

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

OMB NO. 0938-0050
EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Provider CCN: 14-0093

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

Worksheet S
Parts I-III
Date/Time Prepared:
2/28/2020 8:54 am

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 2/28/2020	Time: 8:54 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	6. Date Received:	10. NPR Date:
	(1) As Submitted	7. Contractor No.	11. Contractor's Vendor Code: 4
	(2) Settled without Audit	8. ☐ Initial Report for this Provider CCN	12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.
	(3) Settled with Audit	9. ☐ Final Report for this Provider CCN	
	(4) Reopened		
	(5) Amended		

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 OSF SACRED HEART MEDICAL CENTER (14-0093) for the cost reporting period beginning 10/01/2018 and ending 09/30/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	288,243	127,910	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	288,243	127,910	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: 14-0093		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 2/28/2020 8:54 am		
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 812 NORTH LOGAN AVENUE			PO Box:				1.00		
2.00	City: DANVILLE			State: IL		Zip Code: 61821		County: VERMILION 2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	
								XIX		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		OSF SACRED HEART MEDICAL CENTER	140093	19180	1	07/01/1966	0	P	0 3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2018	09/30/2019 20.00		
21.00	Type of Control (see instructions)						1	21.00		
							1.00	2.00		
							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	Y	23.00		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			568	305	0	0	2,882	119 24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0093		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 2/28/2020 8:54 am		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0	25.00	
							Urban/Rural S	Date of Geogr		
							1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1	26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1	27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0	35.00		
							Beginning:	Ending:		
							1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.						0	37.00		
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00		
							Y/N	Y/N		
							1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)						N	39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)						N	40.00		
							V	XVIII	XIX	
							1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)						N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.						N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.						N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.						N	N	N	48.00
Teaching Hospitals										
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.						N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.						N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.						N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.						N			59.00
					NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
					1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)				N				60.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet S-2
Part I
Date/Time Prepared:
2/28/2020 8:54 am

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

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Provider CCN: 14-0093

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

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			1.00	2.00	3.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00

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		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N					109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N					110.00
						1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N					111.00
						1.00	2.00
						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
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	22,337		0		53,523	
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N				N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N					122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							

MCRIF32 - 15.11.167.3

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0093	Period: From 10/01/2018 To 09/30/2019	Worksheet S-2 Part I Date/Time Prepared: 2/28/2020 8:54 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: 14-0093		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part II Date/Time Prepared: 2/28/2020 8:54 am	
		Y/N	Date				
		1.00	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	Date	V/I			
		1.00	2.00	3.00			
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type	Date			
		1.00	2.00	3.00			
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y					12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N					13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N					14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N					15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			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	12/13/2019	Y	12/13/2019		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0093	Period: From 10/01/2018 To 09/30/2019	Worksheet S-2 Part II Date/Time Prepared: 2/28/2020 8:54 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			Y	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PATRICIA		RACHELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-231-5544		PRACHELL@BKD.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet S-2
Part II
Date/Time Prepared:
2/28/2020 8:54 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.	DIRECTOR	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: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part I
Date/Time Prepared:
2/28/2020 8:54 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
					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	160	58,400	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)		160	58,400	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		174	63,510	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		174				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: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part I
Date/Time Prepared:
2/28/2020 8:54 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)	6,838	327	14,572		1.00
2.00	HMO and other (see instructions)	3,711	3,187			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	0	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	6,838	327	14,572		7.00
8.00	INTENSIVE CARE UNIT	880	50	1,895		8.00
9.00	CORONARY CARE UNIT					9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT					11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		191	919		13.00
14.00	Total (see instructions)	7,718	568	17,386	0.00	14.00
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF					17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)			0		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	584.51
28.00	Observation Bed Days		675	2,536		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	119	145		32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0		32.01
33.00	LTCH non-covered days	0				33.00
33.01	LTCH site neutral days and discharges	0				33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part I
Date/Time Prepared:
2/28/2020 8:54 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,888	111	5,572	1.00
2.00 HMO and other (see instructions)			821	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,888	111	5,572	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part II
Date/Time Prepared:
2/28/2020 8:54 am

	Wkst. A Line Number	Amount Reported	Reclassificat ion 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	29,392,426	-66,784	29,325,642	949,233.00	30.89 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		0	0	0	0.00	0.00 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		553,831	-2,326	551,505	18,108.00	30.46 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,218,457	0	3,218,457	46,405.00	69.36 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		107,172	0	107,172	766.48	139.82 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		6,560,185	0	6,560,185	179,500.00	36.55 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		8,031,732	0	8,031,732		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		153,941	0	153,941		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		2,110,826	0	2,110,826		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part II
Date/Time Prepared:
2/28/2020 8:54 am

	Wkst. A Line Number	Amount Reported	Reclassificat ion 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	
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	3,074,869	-5,518	3,069,351	73,003.00	27.00
28.00	Administrative & General under contract (see inst.)		554,949	0	554,949	3,941.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	966,810	0	966,810	33,645.00	30.00
31.00	Laundry & Linen Service	8.00	36,121	0	36,121	2,080.00	31.00
32.00	Housekeeping	9.00	943,347	-7,129	936,218	58,396.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0.00	0.00	33.00
34.00	Dietary	10.00	482,270	-423,018	59,252	3,940.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	423,018	423,018	28,126.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,184,057	-1,716	1,182,341	36,310.00	38.00
39.00	Central Services and Supply	14.00	350,734	0	350,734	16,404.00	39.00
40.00	Pharmacy	15.00	1,056,531	0	1,056,531	22,101.00	40.00
41.00	Medical Records & Medical Records Library	16.00	522,154	-777	521,377	22,104.00	41.00
42.00	Social Service	17.00	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part III
Date/Time Prepared:
2/28/2020 8:54 am

	Worksheet A Line Number	Amount Reported	Reclassificat ion 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)	29,947,375	-66,784	29,880,591	953,174.00	31.35	1.00
2.00	Excluded area salaries (see instructions)	553,831	-2,326	551,505	18,108.00	30.46	2.00
3.00	Subtotal salaries (line 1 minus line 2)	29,393,544	-64,458	29,329,086	935,066.00	31.37	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,885,814	0	9,885,814	226,671.48	43.61	4.00
5.00	Subtotal wage-related costs (see inst.)	10,142,558	0	10,142,558	0.00	34.58	5.00
6.00	Total (sum of lines 3 thru 5)	49,421,916	-64,458	49,357,458	1,161,737.48	42.49	6.00
7.00	Total overhead cost (see instructions)	9,171,842	-15,140	9,156,702	300,050.00	30.52	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part IV
Date/Time Prepared:
2/28/2020 8:54 am

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,008,929	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	4,771,040	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	-446	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)	66,784	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	360,019	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	1,856,376	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	122,971	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	8,185,673	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part V
Date/Time Prepared:
2/28/2020 8:54 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	3,218,457	8,185,673	1.00
2.00	Hospital	3,218,457	8,185,673	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0093	Period: From 10/01/2018 To 09/30/2019	Worksheet S-10 Date/Time Prepared: 2/28/2020 8:54 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)			0.164731 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	10,539,669		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0		5.00
6.00	Medicaid charges	119,649,307		6.00
7.00	Medicaid cost (line 1 times line 6)	19,709,950		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)	9,170,281		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)	9,170,281		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	9,435,526	1,257,166	10,692,692 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,554,324	1,257,166	2,811,490 21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0 22.00
23.00	Cost of charity care (line 21 minus line 22)	1,554,324	1,257,166	2,811,490 23.00
				1.00
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N		24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	10,840,821		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	622,122		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	957,112		27.01
28.00	Non-Medicare bad debt expense (see instructions)	9,883,709		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	1,963,143		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	4,774,633		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	13,944,914		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 14-0093	Period: From 10/01/2018 To 09/30/2019	Worksheet A Date/Time Prepared: 2/28/2020 8:54 am	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (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		3,143,989	3,143,989	558,014	3,702,003	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2,764,577	2,764,577	442,227	3,206,804	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	8,571,727	8,571,727	1,308,496	9,880,223	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	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	3,074,869	21,217,540	24,292,409	-2,561,223	21,731,186	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	1,184,062	1,184,062	-580,653	603,409	6.00
7.00	00700	OPERATION OF PLANT	966,810	1,749,175	2,715,985	0	2,715,985	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	36,121	262,911	299,032	0	299,032	8.00
9.00	00900	HOUSEKEEPING	943,347	197,690	1,141,037	0	1,141,037	9.00
10.00	01000	DIETARY	482,270	1,078,316	1,560,586	-1,368,851	191,735	10.00
11.00	01100	CAFETERIA	0	0	0	1,368,851	1,368,851	11.00
13.00	01300	NURSING ADMINISTRATION	1,184,057	112,182	1,296,239	0	1,296,239	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	350,734	644,613	995,347	-60,488	934,859	14.00
15.00	01500	PHARMACY	1,056,531	7,271,602	8,328,133	-6,196,127	2,132,006	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	522,154	13,850	536,004	0	536,004	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	700,997	700,997	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,701,333	6,081,119	12,782,452	-1,859,031	10,923,421	30.00
31.00	03100	INTENSIVE CARE UNIT	1,482,516	824,892	2,307,408	-173,555	2,133,853	31.00
43.00	04300	NURSERY	3,010	489,912	492,922	39,027	531,949	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,091,403	2,940,602	4,032,005	-2,020,751	2,011,254	50.00
50.01	03330	ENDOSCOPY	829,314	141,447	970,761	-115,178	855,583	50.01
51.00	05100	RECOVERY ROOM	323,045	3,549	326,594	-2,774	323,820	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,295,666	1,295,666	52.00
53.00	05300	ANESTHESIOLOGY	39,510	2,600,923	2,640,433	-69,674	2,570,759	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	923,817	96,727	1,020,544	341,022	1,361,566	54.00
54.01	03630	ULTRASOUND	234,379	230,442	464,821	3,409	468,230	54.01
54.02	03440	MAMMOGRAPHY	138,606	35,900	174,506	40,266	214,772	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	468,622	18,656	487,278	-2,371	484,907	55.00
55.01	03480	ONCOLOGY	682,920	68,123	751,043	-44,485	706,558	55.01
56.00	05600	RADIOISOTOPE	131,468	201,311	332,779	57,479	390,258	56.00
57.00	05700	CT SCAN	464,472	129,163	593,635	-57,719	535,916	57.00
58.00	05800	MRI	163,670	19,364	183,034	45,025	228,059	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,533,458	1,895,805	3,429,263	12,077	3,441,340	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	226,003	226,003	-769	225,234	63.00
65.00	06500	RESPIRATORY THERAPY	1,223,680	344,363	1,568,043	-211,102	1,356,941	65.00
66.00	06600	PHYSICAL THERAPY	0	705,223	705,223	55,262	760,485	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	277,986	277,986	23,649	301,635	67.00
68.00	06800	SPEECH PATHOLOGY	0	102,829	102,829	8,972	111,801	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	255,637	218,030	473,667	-10,158	463,509	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	-119,392	-119,392	2,537,015	2,417,623	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,370,764	1,370,764	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,450,197	6,450,197	73.00
74.00	07400	RENAL DIALYSIS	135,687	216,828	352,515	-20,051	332,464	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	3,395,155	1,299,196	4,694,351	-405,517	4,288,834	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		893,062	893,062	-893,062	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	28,838,595	68,154,297	96,992,892	4,876	96,997,768	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	51,055	82,272	133,327	0	133,327	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	198,360	198,360	0	198,360	192.00
192.01	19201	APOTHECARY	0	8,872	8,872	-4,876	3,996	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	489,105	489,105	0	489,105	192.03
192.04	19204	OUTREACH PROGRAMS	453,339	75,750	529,089	0	529,089	192.04
194.00	07950	INDUSTRIAL MEDICINE	49,437	403	49,840	0	49,840	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	29,392,426	69,009,059	98,401,485	0	98,401,485	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0093

