/2019 9:37 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)		28,311	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		28,311	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.		10,660	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		13,553	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)		8,772	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)		30,978,724	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)		30,978,724	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		109,090,143	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		109,090,143	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.283974	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)		8,049.15	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)		30,978,724	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)		1,094.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,598,586	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)		9,598,586	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 14-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/29/2019 9:37 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	8,114,319	3,707	2,188.92	1,558	3,410,337	43.00
44.00 CORONARY CARE UNIT						44.00
44.02 SURGICAL HEART UNIT	2,971,143	1,721	1,726.40	747	1,289,621	44.02
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)					16,875,105	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					31,173,649	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)					1,112,043	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,136,628	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,248,671	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					28,924,978	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)					4,098	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,094.23	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,484,155	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0080

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

Worksheet D-1

Date/Time Prepared:
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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	2,694,606	30,978,724	0.086982	4,484,155	390,041 90.00
91.00	Nursing School cost	0	30,978,724	0.000000	4,484,155	0 91.00
92.00	Allied health cost	0	30,978,724	0.000000	4,484,155	0 92.00
93.00	All other Medical Education	0	30,978,724	0.000000	4,484,155	0 93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet D-1 Date/Time Prepared: 11/29/2019 9:37 am
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		28,311	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		28,311	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.		24,780	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		-567	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,335	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)		860	15.00
16.00	Nursery days (title V or XIX only)		272	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)		30,978,724	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)		30,978,724	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)		30,978,724	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)		1,094.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,460,797	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,460,797	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0080

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

Worksheet D-1

Date/Time Prepared:
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		Title XIX			Hospital	Cost	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,549,297	860	1,801.51	272	490,011	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	8,114,319	3,707	2,188.92	192	420,273	43.00
44.00	CORONARY CARE UNIT						44.00
44.02	SURGICAL HEART UNIT	2,971,143	1,721	1,726.40	51	88,046	44.02
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)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,459,127	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	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)					4,098	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,094.23	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,484,155	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0080

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

Worksheet D-1

Date/Time Prepared:
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		Title XIX		Hospital	Cost	
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	2,694,606	30,978,724	0.086982	4,484,155	390,041
91.00	Nursing School cost	0	30,978,724	0.000000	4,484,155	0
92.00	Allied health cost	0	30,978,724	0.000000	4,484,155	0
93.00	All other Medical Education	0	30,978,724	0.000000	4,484,155	0