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

Worksheet A

Date/Time Prepared:
2/28/2020 8:54 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	-177,439	3,524,564	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,722,743	4,929,547	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	9,880,223	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	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-7,947,258	13,783,928	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	603,409	6.00
7.00	00700	OPERATION OF PLANT	0	2,715,985	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	299,032	8.00
9.00	00900	HOUSEKEEPING	0	1,141,037	9.00
10.00	01000	DIETARY	0	191,735	10.00
11.00	01100	CAFETERIA	-278,431	1,090,420	11.00
13.00	01300	NURSING ADMINISTRATION	549,524	1,845,763	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	934,859	14.00
15.00	01500	PHARMACY	0	2,132,006	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-42,592	493,412	16.00
17.00	01700	SOCIAL SERVICE	-127,535	573,462	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,666,350	7,257,071	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,133,853	31.00
43.00	04300	NURSERY	-488,250	43,699	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	2,011,254	50.00
50.01	03330	ENDOSCOPY	0	855,583	50.01
51.00	05100	RECOVERY ROOM	0	323,820	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,295,666	52.00
53.00	05300	ANESTHESIOLOGY	-2,528,987	41,772	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,361,566	54.00
54.01	03630	ULTRASOUND	0	468,230	54.01
54.02	03440	MAMMOGRAPHY	0	214,772	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	484,907	55.00
55.01	03480	ONCOLOGY	-85	706,473	55.01
56.00	05600	RADIOISOTOPE	0	390,258	56.00
57.00	05700	CT SCAN	0	535,916	57.00
58.00	05800	MRI	0	228,059	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-6,363	3,434,977	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	225,234	63.00
65.00	06500	RESPIRATORY THERAPY	-483	1,356,458	65.00
66.00	06600	PHYSICAL THERAPY	0	760,485	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	301,635	67.00
68.00	06800	SPEECH PATHOLOGY	0	111,801	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	03140	CARDIOLOGY	0	463,509	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,417,623	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,370,764	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,450,197	73.00
74.00	07400	RENAL DIALYSIS	-2,798	329,666	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-388,204	3,900,630	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-13,382,508	83,615,260	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	133,327	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	198,360	192.00
192.01	19201	APOTHECARY	0	3,996	192.01
192.02	19202	REAL ESTATE	0	0	192.02
192.03	19203	FOUNDATION	0	489,105	192.03
192.04	19204	OUTREACH PROGRAMS	0	529,089	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	49,840	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-13,382,508	85,018,977	200.00

RECLASSIFICATIONS

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Period:
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - PREPAID INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	82,810		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	24,369		2.00
	0		0	107,179		
	B - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	475,204		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	417,858		2.00
	0		0	893,062		
	C - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	6,450,197		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
	0		0	6,450,197		
	D - SHARED RADIOLOGY					
1.00	ULTRASOUND	54.01	59,638	2,285		1.00
2.00	MAMMOGRAPHY	54.02	59,638	2,285		2.00
3.00	RADIOISOTOPE	56.00	59,638	2,285		3.00
4.00	CT SCAN	57.00	59,638	2,285		4.00
5.00	MRI	58.00	59,638	2,285		5.00
	0		298,190	11,425		
	E - DIETARY/CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	423,018	945,833		1.00
	0		423,018	945,833		
	F - LABOR & DELIVERY					
1.00	NURSERY	43.00	28,115	11,281		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	924,656	371,010		2.00
	0		952,771	382,291		
	G - MED SUPPLIES CHG TO PAT					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,537,015		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
	0		0	2,537,015		

RECLASSIFICATIONS

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Period:
From 10/01/2018
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Worksheet A-6

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	H - IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,370,764	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
	0		0	1,370,764		
	I - CLINICAL ENGINEERING					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	672,044	1.00	
2.00	LABORATORY	60.00	0	127,062	2.00	
	0		0	799,106		
	J - MINISTRY RECLASS					
1.00	MAINTENANCE & REPAIRS	6.00	0	218,453	1.00	
2.00	PHARMACY	15.00	0	128,682	2.00	
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,308,496	3.00	
4.00	SOCIAL SERVICE	17.00	0	700,997	4.00	
5.00	PHYSICAL THERAPY	66.00	0	63,257	5.00	
6.00	OCCUPATIONAL THERAPY	67.00	0	24,935	6.00	
7.00	SPEECH PATHOLOGY	68.00	0	9,224	7.00	
	0		0	2,454,044		
	K - SHORT TERM DISABILITY					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	5,518	1.00	
2.00	HOUSEKEEPING	9.00	0	7,129	2.00	
3.00	NURSING ADMINISTRATION	13.00	0	1,716	3.00	
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	777	4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	18,918	5.00	
6.00	OPERATING ROOM	50.00	0	2,240	6.00	
7.00	ENDOSCOPY	50.01	0	14,178	7.00	
8.00	ULTRASOUND	54.01	0	2,062	8.00	
9.00	ONCOLOGY	55.01	0	3,064	9.00	
10.00	LABORATORY	60.00	0	609	10.00	
11.00	RESPIRATORY THERAPY	65.00	0	2,007	11.00	
12.00	EMERGENCY	91.00	0	6,240	12.00	
13.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	950	13.00	
14.00	OUTREACH PROGRAMS	192.04	0	1,376	14.00	
	TOTALS		0	66,784		
500.00	Grand Total: Increases		1,673,979	16,017,700	500.00	

RECLASSIFICATIONS

Provider CCN: 14-0093

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

Worksheet A-6

Date/Time Prepared:
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	Decreases							2/28/2020 8:34 am
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - PREPAID INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	107,179	12			1.00
2.00		0.00	0	0	12			2.00
	0		0	107,179				
	B - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	893,062	11			1.00
2.00		0.00	0	0	11			2.00
	0		0	893,062				
	C - DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	6,324,809	0			1.00
2.00	ADULTS & PEDIATRICS	30.00	0	20,353	0			2.00
3.00	INTENSIVE CARE UNIT	31.00	0	11,235	0			3.00
4.00	NURSERY	43.00	0	164	0			4.00
5.00	OPERATING ROOM	50.00	0	2,938	0			5.00
6.00	ENDOSCOPY	50.01	0	2,615	0			6.00
7.00	RECOVERY ROOM	51.00	0	398	0			7.00
8.00	ANESTHESIOLOGY	53.00	0	8,094	0			8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	302	0			9.00
10.00	ULTRASOUND	54.01	0	98	0			10.00
11.00	MAMMOGRAPHY	54.02	0	33	0			11.00
12.00	ONCOLOGY	55.01	0	2,064	0			12.00
13.00	RADIOISOTOPE	56.00	0	31	0			13.00
14.00	CT SCAN	57.00	0	39,042	0			14.00
15.00	MRI	58.00	0	105	0			15.00
16.00	LABORATORY	60.00	0	706	0			16.00
17.00	RESPIRATORY THERAPY	65.00	0	91	0			17.00
18.00	CARDIOLOGY	69.01	0	74	0			18.00
19.00	RENAL DIALYSIS	74.00	0	9,698	0			19.00
20.00	EMERGENCY	91.00	0	22,471	0			20.00
21.00	APOTHECARY	192.01	0	4,876	0			21.00
	0		0	6,450,197				
	D - SHARED RADIOLOGY							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	298,190	11,425	0			1.00
2.00		0.00	0	0	0			2.00
3.00		0.00	0	0	0			3.00
4.00		0.00	0	0	0			4.00
5.00		0.00	0	0	0			5.00
	0		298,190	11,425				
	E - DIETARY/CAFETERIA RECLASS							
1.00	DIETARY	10.00	423,018	945,833	0			1.00
	0		423,018	945,833				
	F - LABOR & DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	952,771	382,291	0			1.00
2.00		0.00	0	0	0			2.00
	0		952,771	382,291				
	G - MED SUPPLIES CHG TO PAT							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	60,167	0			1.00
2.00	ADULTS & PEDIATRICS	30.00	0	478,897	0			2.00
3.00	INTENSIVE CARE UNIT	31.00	0	162,320	0			3.00
4.00	NURSERY	43.00	0	205	0			4.00
5.00	OPERATING ROOM	50.00	0	672,089	0			5.00
6.00	ENDOSCOPY	50.01	0	112,563	0			6.00
7.00	RECOVERY ROOM	51.00	0	2,376	0			7.00
8.00	ANESTHESIOLOGY	53.00	0	61,580	0			8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	21,105	0			9.00
10.00	ULTRASOUND	54.01	0	58,416	0			10.00
11.00	MAMMOGRAPHY	54.02	0	21,624	0			11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,371	0			12.00
13.00	ONCOLOGY	55.01	0	42,421	0			13.00
14.00	RADIOISOTOPE	56.00	0	4,413	0			14.00
15.00	CT SCAN	57.00	0	80,600	0			15.00
16.00	MRI	58.00	0	16,793	0			16.00
17.00	LABORATORY	60.00	0	114,279	0			17.00
18.00	BLOOD STORING PROCESSING & TRANS.	63.00	0	769	0			18.00
19.00	RESPIRATORY THERAPY	65.00	0	211,011	0			19.00
20.00	PHYSICAL THERAPY	66.00	0	7,995	0			20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	1,286	0			21.00
22.00	SPEECH PATHOLOGY	68.00	0	252	0			22.00
23.00	CARDIOLOGY	69.01	0	10,084	0			23.00
24.00	RENAL DIALYSIS	74.00	0	10,353	0			24.00
25.00	EMERGENCY	91.00	0	383,046	0			25.00
	0		0	2,537,015				

RECLASSIFICATIONS

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Period:
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	Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other		
	6.00	7.00	8.00	9.00	10.00	
	H - IMPLANTS					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	321	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	24,719	0	2.00
3.00	OPERATING ROOM	50.00	0	1,345,724	0	3.00
	0		0	1,370,764		
	I - CLINICAL ENGINEERING					
1.00	MAINTENANCE & REPAIRS	6.00	0	799,106	0	1.00
2.00		0.00	0	0	0	2.00
	0		0	799,106		
	J - MINISTRY RECLASS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,454,044	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
	0		0	2,454,044		
	K - SHORT TERM DISABILITY					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	5,518	0	0	1.00
2.00	HOUSEKEEPING	9.00	7,129	0	0	2.00
3.00	NURSING ADMINISTRATION	13.00	1,716	0	0	3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	777	0	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	18,918	0	0	5.00
6.00	OPERATING ROOM	50.00	2,240	0	0	6.00
7.00	ENDOSCOPY	50.01	14,178	0	0	7.00
8.00	ULTRASOUND	54.01	2,062	0	0	8.00
9.00	ONCOLOGY	55.01	3,064	0	0	9.00
10.00	LABORATORY	60.00	609	0	0	10.00
11.00	RESPIRATORY THERAPY	65.00	2,007	0	0	11.00
12.00	EMERGENCY	91.00	6,240	0	0	12.00
13.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	950	0	0	13.00
14.00	OUTREACH PROGRAMS	192.04	1,376	0	0	14.00
	TOTALS		66,784	0		
500.00	Grand Total: Decreases		1,740,763	15,950,916		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet A-7
Part I
Date/Time Prepared:
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		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	2,156,000	0	0	0	131,000	1.00
2.00	Land Improvements	978,000	3,150	0	3,150	16,000	2.00
3.00	Buildings and Fixtures	41,303,999	210,274	0	210,274	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	14,773,701	5,032,123	0	5,032,123	6,709,020	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	59,211,700	5,245,547	0	5,245,547	6,856,020	8.00
9.00	Reconciling Items	6,897,269	0	0	0	6,709,020	9.00
10.00	Total (line 8 minus line 9)	52,314,431	5,245,547	0	5,245,547	147,000	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,025,000	0				1.00
2.00	Land Improvements	965,150	0				2.00
3.00	Buildings and Fixtures	41,514,273	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	13,096,804	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	57,601,227	0				8.00
9.00	Reconciling Items	188,249	0				9.00
10.00	Total (line 8 minus line 9)	57,412,978	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet A-7
Part II
Date/Time Prepared:
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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	3,143,989	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,764,577	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,908,566	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Relat ed Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	3,143,989				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	2,764,577				2.00
3.00	Total (sum of lines 1-2)	0	5,908,566				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet A-7
Part III
Date/Time Prepared:
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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	44,504,423	0	44,504,423	0.772630	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	13,096,804	0	13,096,804	0.227370	0	2.00
3.00	Total (sum of lines 1-2)	57,601,227	0	57,601,227	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	2,607,790	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,171,854	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,779,644	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	833,964	82,810	0	0	3,524,564	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	733,324	24,369	0	0	4,929,547	2.00
3.00	Total (sum of lines 1-2)	1,567,288	107,179	0	0	8,454,111	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0093

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

Worksheet A-8

Date/Time Prepared:
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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 #		
				3.00	4.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0	0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0	0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A		0OTHER ADMINISTRATIVE AND GENERAL	5.06	0	7.00
8.00	Television and radio service (chapter 21)	A	-44,488	0OTHER ADMINISTRATIVE AND GENERAL	5.06	0	8.00
9.00	Parking lot (chapter 21)			0	0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-7,119,624			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	-489,157			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-278,431	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	-42,592	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			0	0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	23,610	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	28,491	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0093

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

Worksheet A-8

Date/Time Prepared:
2/28/2020 8:54 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 #		
				3.00	4.00	5.00	
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISC REVENUE	B	-200	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.00
33.01	MISC REVENUE	B	-145	NURSING ADMINISTRATION	13.00	0	33.01
33.02	MISC REVENUE	B	-3,686	EMERGENCY	91.00	0	33.02
33.03	ADVERTISING	A	-85	ONCOLOGY	55.01	0	33.03
33.04	MEDICAID ASSESSMENT TAX	A	-5,431,724	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.04
33.05	IHA LOBBYING FEES	A	-19,688	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.05
33.06	AHA LOBBYING FEES	A	-4,789	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.06
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,382,508				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: 14-0093

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

Worksheet A-8-1

Date/Time Prepared:
2/28/2020 8:54 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	CAPITAL BLDG HO BLDG CAPITA	285,779	845,588	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CAPITAL MME HO MME CAPITAL	1,378,786	0	2.00
3.00	5.00	OTHER ADMINISTRATIVE AND GEN	HO POOLED - ADMIN & GENERAL	4,252,733	8,414,209	3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY ALLOCATION	1,308,496	1,308,496	3.01
3.02	7.00	OPERATION OF PLANT	MINISTRY ALLOCATION	603,403	603,403	3.02
3.03	54.00	RADIOLOGY-DIAGNOSTIC	MINISTRY ALLOCATION	672,044	672,044	3.03
3.04	60.00	LABORATORY	MINISTRY ALLOCATION	127,062	127,062	3.04
3.05	31.00	INTENSIVE CARE UNIT	MINISTRY ALLOCATION	317,727	317,727	3.05
3.06	66.00	PHYSICAL THERAPY	MINISTRY ALLOCATION	63,257	63,257	3.06
3.07	67.00	OCCUPATIONAL THERAPY	MINISTRY ALLOCATION	24,935	24,935	3.07
3.08	68.00	SPEECH PATHOLOGY	MINISTRY ALLOCATION	9,224	9,224	3.08
3.09	15.00	PHARMACY	MINISTRY ALLOCATION	695,847	695,847	3.09
3.10	17.00	SOCIAL SERVICE	HO FUNCTIONAL - CARE MANAGEM	573,462	700,997	3.10
3.11	1.00	CAP REL COSTS-BLDG & FIXT	HO INTEREST (OPERATING)	358,760	0	3.11
3.12	2.00	CAP REL COSTS-MVBLE EQUIP	HO INTEREST (OPERATING)	315,466	0	3.12
3.13	13.00	NURSING ADMINISTRATION	HO FUNCTIONAL - NURSING ADMI	549,669	0	3.13
3.14	5.00	OTHER ADMINISTRATIVE AND GEN	HO FUNCTIONAL - REVENUE CYC	4,541,086	2,784,104	3.14
4.00	5.00	OTHER ADMINISTRATIVE AND GEN	RELATED PARTY SFI	44,436	44,436	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			16,122,172	16,611,329	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	0.00	OSF HEALTHCARE	100.00	6.00
7.00		0.00		0.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 14-0093

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

Worksheet A-8-1

Date/Time Prepared:
2/28/2020 8:54 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-559,809	9		1.00
2.00	1,378,786	9		2.00
3.00	-4,161,476	0		3.00
3.01	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
3.06	0	9		3.06
3.07	0	0		3.07
3.08	0	0		3.08
3.09	0	0		3.09
3.10	-127,535	0		3.10
3.11	358,760	11		3.11
3.12	315,466	11		3.12
3.13	549,669	0		3.13
3.14	1,756,982	0		3.14
4.00	0	0		4.00
5.00	-489,157			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	HEALTH CARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0093