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet D-3 Date/Time Prepared: 11/29/2019 9:37 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		36,930,917	30.00
31.00	03100	INTENSIVE CARE UNIT		8,755,241	31.00
32.02	03202	SURGICAL HEART UNIT		3,909,555	32.02
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.139129	13,775,816	50.00
50.01	05001	AMBULATORY PRE/POST OP	0.000000	0	50.01
50.02	03340	GASTRO INTESTINAL SERVICES	0.097309	786,446	50.02
50.03	05002	WOUND CARE CENTER	0.354841	17,198	50.03
51.00	05100	RECOVERY ROOM	0.180885	2,300,042	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.658200	0	52.00
53.00	05300	ANESTHESIOLOGY	0.017269	2,842,417	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.098639	11,491,701	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.106335	224,459	55.00
56.00	05600	RADIOISOTOPE	0.110233	967,850	56.00
58.00	05800	MRI	0.072916	754,218	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.056259	5,632,980	59.00
60.00	06000	LABORATORY	0.115762	20,646,282	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.186937	1,160,838	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
64.00	06400	INTRAVENOUS THERAPY	0.355261	38,592	64.00
65.00	06500	RESPIRATORY THERAPY	0.065055	10,560,166	65.00
66.00	06600	PHYSICAL THERAPY	0.237833	2,634,574	66.00
69.00	06900	ELECTROCARDIOLOGY	0.041843	6,366,057	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.330879	69,298	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.232073	9,019,566	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.216365	7,865,472	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.132616	24,048,360	73.00
73.02	07302	INPT RENAL DIALYSIS	0.236699	1,369,210	73.02
76.97	07697	CARDIAC REHABILITATION	0.852703	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	OPD	0.128311	3,550	90.01
91.00	09100	EMERGENCY	0.112938	8,469,671	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.344773	828,906	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		131,873,669	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)		131,873,669	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/29/2019 9:37 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)		6,105,098	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		18,496,958	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)		142,822	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		7,925,482	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		169.75	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)		100.42	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)		12.07	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)		9.31	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.		0.72	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		102.46	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		98.11	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		98.11	12.00
13.00	Total allowable FTE count for the prior year.		97.70	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.		97.89	14.00
15.00	Sum of lines 12 through 14 divided by 3.		97.90	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		97.90	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.576730	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.543275	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.543275	21.00
22.00	IME payment adjustment (see instructions)		6,380,814	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		2,055,561	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C) .		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-4.35	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		6,380,814	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		2,055,561	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.83	30.00
31.00	Percentage of Medicaid patient days (see instructions)		33.82	31.00
32.00	Sum of lines 30 and 31		40.65	32.00
33.00	Allowable disproportionate share percentage (see instructions)		22.75	33.00
34.00	Disproportionate share adjustment (see instructions)		1,399,243	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/29/2019 9:37 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,909,792	2,026,111		35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	481,373	1,515,420		35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,996,793			36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0			46.00
47.00	Subtotal (see instructions)	34,521,728			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0			48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)		36,577,289		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,987,338		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).		3,172,539		52.00
53.00	Nursing and Allied Health Managed Care payment		36,451		53.00
54.00	Special add-on payments for new technologies		0		54.00
54.01	Islet isolation add-on payment		0		54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		27,916		58.00
59.00	Total (sum of amounts on lines 49 through 58)		42,801,533		59.00
60.00	Primary payer payments		16,952		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		42,784,581		61.00
62.00	Deductibles billed to program beneficiaries		2,434,556		62.00
63.00	Coinsurance billed to program beneficiaries		106,096		63.00
64.00	Allowable bad debts (see instructions)		1,066,014		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		692,909		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		892,470		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		40,936,838		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)		-59,822		70.93
70.94	HRR adjustment amount (see instructions)		-373,806		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part A Date/Time Prepared: 11/29/2019 9:37 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3		0	70.98	
70.99	HAC adjustment amount (see instructions)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		40,503,210	71.00	
71.01	Sequestration adjustment (see instructions)		810,064	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		39,076,877	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)		616,269	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		633,605	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	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	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	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2019 9:37 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	6,105,098	0	6,105,098		6,105,098
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	18,496,958	0		18,496,958	18,496,958
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00	142,822	0	42,999	99,823	142,822
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	7,925,482	0	1,710,560	6,214,922	7,925,482
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.543275	0.543275	0.543275	0.543275	
6.00	IME payment adjustment (see instructions)	22.00	6,380,814	0	1,583,424	4,797,390	6,380,814
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,055,561	0	0	2,055,561	2,055,561
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	6,380,814	0	1,583,424	4,797,390	6,380,814
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,055,561	0	0	2,055,561	2,055,561
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2275	0.2275	0.2275	0.2275	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,399,243	0	347,228	1,052,015	1,399,243
11.01	Uncompensated care payments	36.00	1,996,793	0	1,635,482	415,470	2,050,952
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0
13.00	Subtotal (see instructions)	47.00	34,521,728	0	9,714,231	24,807,497	34,521,728
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	36,577,289	0	9,714,231	26,863,058	36,577,289
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,987,338	0	744,210	2,243,128	2,987,338
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0
17.01	Net organ acquisition cost						
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0
19.00	SUBTOTAL			0	10,458,441	29,106,186	39,564,627