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

Worksheet A-8-2

Date/Time Prepared:
2/28/2020 8:54 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	60,991	32,719	28,272	211,500	188	1.00
2.00	30.00	ADULTS & PEDIATRICS	3,666,350	3,666,350	0	0	0	2.00
3.00	43.00	NURSERY	488,250	488,250	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	2,528,987	2,528,987	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	24,000	0	24,000	271,900	192	5.00
6.00	60.00	LABORATORY	38,400	0	38,400	260,300	256	6.00
7.00	65.00	RESPIRATORY THERAPY	1,500	0	1,500	211,500	10	7.00
8.00	74.00	RENAL DIALYSIS	15,000	0	15,000	211,500	120	8.00
9.00	91.00	EMERGENCY	384,518	384,518	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			7,207,996	7,100,824	107,172		766	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	19,116	956	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	43.00	NURSERY	0	0	0	0	0	3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	25,099	1,255	0	0	0	5.00
6.00	60.00	LABORATORY	32,037	1,602	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	1,017	51	0	0	0	7.00
8.00	74.00	RENAL DIALYSIS	12,202	610	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			89,471	4,474	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	19,116	9,156	41,875		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	3,666,350		2.00
3.00	43.00	NURSERY	0	0	0	488,250		3.00
4.00	53.00	ANESTHESIOLOGY	0	0	0	2,528,987		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	25,099	0	0		5.00
6.00	60.00	LABORATORY	0	32,037	6,363	6,363		6.00
7.00	65.00	RESPIRATORY THERAPY	0	1,017	483	483		7.00
8.00	74.00	RENAL DIALYSIS	0	12,202	2,798	2,798		8.00
9.00	91.00	EMERGENCY	0	0	0	384,518		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	89,471	18,800	7,119,624		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/28/2020 8:54 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,524,564	3,524,564			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,929,547	4,929,547			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,880,223	0	9,880,223		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	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	13,783,928	168,595	1,906,849	1,034,107	5.06
6.00	00600	MAINTENANCE & REPAIRS	603,409	6,682	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,715,985	1,737,463	4,931	325,732	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	299,032	2,197	0	12,170	8.00
9.00	00900	HOUSEKEEPING	1,141,037	15,026	1,715	315,425	9.00
10.00	01000	DIETARY	191,735	146,512	5,720	19,963	10.00
11.00	01100	CAFETERIA	1,090,420	0	0	142,521	11.00
13.00	01300	NURSING ADMINISTRATION	1,845,763	35,003	266,537	398,347	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	934,859	0	13,348	118,167	14.00
15.00	01500	PHARMACY	2,132,006	12,373	2,923	355,960	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	493,412	34,274	0	175,659	16.00
17.00	01700	SOCIAL SERVICE	573,462	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,257,071	415,061	34,245	1,930,402	30.00
31.00	03100	INTENSIVE CARE UNIT	2,133,853	55,060	0	499,480	31.00
43.00	04300	NURSERY	43,699	4,155	0	10,486	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,011,254	204,303	163,765	366,954	50.00
50.01	03330	ENDOSCOPY	855,583	75,971	87,229	274,631	50.01
51.00	05100	RECOVERY ROOM	323,820	15,379	0	108,838	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,295,666	70,029	0	311,530	52.00
53.00	05300	ANESTHESIOLOGY	41,772	5,851	119,764	13,311	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,361,566	85,840	248,978	210,782	54.00
54.01	03630	ULTRASOUND	468,230	8,014	56,604	98,364	54.01
54.02	03440	MAMMOGRAPHY	214,772	19,568	147,911	66,791	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	484,907	10,154	766,378	157,885	55.00
55.01	03480	ONCOLOGY	706,473	0	266,239	229,053	55.01
56.00	05600	RADIOISOTOPE	390,258	9,266	0	64,386	56.00
57.00	05700	CT SCAN	535,916	16,426	267,216	176,580	57.00
58.00	05800	MRI	228,059	13,682	470,458	75,236	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	3,434,977	92,704	13,407	516,438	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	225,234	0	1,497	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,356,458	48,720	4,353	411,599	65.00
66.00	06600	PHYSICAL THERAPY	760,485	28,424	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	301,635	3,381	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	111,801	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	463,509	21,503	55,660	86,128	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,417,623	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,370,764	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,450,197	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	329,666	0	0	45,715	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	3,900,630	137,530	23,820	1,141,773	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	83,615,260	3,499,146	4,929,547	9,694,413	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	133,327	17,894	0	16,881	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	198,360	0	0	0	192.00
192.01	19201	APOTHECARY	3,996	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	192.02
192.03	19203	FOUNDATION	489,105	7,524	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	529,089	0	0	152,273	192.04
194.00	07950	INDUSTRIAL MEDICINE	49,840	0	0	16,656	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/28/2020 8:54 am

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		
202.00	TOTAL (sum lines 118 through 201)	85,018,977	0	1.00	2.00	4.00	5.01
				3,524,564	4,929,547	9,880,223	0
							202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/28/2020 8:54 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/AC COUNTS 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	0			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	16,893,479	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	610,091	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	4,784,111	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	313,399	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	1,473,203	9.00
10.00	01000	DIETARY	0	0	0	0	363,930	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,232,941	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	2,545,650	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,066,374	14.00
15.00	01500	PHARMACY	0	0	0	0	2,503,262	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	703,345	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	573,462	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	9,636,779	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	2,688,393	31.00
43.00	04300	NURSERY	0	0	0	0	58,340	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	2,746,276	50.00
50.01	03330	ENDOSCOPY	0	0	0	0	1,293,414	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	448,037	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	1,677,225	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	180,698	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,907,166	54.00
54.01	03630	ULTRASOUND	0	0	0	0	631,212	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	449,042	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	1,419,324	55.00
55.01	03480	ONCOLOGY	0	0	0	0	1,201,765	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	463,910	56.00
57.00	05700	CT SCAN	0	0	0	0	996,138	57.00
58.00	05800	MRI	0	0	0	0	787,435	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	4,057,526	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	226,731	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	1,821,130	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	788,909	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	305,016	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	111,801	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	626,800	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	2,417,623	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,370,764	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	6,450,197	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	375,381	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	5,203,753	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	83,404,032	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	168,102	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	198,360	192.00
192.01	19201	APOTHECARY	0	0	0	0	3,996	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	496,629	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	681,362	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	66,496	194.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	85,018,977	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/28/2020 8:54 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	16,893,479					5.06
6.00	00600	MAINTENANCE & REPAIRS	151,288	761,379				6.00
7.00	00700	OPERATION OF PLANT	1,186,345	394,973	6,365,429			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	77,715	499	8,676	400,289		8.00
9.00	00900	HOUSEKEEPING	365,319	3,416	59,340	0	1,901,278	9.00
10.00	01000	DIETARY	90,246	33,306	578,606	0	32,556	10.00
11.00	01100	CAFETERIA	305,740	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	631,260	7,957	138,234	4,954	8,527	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	264,435	0	0	0	0	14.00
15.00	01500	PHARMACY	620,749	2,813	48,865	0	10,754	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	174,413	7,791	135,357	0	9,494	16.00
17.00	01700	SOCIAL SERVICE	142,205	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,389,680	94,354	1,639,166	130,881	960,867	30.00
31.00	03100	INTENSIVE CARE UNIT	666,657	12,517	217,444	11,493	127,852	31.00
43.00	04300	NURSERY	14,467	944	16,408	3,308	10,696	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	681,011	46,443	806,839	16,081	124,804	50.00
50.01	03330	ENDOSCOPY	320,736	17,270	300,025	12,271	84,424	50.01
51.00	05100	RECOVERY ROOM	111,102	3,496	60,733	9,747	22,652	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	415,912	15,919	276,558	0	0	52.00
53.00	05300	ANESTHESIOLOGY	44,809	1,330	23,106	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	472,931	19,514	339,000	40,313	50,695	54.00
54.01	03630	ULTRASOUND	156,525	1,822	31,648	0	117	54.01
54.02	03440	MAMMOGRAPHY	111,352	4,448	77,276	10,936	33,377	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	351,958	2,308	40,099	0	65,464	55.00
55.01	03480	ONCOLOGY	298,009	0	0	8,237	0	55.01
56.00	05600	RADIOISOTOPE	115,039	2,106	36,593	0	4,747	56.00
57.00	05700	CT SCAN	247,018	3,734	64,869	0	10,696	57.00
58.00	05800	MRI	195,265	3,110	54,035	0	9,113	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,006,169	21,074	366,107	0	29,304	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	56,224	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	451,597	11,075	192,404	5,536	25,611	65.00
66.00	06600	PHYSICAL THERAPY	195,630	6,461	112,251	3,638	13,128	66.00
67.00	06700	OCCUPATIONAL THERAPY	75,637	769	13,351	0	3,692	67.00
68.00	06800	SPEECH PATHOLOGY	27,724	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	155,431	4,888	84,919	4,464	8,967	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	599,512	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	339,917	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,599,494	0	0	0	7,883	73.00
74.00	07400	RENAL DIALYSIS	93,085	0	0	0	11,253	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	1,290,406	31,264	543,137	138,430	226,869	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,493,012	755,601	6,265,046	400,289	1,893,542	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	41,685	4,068	70,668	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	49,189	0	0	0	0	192.00
192.01	19201	APOTHECARY	991	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	123,152	1,710	29,715	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	168,961	0	0	0	7,736	192.04
194.00	07950	INDUSTRIAL MEDICINE	16,489	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	16,893,479	761,379	6,365,429	400,289	1,901,278	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	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	00590	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	1,098,644					10.00
11.00	01100	CAFETERIA	0	1,538,681				11.00
13.00	01300	NURSING ADMINISTRATION	0	56,902	3,393,484			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	1,330,809		14.00
15.00	01500	PHARMACY	0	0	0	0	3,186,443	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	70,915	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	973,333	334,089	964,424	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	125,311	65,723	189,715	0	0	31.00
43.00	04300	NURSERY	0	5,934	17,147	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	50,518	145,820	0	0	50.00
50.01	03330	ENDOSCOPY	0	32,252	93,121	0	0	50.01
51.00	05100	RECOVERY ROOM	0	11,351	32,768	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	45,869	132,400	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,060	8,839	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	25,961	74,950	0	0	54.00
54.01	03630	ULTRASOUND	0	11,192	32,301	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	9,960	28,736	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,616	33,526	0	0	55.00
55.01	03480	ONCOLOGY	0	196,560	567,403	0	0	55.01
56.00	05600	RADIOISOTOPE	0	9,245	26,696	0	0	56.00
57.00	05700	CT SCAN	0	24,173	69,785	0	0	57.00
58.00	05800	MRI	0	8,861	25,580	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	129,539	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	116,956	337,619	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	14,874	42,941	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	863,990	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	466,819	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,186,443	73.00
74.00	07400	RENAL DIALYSIS	0	28,040	80,926	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	169,328	488,787	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,098,644	1,432,918	3,393,484	1,330,809	3,186,443	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	3,801	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	APOTHECARY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	23,722	0	0	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	78,240	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,098,644	1,538,681	3,393,484	1,330,809	3,186,443	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER 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
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,101,315					16.00
17.00	01700	SOCIAL SERVICE	0	715,667				17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	111,506	634,028	17,869,107	0	17,869,107	30.00
31.00	03100	INTENSIVE CARE UNIT	16,180	81,639	4,202,924	0	4,202,924	31.00
43.00	04300	NURSERY	3,543	0	130,787	0	130,787	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	74,217	0	4,692,009	0	4,692,009	50.00
50.01	03330	ENDOSCOPY	5,316	0	2,158,829	0	2,158,829	50.01
51.00	05100	RECOVERY ROOM	2,339	0	702,225	0	702,225	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,386	0	2,571,269	0	2,571,269	52.00
53.00	05300	ANESTHESIOLOGY	22,138	0	283,980	0	283,980	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,332	0	2,957,862	0	2,957,862	54.00
54.01	03630	ULTRASOUND	13,143	0	877,960	0	877,960	54.01
54.02	03440	MAMMOGRAPHY	4,539	0	729,666	0	729,666	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	26,661	0	1,950,956	0	1,950,956	55.00
55.01	03480	ONCOLOGY	13,479	0	2,285,453	0	2,285,453	55.01
56.00	05600	RADIOISOTOPE	5,810	0	664,146	0	664,146	56.00
57.00	05700	CT SCAN	113,103	0	1,529,516	0	1,529,516	57.00
58.00	05800	MRI	18,193	0	1,101,592	0	1,101,592	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	156,251	0	5,765,970	0	5,765,970	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,637	0	284,592	0	284,592	63.00
65.00	06500	RESPIRATORY THERAPY	37,475	0	2,999,403	0	2,999,403	65.00
66.00	06600	PHYSICAL THERAPY	9,942	0	1,129,959	0	1,129,959	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,541	0	403,006	0	403,006	67.00
68.00	06800	SPEECH PATHOLOGY	1,453	0	140,978	0	140,978	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	33,422	0	976,706	0	976,706	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,665	0	3,882,790	0	3,882,790	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	16,386	0	2,193,886	0	2,193,886	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	200,450	0	11,444,467	0	11,444,467	73.00
74.00	07400	RENAL DIALYSIS	3,479	0	592,164	0	592,164	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	169,729	0	8,261,703	0	8,261,703	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,101,315	715,667	82,783,905	0	82,783,905	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	288,324	0	288,324	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	247,549	0	247,549	192.00
192.01	19201	APOTHECARY	0	0	4,987	0	4,987	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	651,206	0	651,206	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	881,781	0	881,781	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	161,225	0	161,225	194.00
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,101,315	715,667	85,018,977	0	85,018,977	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0093

Period:
From 10/01/2018
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Cost Center Description			CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP		
			0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	4.00
5.01	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	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	168,595	1,906,849	2,075,444	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	6,682	0	6,682	6.00
7.00	00700	OPERATION OF PLANT	0	1,737,463	4,931	1,742,394	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,197	0	2,197	8.00
9.00	00900	HOUSEKEEPING	0	15,026	1,715	16,741	9.00
10.00	01000	DIETARY	0	146,512	5,720	152,232	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	35,003	266,537	301,540	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	13,348	13,348	14.00
15.00	01500	PHARMACY	0	12,373	2,923	15,296	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	34,274	0	34,274	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	415,061	34,245	449,306	30.00
31.00	03100	INTENSIVE CARE UNIT	0	55,060	0	55,060	31.00
43.00	04300	NURSERY	0	4,155	0	4,155	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	204,303	163,765	368,068	50.00
50.01	03330	ENDOSCOPY	0	75,971	87,229	163,200	50.01
51.00	05100	RECOVERY ROOM	0	15,379	0	15,379	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	70,029	0	70,029	52.00
53.00	05300	ANESTHESIOLOGY	0	5,851	119,764	125,615	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	85,840	248,978	334,818	54.00
54.01	03630	ULTRASOUND	0	8,014	56,604	64,618	54.01
54.02	03440	MAMMOGRAPHY	0	19,568	147,911	167,479	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	10,154	766,378	776,532	55.00
55.01	03480	ONCOLOGY	0	0	266,239	266,239	55.01
56.00	05600	RADIOISOTOPE	0	9,266	0	9,266	56.00
57.00	05700	CT SCAN	0	16,426	267,216	283,642	57.00
58.00	05800	MRI	0	13,682	470,458	484,140	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	92,704	13,407	106,111	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	1,497	1,497	63.00
65.00	06500	RESPIRATORY THERAPY	0	48,720	4,353	53,073	65.00
66.00	06600	PHYSICAL THERAPY	0	28,424	0	28,424	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,381	0	3,381	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	21,503	55,660	77,163	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	137,530	23,820	161,350	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	3,499,146	4,929,547	8,428,693	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	17,894	0	17,894	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	APOTHECARY	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	7,524	0	7,524	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	194.00
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers				0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	3,524,564	4,929,547	8,454,111	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0093

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Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/AC COUNTS 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	0		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	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
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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03330	ENDOSCOPY	0	0	0	0	0	50.01
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
54.01	03630	ULTRASOUND	0	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	APOTHECARY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0093

Period:
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Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	2,075,444					5.06
6.00	00600	MAINTENANCE & REPAIRS	18,586	25,268				6.00
7.00	00700	OPERATION OF PLANT	145,748	13,109	1,901,251			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,548	17	2,591	14,353		8.00
9.00	00900	HOUSEKEEPING	44,881	113	17,724	0	79,459	9.00
10.00	01000	DIETARY	11,087	1,105	172,820	0	1,361	10.00
11.00	01100	CAFETERIA	37,562	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	77,553	264	41,288	178	356	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	32,487	0	0	0	0	14.00
15.00	01500	PHARMACY	76,262	93	14,595	0	449	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,427	259	40,429	0	397	16.00
17.00	01700	SOCIAL SERVICE	17,471	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	293,586	3,131	489,594	4,693	40,158	30.00
31.00	03100	INTENSIVE CARE UNIT	81,902	415	64,947	412	5,343	31.00
43.00	04300	NURSERY	1,777	31	4,901	119	447	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	83,665	1,541	240,990	577	5,216	50.00
50.01	03330	ENDOSCOPY	39,404	573	89,612	440	3,528	50.01
51.00	05100	RECOVERY ROOM	13,649	116	18,140	349	947	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	51,097	528	82,604	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,505	44	6,902	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	58,102	648	101,254	1,446	2,119	54.00
54.01	03630	ULTRASOUND	19,230	60	9,453	0	5	54.01
54.02	03440	MAMMOGRAPHY	13,680	148	23,081	392	1,395	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	43,240	77	11,977	0	2,736	55.00
55.01	03480	ONCOLOGY	36,612	0	0	295	0	55.01
56.00	05600	RADIOISOTOPE	14,133	70	10,930	0	198	56.00
57.00	05700	CT SCAN	30,347	124	19,375	0	447	57.00
58.00	05800	MRI	23,989	103	16,139	0	381	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	123,613	699	109,350	0	1,225	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	6,907	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	55,481	368	57,468	198	1,070	65.00
66.00	06600	PHYSICAL THERAPY	24,034	214	33,527	130	549	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,292	26	3,988	0	154	67.00
68.00	06800	SPEECH PATHOLOGY	3,406	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	19,095	162	25,364	160	375	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	73,653	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	41,760	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	196,505	0	0	0	329	73.00
74.00	07400	RENAL DIALYSIS	11,436	0	0	0	470	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	158,532	1,038	162,226	4,964	9,481	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,026,244	25,076	1,871,269	14,353	79,136	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	5,121	135	21,107	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	6,043	0	0	0	0	192.00
192.01	19201	APOTHECARY	122	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	15,130	57	8,875	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	20,758	0	0	0	323	192.04
194.00	07950	INDUSTRIAL MEDICINE	2,026	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,075,444	25,268	1,901,251	14,353	79,459	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet B
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Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	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	00590	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	338,605					10.00
11.00	01100	CAFETERIA	0	37,562				11.00
13.00	01300	NURSING ADMINISTRATION	0	1,389	422,568			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	45,835		14.00
15.00	01500	PHARMACY	0	0	0	0	106,695	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,731	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	299,984	8,156	120,095	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	38,621	1,604	23,624	0	0	31.00
43.00	04300	NURSERY	0	145	2,135	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,233	18,158	0	0	50.00
50.01	03330	ENDOSCOPY	0	787	11,596	0	0	50.01
51.00	05100	RECOVERY ROOM	0	277	4,080	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,120	16,487	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	75	1,101	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	634	9,333	0	0	54.00
54.01	03630	ULTRASOUND	0	273	4,022	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	243	3,578	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	284	4,175	0	0	55.00
55.01	03480	ONCOLOGY	0	4,798	70,655	0	0	55.01
56.00	05600	RADIOISOTOPE	0	226	3,324	0	0	56.00
57.00	05700	CT SCAN	0	590	8,690	0	0	57.00
58.00	05800	MRI	0	216	3,185	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	3,162	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,855	42,041	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	363	5,347	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	29,757	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,078	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	106,695	73.00
74.00	07400	RENAL DIALYSIS	0	685	10,077	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	4,134	60,865	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	338,605	34,980	422,568	45,835	106,695	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	93	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	APOTHECARY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	579	0	0	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	1,910	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	338,605	37,562	422,568	45,835	106,695	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
2/28/2020 8:54 am