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/29/2019 9:37 am

				Title XVIII		Hospital	PPS	
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	2,002,041	0	497,230	1,504,811	2,002,041	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	13,106	0	5,525	7,581	13,106	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.3998	0.3998	0.3998	0.3998		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	800,416	0	198,793	601,623	800,416	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0858	0.0858	0.0858	0.0858		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	171,775	0	42,662	129,113	171,775	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,987,338	0	744,210	2,243,128	2,987,338	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/29/2019 9:37 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	6,105,098	6,105,098		6,105,098	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	18,496,958		18,496,958	18,496,958	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	142,822	42,999	99,823	142,822	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	7,925,482	1,710,560	6,214,922	7,925,482	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.543275	0.543275	0.543275		5.00
6.00	IME payment adjustment (see instructions)	22.00	6,380,814	1,583,424	4,797,390	6,380,814	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,055,561	443,653	1,611,908	2,055,561	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	6,380,814	1,583,424	4,797,390	6,380,814	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,055,561	443,653	1,611,908	2,055,561	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.2275	0.2275	0.2275		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,399,243	347,228	1,052,015	1,399,243	11.00
11.01	Uncompensated care payments	36.00	1,996,793	481,373	1,515,420	1,996,793	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	34,521,728	8,560,122	25,961,606	34,521,728	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	36,577,289	9,003,775	27,573,514	36,577,289	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	2,987,338	744,210	2,243,128	2,987,338	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			9,747,985	29,816,642	39,564,627	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
11/29/2019 9:37 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	2,002,041	497,230	1,504,811	2,002,041	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	13,106	5,525	7,581	13,106	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	0.3998	0.3998	0.3998		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	800,416	198,793	601,623	800,416	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0858	0.0858	0.0858		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	171,775	42,662	129,113	171,775	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,987,338	744,210	2,243,128	2,987,338	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	-59,822	-17,384	-42,438	-59,822	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	-373,806	-107,450	-266,356	-373,806	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

Health Financial Systems		PRESENCE SAINT FRANCIS HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet E Part B Date/Time Prepared: 11/29/2019 9:37 am	
		Title XVIII	Hospital	PPS	
				1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1.00	Medical and other services (see instructions)		30,485	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)		18,639,134	2.00	
3.00	OPPS payments		18,101,857	3.00	
4.00	Outlier payment (see instructions)		131,656	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		25,494	9.00	
10.00	Organ acquisitions		0	10.00	
11.00	Total cost (sum of lines 1 and 10) (see instructions)		30,485	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable charges					
12.00	Ancillary service charges		229,647	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)		229,647	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)		229,647	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		199,162	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)		30,485	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)		18,259,007	24.00	
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00	
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,386,356	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)		14,903,136	27.00	
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,903,475	28.00	
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00	
30.00	Subtotal (sum of lines 27 through 29)		16,806,611	30.00	
31.00	Primary payer payments		1,595	31.00	
32.00	Subtotal (line 30 minus line 31)		16,805,016	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)		1,005,094	34.00	
35.00	Adjusted reimbursable bad debts (see instructions)		653,311	35.00	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		772,436	36.00	
37.00	Subtotal (see instructions)		17,458,327	37.00	
38.00	MSP-LCC reconciliation amount from PS&R		47	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)		17,458,280	40.00	
40.01	Sequestration adjustment (see instructions)		349,166	40.01	
40.02	Demonstration payment adjustment amount after sequestration		0	40.02	
41.00	Interim payments		16,824,591	41.00	
42.00	Tentative settlement (for contractors use only)		0	42.00	
43.00	Balance due provider/program (see instructions)		284,523	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: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part I
Date/Time Prepared:
11/29/2019 9:37 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		35,397,035		14,562,857	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		3,679,842		2,261,734	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)		39,076,877		16,824,591	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		616,269		284,523	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		39,693,146		17,109,114	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: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet E-1
Part II
Date/Time Prepared:
11/29/2019 9:37 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

Health Financial Systems		PRESENCE SAINT FRANCIS HOSPITAL		In Lieu of Form CMS-2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2019 9:37 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		2,459,127		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2,459,127	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		2,459,127	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		0	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		0	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0		13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0		14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		0	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		2,459,127	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments			0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		2,459,127	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinsurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0080		Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/29/2019 9:37 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.			100.42	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			12.07	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			11.15	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)			1.36	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			99.98	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			98.11	6.00
7.00	Enter the lesser of line 5 or line 6			98.11	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.	61.89	34.96	96.85	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.	61.89	34.96	96.85	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	61.89	34.96		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	59.45	38.11		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	60.19	37.17		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	60.51	36.75		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	60.51	36.75		17.00
18.00	Per resident amount	111,954.11	106,010.67		18.00
19.00	Approved amount for resident costs	6,774,343	3,895,892	10,670,235	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			10,670,235	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	11,077	3,713		26.00
27.00	Total Inpatient Days (see instructions)	29,987	29,987		27.00
28.00	Ratio of inpatient days to total inpatient days	0.369393	0.123820		28.00
29.00	Program direct GME amount	3,941,510	1,321,188		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		186,684		30.00
31.00	Net Program direct GME amount			5,076,014	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet E-4 Date/Time Prepared: 11/29/2019 9:37 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)			0	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)			31,173,649	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			16,952	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			31,156,697	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			18,695,113	42.00
43.00	Primary payer payments (see instructions)			1,595	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			18,693,518	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			49,850,215	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.625006	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.374994	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			5,076,014	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			3,172,539	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			1,903,475	50.00

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

Provider CCN: 14-0080

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

Worksheet G

Date/Time Prepared:
11/29/2019 9:37 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	10,966	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	111,387,554	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-85,235,678	0	0	0	6.00
7.00	Inventory	4,752,978	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	83,915	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)	30,999,735	0	0	0	11.00
FIXED ASSETS						
12.00	Land	15,000,000	0	0	0	12.00
13.00	Land improvements	352,750	0	0	0	13.00
14.00	Accumulated depreciation	-50,201	0	0	0	14.00
15.00	Buildings	39,528,861	0	0	0	15.00
16.00	Accumulated depreciation	-2,214,155	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	20,911,590	0	0	0	23.00
24.00	Accumulated depreciation	-5,360,702	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	68,168,143	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	172,611	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	172,611	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	99,340,489	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,384,181	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	427,740	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	15,450,766	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	17,262,687	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	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	17,262,687	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	82,077,802	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)	82,077,802	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	99,340,489	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0080

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

Worksheet G-1

Date/Time Prepared:
11/29/2019 9:37 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		90,896,322		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-7,361,145				2.00
3.00	Total (sum of line 1 and line 2)		83,535,177		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	TRANSFER FROM AFFILIATES	0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		83,535,177		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	TRANSFERS TO AFFILIATES	1,457,375		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)		1,457,375		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		82,077,802		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	TRANSFER FROM AFFILIATES		0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00	TRANSFERS TO AFFILIATES		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: 14-0080

Period:
From 07/01/2018
To 06/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
11/29/2019 9:37 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	109,090,143		109,090,143	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	109,090,143		109,090,143	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	22,819,767		22,819,767	11.00
12.00	CORONARY CARE UNIT				12.00
12.02	SURGICAL HEART UNIT	9,852,128		9,852,128	12.02
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)	32,671,895		32,671,895	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	141,762,038		141,762,038	17.00
18.00	Ancillary services	350,599,953	398,437,159	749,037,112	18.00
19.00	Outpatient services	0	78,297,096	78,297,096	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER INCOME	0	1,961,429	1,961,429	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	492,361,991	478,695,684	971,057,675	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		182,790,186		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	CHILD CARE CENTER EXPENSES	556,037			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)		556,037		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		182,234,149		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0080

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

Worksheet G-3

Date/Time Prepared:
11/29/2019 9:37 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	971,057,675	1.00
2.00	Less contractual allowances and discounts on patients' accounts	798,663,094	2.00
3.00	Net patient revenues (line 1 minus line 2)	172,394,581	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	182,234,149	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-9,839,568	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	2,125	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	666,567	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	120,663	22.00
23.00	Governmental appropriations	0	23.00
24.00	CHILD CARE CENTER	0	24.00
24.01	REFERENCE LAB	0	24.01
24.02	GRANTS	0	24.02
24.04	MISCELLANEOUS REVENUE	695,761	24.04
24.05	BLUE CROSS BONUS	993,307	24.05
24.07	INTEREST-3RD PARTY PAYMENTS	0	24.07
24.08	EMS REVENUE	0	24.08
24.09	340 B CONTRACT REVENUE	0	24.09
24.10	OTHER (SPECIFY)	0	24.10
24.11	OTHER (SPECIFY)	0	24.11
25.00	Total other income (sum of lines 6-24)	2,478,423	25.00
26.00	Total (line 5 plus line 25)	-7,361,145	26.00
27.00	CHILD CARE CENTER	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-7,361,145	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0080	Period: From 07/01/2018 To 06/30/2019	Worksheet L Parts I-III Date/Time Prepared: 11/29/2019 9:37 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,002,041	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		13,106	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)		82.16	3.00
4.00	Number of interns & residents (see instructions)		97.90	4.00
5.00	Indirect medical education percentage (see instructions)		39.98	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)		800,416	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30)(see instructions)		6.83	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		33.82	8.00
9.00	Sum of lines 7 and 8		40.65	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.58	10.00
11.00	Disproportionate share adjustment (see instructions)		171,775	11.00
12.00	Total prospective capital payments (see instructions)		2,987,338	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