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			16.00	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER 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
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	98,517					16.00
17.00	01700	SOCIAL SERVICE	0	17,471				17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,975	15,478	1,734,156	0	1,734,156	30.00
31.00	03100	INTENSIVE CARE UNIT	1,447	1,993	275,368	0	275,368	31.00
43.00	04300	NURSERY	317	0	14,027	0	14,027	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,639	0	726,087	0	726,087	50.00
50.01	03330	ENDOSCOPY	476	0	309,616	0	309,616	50.01
51.00	05100	RECOVERY ROOM	209	0	53,146	0	53,146	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	661	0	222,526	0	222,526	52.00
53.00	05300	ANESTHESIOLOGY	1,980	0	141,222	0	141,222	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,445	0	510,799	0	510,799	54.00
54.01	03630	ULTRASOUND	1,176	0	98,837	0	98,837	54.01
54.02	03440	MAMMOGRAPHY	406	0	210,402	0	210,402	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	2,385	0	841,406	0	841,406	55.00
55.01	03480	ONCOLOGY	1,206	0	379,805	0	379,805	55.01
56.00	05600	RADIOISOTOPE	520	0	38,667	0	38,667	56.00
57.00	05700	CT SCAN	10,118	0	353,333	0	353,333	57.00
58.00	05800	MRI	1,628	0	529,781	0	529,781	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	13,978	0	358,138	0	358,138	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	146	0	8,550	0	8,550	63.00
65.00	06500	RESPIRATORY THERAPY	3,352	0	215,906	0	215,906	65.00
66.00	06600	PHYSICAL THERAPY	889	0	87,767	0	87,767	66.00
67.00	06700	OCCUPATIONAL THERAPY	406	0	17,247	0	17,247	67.00
68.00	06800	SPEECH PATHOLOGY	130	0	3,536	0	3,536	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	2,990	0	131,019	0	131,019	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	149	0	103,559	0	103,559	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,466	0	59,304	0	59,304	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,929	0	321,458	0	321,458	73.00
74.00	07400	RENAL DIALYSIS	311	0	22,979	0	22,979	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	15,183	0	577,773	0	577,773	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	98,517	17,471	8,346,414	0	8,346,414	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	44,350	0	44,350	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	6,043	0	6,043	192.00
192.01	19201	APOTHECARY	0	0	122	0	122	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	31,586	0	31,586	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	21,660	0	21,660	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	3,936	0	3,936	194.00
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	98,517	17,471	8,454,111	0	8,454,111	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

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

Worksheet B-1

Date/Time Prepared:
2/28/2020 8:54 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF LINES)	DATA PROCESSING (GROSS REVENUE)	
			BLDG & FIXT (SQUARE FEET)	MOVABLE 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	309,632					1.00
2.00	00200	CAP REL COSTS-MVABLE EQUIP		2,816,369				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	29,325,642			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	0	0	0	0	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	14,811	1,089,429	3,069,351	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	587	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	152,636	2,817	966,810	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	193	0	36,121	0	0	8.00
9.00	00900	HOUSEKEEPING	1,320	980	936,218	0	0	9.00
10.00	01000	DIETARY	12,871	3,268	59,252	0	0	10.00
11.00	01100	CAFETERIA	0	0	423,018	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,075	152,279	1,182,341	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,626	350,734	0	0	14.00
15.00	01500	PHARMACY	1,087	1,670	1,056,531	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,011	0	521,377	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	36,463	19,565	5,729,644	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,837	0	1,482,516	0	0	31.00
43.00	04300	NURSERY	365	0	31,125	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,948	93,563	1,089,163	0	0	50.00
50.01	03330	ENDOSCOPY	6,674	49,836	815,136	0	0	50.01
51.00	05100	RECOVERY ROOM	1,351	0	323,045	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,152	0	924,656	0	0	52.00
53.00	05300	ANESTHESIOLOGY	514	68,424	39,510	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,541	142,247	625,627	0	0	54.00
54.01	03630	ULTRASOUND	704	32,339	291,955	0	0	54.01
54.02	03440	MAMMOGRAPHY	1,719	84,505	198,244	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	892	437,850	468,622	0	0	55.00
55.01	03480	ONCOLOGY	0	152,109	679,856	0	0	55.01
56.00	05600	RADIOISOTOPE	814	0	191,106	0	0	56.00
57.00	05700	CT SCAN	1,443	152,667	524,110	0	0	57.00
58.00	05800	MRI	1,202	268,784	223,308	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	8,144	7,660	1,532,849	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	855	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,280	2,487	1,221,673	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,497	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	297	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	1,889	31,800	255,637	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	135,687	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	12,082	13,609	3,388,915	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	307,399	2,816,369	28,774,137	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEN	1,572	0	50,105	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	APOTHECARY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	661	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	451,963	0	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	49,437	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

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

Worksheet B-1

Date/Time Prepared:
2/28/2020 8:54 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF LINES)	DATA PROCESSING (GROSS REVE NUE)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
202.00		Cost to be allocated (per Wkst. B, Part I)	3,524,564	4,929,547	9,880,223	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.383074	1.750320	0.336914	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000	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: 14-0093

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

Worksheet B-1

Date/Time Prepared:
2/28/2020 8:54 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY COS T)	ADMITTING (GROSS REVE NUE)	CASHIERING/AC COUNTS RECEIVABLE (GROSS REVE NUE)	Reconciliatio n	OTHER ADMINISTRATIV E 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	0					5.03
5.04	00570	ADMITTING	0	0				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	-16,893,479	68,125,498	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	610,091	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	4,784,111	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	313,399	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	1,473,203	9.00
10.00	01000	DIETARY	0	0	0	0	363,930	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,232,941	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	2,545,650	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,066,374	14.00
15.00	01500	PHARMACY	0	0	0	0	2,503,262	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	703,345	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	573,462	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	9,636,779	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	2,688,393	31.00
43.00	04300	NURSERY	0	0	0	0	58,340	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	2,746,276	50.00
50.01	03330	ENDOSCOPY	0	0	0	0	1,293,414	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	448,037	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	1,677,225	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	180,698	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,907,166	54.00
54.01	03630	ULTRASOUND	0	0	0	0	631,212	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	449,042	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	1,419,324	55.00
55.01	03480	ONCOLOGY	0	0	0	0	1,201,765	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	463,910	56.00
57.00	05700	CT SCAN	0	0	0	0	996,138	57.00
58.00	05800	MRI	0	0	0	0	787,435	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	4,057,526	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	226,731	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	1,821,130	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	788,909	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	305,016	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	111,801	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	626,800	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	2,417,623	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,370,764	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	6,450,197	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	375,381	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	5,203,753	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	-16,893,479	66,510,553	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	168,102	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	198,360	192.00
192.01	19201	APOTHECARY	0	0	0	0	3,996	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	496,629	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	681,362	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	66,496	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0		16,893,479	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

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

Worksheet B-1

Date/Time Prepared:
2/28/2020 8:54 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMITTING (GROSS REVENUE)	CASHIERING/AC COUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000		0.247976	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	0		2,075,444	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000		0.030465	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: 14-0093

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

Worksheet B-1

Date/Time Prepared:
2/28/2020 8:54 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	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	294,234				6.00
7.00	00700	OPERATION OF PLANT	152,636	141,598			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	193	193	412,176		8.00
9.00	00900	HOUSEKEEPING	1,320	1,320	0	64,882	9.00
10.00	01000	DIETARY	12,871	12,871	0	1,111	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,075	3,075	5,101	291	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	1,087	1,087	0	367	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,011	3,011	0	324	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	36,463	36,463	134,768	32,790	30.00
31.00	03100	INTENSIVE CARE UNIT	4,837	4,837	11,834	4,363	31.00
43.00	04300	NURSERY	365	365	3,406	365	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17,948	17,948	16,559	4,259	50.00
50.01	03330	ENDOSCOPY	6,674	6,674	12,635	2,881	50.01
51.00	05100	RECOVERY ROOM	1,351	1,351	10,036	773	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,152	6,152	0	0	52.00
53.00	05300	ANESTHESIOLOGY	514	514	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,541	7,541	41,510	1,730	54.00
54.01	03630	ULTRASOUND	704	704	0	4	54.01
54.02	03440	MAMMOGRAPHY	1,719	1,719	11,261	1,139	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	892	892	0	2,234	55.00
55.01	03480	ONCOLOGY	0	0	8,482	0	55.01
56.00	05600	RADIOISOTOPE	814	814	0	162	56.00
57.00	05700	CT SCAN	1,443	1,443	0	365	57.00
58.00	05800	MRI	1,202	1,202	0	311	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	8,144	8,144	0	1,000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,280	4,280	5,700	874	65.00
66.00	06600	PHYSICAL THERAPY	2,497	2,497	3,746	448	66.00
67.00	06700	OCCUPATIONAL THERAPY	297	297	0	126	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	1,889	1,889	4,597	306	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	269	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	384	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	12,082	12,082	142,541	7,742	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	292,001	139,365	412,176	64,618	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEN	1,572	1,572	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	APOTHECARY	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	192.02
192.03	19203	FOUNDATION	661	661	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	264	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	761,379	6,365,429	400,289	1,901,278	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	2.587665	44.954230	0.971160	29.303628	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

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

Worksheet B-1

Date/Time Prepared:
2/28/2020 8:54 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	
204.00		Cost to be allocated (per Wkst. B, Part II)	25,268	1,901,251	14,353	79,459	338,605	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.085877	13.427103	0.034823	1.224669	20.104798	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: 14-0093

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

Worksheet B-1

Date/Time Prepared:
2/28/2020 8:54 am

Cost Center Description			CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATIO N (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER 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	116,168					11.00
13.00	01300	NURSING ADMINISTRATION	4,296	778,578				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	3,907,779			14.00
15.00	01500	PHARMACY	0	0	0	6,450,197		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,354	0	0	0	502,539,950	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,223	221,271	0	0	50,892,523	30.00
31.00	03100	INTENSIVE CARE UNIT	4,962	43,527	0	0	7,384,622	31.00
43.00	04300	NURSERY	448	3,934	0	0	1,616,960	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,814	33,456	0	0	33,873,595	50.00
50.01	03330	ENDOSCOPY	2,435	21,365	0	0	2,426,517	50.01
51.00	05100	RECOVERY ROOM	857	7,518	0	0	1,067,448	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,463	30,377	0	0	3,370,876	52.00
53.00	05300	ANESTHESIOLOGY	231	2,028	0	0	10,104,111	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,960	17,196	0	0	12,474,624	54.00
54.01	03630	ULTRASOUND	845	7,411	0	0	5,998,451	54.01
54.02	03440	MAMMOGRAPHY	752	6,593	0	0	2,071,811	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	877	7,692	0	0	12,168,412	55.00
55.01	03480	ONCOLOGY	14,840	130,181	0	0	6,152,138	55.01
56.00	05600	RADIOISOTOPE	698	6,125	0	0	2,651,906	56.00
57.00	05700	CT SCAN	1,825	16,011	0	0	51,621,478	57.00
58.00	05800	MRI	669	5,869	0	0	8,303,578	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	9,780	0	0	0	71,314,784	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	747,367	63.00
65.00	06500	RESPIRATORY THERAPY	8,830	77,461	0	0	17,104,099	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	4,537,860	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	2,072,792	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	663,320	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	1,123	9,852	0	0	15,254,245	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	2,537,015	0	759,743	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,370,764	0	7,478,842	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,450,197	91,373,489	73.00
74.00	07400	RENAL DIALYSIS	2,117	18,567	0	0	1,587,742	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	12,784	112,144	0	0	77,466,617	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	108,183	778,578	3,907,779	6,450,197	502,539,950	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	287	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	APOTHECARY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	1,791	0	0	0	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	5,907	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,538,681	3,393,484	1,330,809	3,186,443	1,101,315	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

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

Worksheet B-1

Date/Time Prepared:
2/28/2020 8:54 am

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATIO N (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	13.245309	4.358567	0.340554	0.494007	0.002191	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	37,562	422,568	45,835	106,695	98,517	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.323342	0.542743	0.011729	0.016541	0.000196	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: 14-0093

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

Worksheet B-1

Date/Time Prepared:
2/28/2020 8:54 am

Cost Center Description			SOCIAL SERVICE (TIME SPENT)	
			17.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00560	PURCHASING RECEIVING AND STORES		5.03
5.04	00570	ADMITTING		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590	OTHER 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
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	16,612	17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	14,717	30.00
31.00	03100	INTENSIVE CARE UNIT	1,895	31.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
50.01	03330	ENDOSCOPY	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	03630	ULTRASOUND	0	54.01
54.02	03440	MAMMOGRAPHY	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
55.01	03480	ONCOLOGY	0	55.01
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	03140	CARDIOLOGY	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,612	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	192.00
192.01	19201	APOTHECARY	0	192.01
192.02	19202	REAL ESTATE	0	192.02
192.03	19203	FOUNDATION	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	192.04
194.00	07950	INDUSTRIAL MEDICINE	0	194.00
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	715,667	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	43.081327	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0093

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

Worksheet B-1

Date/Time Prepared:
2/28/2020 8:54 am

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	
		17.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	17,471	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.051710	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
Date/Time Prepared:
2/28/2020 8:54 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
					Total Costs	RCE Disallowance		
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,869,107		17,869,107	0	17,869,107	30.00
31.00	03100	INTENSIVE CARE UNIT	4,202,924		4,202,924	0	4,202,924	31.00
43.00	04300	NURSERY	130,787		130,787	0	130,787	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,692,009		4,692,009	0	4,692,009	50.00
50.01	03330	ENDOSCOPY	2,158,829		2,158,829	0	2,158,829	50.01
51.00	05100	RECOVERY ROOM	702,225		702,225	0	702,225	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,571,269		2,571,269	0	2,571,269	52.00
53.00	05300	ANESTHESIOLOGY	283,980		283,980	0	283,980	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,957,862		2,957,862	0	2,957,862	54.00
54.01	03630	ULTRASOUND	877,960		877,960	0	877,960	54.01
54.02	03440	MAMMOGRAPHY	729,666		729,666	0	729,666	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,950,956		1,950,956	0	1,950,956	55.00
55.01	03480	ONCOLOGY	2,285,453		2,285,453	0	2,285,453	55.01
56.00	05600	RADIOISOTOPE	664,146		664,146	0	664,146	56.00
57.00	05700	CT SCAN	1,529,516		1,529,516	0	1,529,516	57.00
58.00	05800	MRI	1,101,592		1,101,592	0	1,101,592	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	5,765,970		5,765,970	6,363	5,772,333	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	284,592		284,592	0	284,592	63.00
65.00	06500	RESPIRATORY THERAPY	2,999,403	0	2,999,403	483	2,999,886	65.00
66.00	06600	PHYSICAL THERAPY	1,129,959	0	1,129,959	0	1,129,959	66.00
67.00	06700	OCCUPATIONAL THERAPY	403,006	0	403,006	0	403,006	67.00
68.00	06800	SPEECH PATHOLOGY	140,978	0	140,978	0	140,978	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	69.00
69.01	03140	CARDIOLOGY	976,706		976,706	0	976,706	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,882,790		3,882,790	0	3,882,790	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,193,886		2,193,886	0	2,193,886	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,444,467		11,444,467	0	11,444,467	73.00
74.00	07400	RENAL DIALYSIS	592,164		592,164	2,798	594,962	74.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	8,261,703		8,261,703	0	8,261,703	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,648,827		2,648,827		2,648,827	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	85,432,732	0	85,432,732	9,644	85,442,376	200.00
201.00		Less Observation Beds	2,648,827		2,648,827		2,648,827	201.00
202.00		Total (see instructions)	82,783,905	0	82,783,905	9,644	82,793,549	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
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			Title XVIII			Hospital	PPS		
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,263,641		45,263,641			30.00	
31.00	03100	INTENSIVE CARE UNIT	7,384,622		7,384,622			31.00	
43.00	04300	NURSERY	1,616,960		1,616,960			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,220,440	21,653,155	33,873,595	0.138515	0.000000	50.00	
50.01	03330	ENDOSCOPY	114,279	2,312,238	2,426,517	0.889682	0.000000	50.01	
51.00	05100	RECOVERY ROOM	410,829	656,619	1,067,448	0.657854	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,368,216	2,660	3,370,876	0.762790	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	4,287,618	5,816,493	10,104,111	0.028105	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,760,917	9,713,707	12,474,624	0.237110	0.000000	54.00	
54.01	03630	ULTRASOUND	818,984	5,179,467	5,998,451	0.146364	0.000000	54.01	
54.02	03440	MAMMOGRAPHY	637	2,071,174	2,071,811	0.352188	0.000000	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	21,172	12,147,240	12,168,412	0.160330	0.000000	55.00	
55.01	03480	ONCOLOGY	34,640	6,117,498	6,152,138	0.371489	0.000000	55.01	
56.00	05600	RADIOISOTOPE	463,806	2,188,100	2,651,906	0.250441	0.000000	56.00	
57.00	05700	CT SCAN	12,918,494	38,702,984	51,621,478	0.029629	0.000000	57.00	
58.00	05800	MRI	2,419,587	5,883,991	8,303,578	0.132665	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00	
60.00	06000	LABORATORY	28,915,166	42,399,618	71,314,784	0.080852	0.000000	60.00	
63.00	06300	BLOOD STORING PROCESSING & TRANS.	518,434	228,933	747,367	0.380793	0.000000	63.00	
65.00	06500	RESPIRATORY THERAPY	11,895,798	5,208,301	17,104,099	0.175362	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	2,236,847	2,301,013	4,537,860	0.249007	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,101,272	971,520	2,072,792	0.194427	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	490,158	173,162	663,320	0.212534	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00	
69.01	03140	CARDIOLOGY	7,494,122	7,760,123	15,254,245	0.064028	0.000000	69.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	468,303	291,440	759,743	5.110662	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,215,247	3,263,595	7,478,842	0.293346	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	25,040,512	66,332,977	91,373,489	0.125249	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	1,587,742	0	1,587,742	0.372960	0.000000	74.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
	OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	14,094,862	63,371,755	77,466,617	0.106649	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,096,142	3,532,740	5,628,882	0.470578	0.000000	92.00	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	194,259,447	308,280,503	502,539,950			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	194,259,447	308,280,503	502,539,950			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0093

Period:
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Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.138515		50.00
50.01	03330	ENDOSCOPY	0.889682		50.01
51.00	05100	RECOVERY ROOM	0.657854		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.762790		52.00
53.00	05300	ANESTHESIOLOGY	0.028105		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.237110		54.00
54.01	03630	ULTRASOUND	0.146364		54.01
54.02	03440	MAMMOGRAPHY	0.352188		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.160330		55.00
55.01	03480	ONCOLOGY	0.371489		55.01
56.00	05600	RADIOISOTOPE	0.250441		56.00
57.00	05700	CT SCAN	0.029629		57.00
58.00	05800	MRI	0.132665		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.080942		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.380793		63.00
65.00	06500	RESPIRATORY THERAPY	0.175390		65.00
66.00	06600	PHYSICAL THERAPY	0.249007		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.194427		67.00
68.00	06800	SPEECH PATHOLOGY	0.212534		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	03140	CARDIOLOGY	0.064028		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5.110662		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.293346		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.125249		73.00
74.00	07400	RENAL DIALYSIS	0.374722		74.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.106649		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.470578		92.00
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: 14-0093

Period:
From 10/01/2018
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Part I
Date/Time Prepared:
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			Title XIX		Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	17,869,107		17,869,107	0	17,869,107
31.00	03100	INTENSIVE CARE UNIT	4,202,924		4,202,924	0	4,202,924
43.00	04300	NURSERY	130,787		130,787	0	130,787
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,692,009		4,692,009	0	4,692,009
50.01	03330	ENDOSCOPY	2,158,829		2,158,829	0	2,158,829
51.00	05100	RECOVERY ROOM	702,225		702,225	0	702,225
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,571,269		2,571,269	0	2,571,269
53.00	05300	ANESTHESIOLOGY	283,980		283,980	0	283,980
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,957,862		2,957,862	0	2,957,862
54.01	03630	ULTRASOUND	877,960		877,960	0	877,960
54.02	03440	MAMMOGRAPHY	729,666		729,666	0	729,666
55.00	05500	RADIOLOGY-THERAPEUTIC	1,950,956		1,950,956	0	1,950,956
55.01	03480	ONCOLOGY	2,285,453		2,285,453	0	2,285,453
56.00	05600	RADIOISOTOPE	664,146		664,146	0	664,146
57.00	05700	CT SCAN	1,529,516		1,529,516	0	1,529,516
58.00	05800	MRI	1,101,592		1,101,592	0	1,101,592
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0
60.00	06000	LABORATORY	5,765,970		5,765,970	6,363	5,772,333
63.00	06300	BLOOD STORING PROCESSING & TRANS.	284,592		284,592	0	284,592
65.00	06500	RESPIRATORY THERAPY	2,999,403	0	2,999,403	483	2,999,886
66.00	06600	PHYSICAL THERAPY	1,129,959	0	1,129,959	0	1,129,959
67.00	06700	OCCUPATIONAL THERAPY	403,006	0	403,006	0	403,006
68.00	06800	SPEECH PATHOLOGY	140,978	0	140,978	0	140,978
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0
69.01	03140	CARDIOLOGY	976,706		976,706	0	976,706
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,882,790		3,882,790	0	3,882,790
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,193,886		2,193,886	0	2,193,886
73.00	07300	DRUGS CHARGED TO PATIENTS	11,444,467		11,444,467	0	11,444,467
74.00	07400	RENAL DIALYSIS	592,164		592,164	2,798	594,962
76.97	07697	CARDIAC REHABILITATION	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	8,261,703		8,261,703	0	8,261,703
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,648,827		2,648,827		2,648,827
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
200.00		Subtotal (see instructions)	85,432,732	0	85,432,732	9,644	85,442,376
201.00		Less Observation Beds	2,648,827		2,648,827		2,648,827
202.00		Total (see instructions)	82,783,905	0	82,783,905	9,644	82,793,549

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0093

Period:
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			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	45,263,641		45,263,641			30.00
31.00	03100	INTENSIVE CARE UNIT	7,384,622		7,384,622			31.00
43.00	04300	NURSERY	1,616,960		1,616,960			43.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,220,440	21,653,155	33,873,595	0.138515	0.000000	50.00
50.01	03330	ENDOSCOPY	114,279	2,312,238	2,426,517	0.889682	0.000000	50.01
51.00	05100	RECOVERY ROOM	410,829	656,619	1,067,448	0.657854	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,368,216	2,660	3,370,876	0.762790	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,287,618	5,816,493	10,104,111	0.028105	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,760,917	9,713,707	12,474,624	0.237110	0.000000	54.00
54.01	03630	ULTRASOUND	818,984	5,179,467	5,998,451	0.146364	0.000000	54.01
54.02	03440	MAMMOGRAPHY	637	2,071,174	2,071,811	0.352188	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	21,172	12,147,240	12,168,412	0.160330	0.000000	55.00
55.01	03480	ONCOLOGY	34,640	6,117,498	6,152,138	0.371489	0.000000	55.01
56.00	05600	RADIOISOTOPE	463,806	2,188,100	2,651,906	0.250441	0.000000	56.00
57.00	05700	CT SCAN	12,918,494	38,702,984	51,621,478	0.029629	0.000000	57.00
58.00	05800	MRI	2,419,587	5,883,991	8,303,578	0.132665	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	28,915,166	42,399,618	71,314,784	0.080852	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	518,434	228,933	747,367	0.380793	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	11,895,798	5,208,301	17,104,099	0.175362	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,236,847	2,301,013	4,537,860	0.249007	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,101,272	971,520	2,072,792	0.194427	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	490,158	173,162	663,320	0.212534	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
69.01	03140	CARDIOLOGY	7,494,122	7,760,123	15,254,245	0.064028	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	468,303	291,440	759,743	5.110662	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,215,247	3,263,595	7,478,842	0.293346	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,040,512	66,332,977	91,373,489	0.125249	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,587,742	0	1,587,742	0.372960	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	14,094,862	63,371,755	77,466,617	0.106649	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,096,142	3,532,740	5,628,882	0.470578	0.000000	92.00
	SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	194,259,447	308,280,503	502,539,950			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	194,259,447	308,280,503	502,539,950			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0093

Period:
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Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	03330	ENDOSCOPY	0.000000			50.01
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
54.01	03630	ULTRASOUND	0.000000			54.01
54.02	03440	MAMMOGRAPHY	0.000000			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
55.01	03480	ONCOLOGY	0.000000			55.01
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000			63.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000			69.00
69.01	03140	CARDIOLOGY	0.000000			69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
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: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
Date/Time Prepared:
2/28/2020 8:54 am

			Title V		Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	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	17,869,107		17,869,107	0	17,869,107
31.00	03100	INTENSIVE CARE UNIT	4,202,924		4,202,924	0	4,202,924
43.00	04300	NURSERY	130,787		130,787	0	130,787
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,692,009		4,692,009	0	4,692,009
50.01	03330	ENDOSCOPY	2,158,829		2,158,829	0	2,158,829
51.00	05100	RECOVERY ROOM	702,225		702,225	0	702,225
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,571,269		2,571,269	0	2,571,269
53.00	05300	ANESTHESIOLOGY	283,980		283,980	0	283,980
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,957,862		2,957,862	0	2,957,862
54.01	03630	ULTRASOUND	877,960		877,960	0	877,960
54.02	03440	MAMMOGRAPHY	729,666		729,666	0	729,666
55.00	05500	RADIOLOGY-THERAPEUTIC	1,950,956		1,950,956	0	1,950,956
55.01	03480	ONCOLOGY	2,285,453		2,285,453	0	2,285,453
56.00	05600	RADIOISOTOPE	664,146		664,146	0	664,146
57.00	05700	CT SCAN	1,529,516		1,529,516	0	1,529,516
58.00	05800	MRI	1,101,592		1,101,592	0	1,101,592
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0
60.00	06000	LABORATORY	5,765,970		5,765,970	6,363	5,772,333
63.00	06300	BLOOD STORING PROCESSING & TRANS.	284,592		284,592	0	284,592
65.00	06500	RESPIRATORY THERAPY	2,999,403	0	2,999,403	483	2,999,886
66.00	06600	PHYSICAL THERAPY	1,129,959	0	1,129,959	0	1,129,959
67.00	06700	OCCUPATIONAL THERAPY	403,006	0	403,006	0	403,006
68.00	06800	SPEECH PATHOLOGY	140,978	0	140,978	0	140,978
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0
69.01	03140	CARDIOLOGY	976,706		976,706	0	976,706
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,882,790		3,882,790	0	3,882,790
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,193,886		2,193,886	0	2,193,886
73.00	07300	DRUGS CHARGED TO PATIENTS	11,444,467		11,444,467	0	11,444,467
74.00	07400	RENAL DIALYSIS	592,164		592,164	2,798	594,962
76.97	07697	CARDIAC REHABILITATION	0		0	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	8,261,703		8,261,703	0	8,261,703
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,648,827		2,648,827		2,648,827
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
200.00		Subtotal (see instructions)	85,432,732	0	85,432,732	9,644	85,442,376
201.00		Less Observation Beds	2,648,827		2,648,827		2,648,827
202.00		Total (see instructions)	82,783,905	0	82,783,905	9,644	82,793,549

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
Date/Time Prepared:
2/28/2020 8:54 am

			Title V		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	45,263,641		45,263,641		30.00
31.00	03100	INTENSIVE CARE UNIT	7,384,622		7,384,622		31.00
43.00	04300	NURSERY	1,616,960		1,616,960		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,220,440	21,653,155	33,873,595	0.138515	50.00
50.01	03330	ENDOSCOPY	114,279	2,312,238	2,426,517	0.889682	50.01
51.00	05100	RECOVERY ROOM	410,829	656,619	1,067,448	0.657854	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,368,216	2,660	3,370,876	0.762790	52.00
53.00	05300	ANESTHESIOLOGY	4,287,618	5,816,493	10,104,111	0.028105	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,760,917	9,713,707	12,474,624	0.237110	54.00
54.01	03630	ULTRASOUND	818,984	5,179,467	5,998,451	0.146364	54.01
54.02	03440	MAMMOGRAPHY	637	2,071,174	2,071,811	0.352188	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	21,172	12,147,240	12,168,412	0.160330	55.00
55.01	03480	ONCOLOGY	34,640	6,117,498	6,152,138	0.371489	55.01
56.00	05600	RADIOISOTOPE	463,806	2,188,100	2,651,906	0.250441	56.00
57.00	05700	CT SCAN	12,918,494	38,702,984	51,621,478	0.029629	57.00
58.00	05800	MRI	2,419,587	5,883,991	8,303,578	0.132665	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	28,915,166	42,399,618	71,314,784	0.080852	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	518,434	228,933	747,367	0.380793	63.00
65.00	06500	RESPIRATORY THERAPY	11,895,798	5,208,301	17,104,099	0.175362	65.00
66.00	06600	PHYSICAL THERAPY	2,236,847	2,301,013	4,537,860	0.249007	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,101,272	971,520	2,072,792	0.194427	67.00
68.00	06800	SPEECH PATHOLOGY	490,158	173,162	663,320	0.212534	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY	7,494,122	7,760,123	15,254,245	0.064028	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	468,303	291,440	759,743	5.110662	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,215,247	3,263,595	7,478,842	0.293346	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,040,512	66,332,977	91,373,489	0.125249	73.00
74.00	07400	RENAL DIALYSIS	1,587,742	0	1,587,742	0.372960	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	14,094,862	63,371,755	77,466,617	0.106649	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,096,142	3,532,740	5,628,882	0.470578	92.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	194,259,447	308,280,503	502,539,950		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	194,259,447	308,280,503	502,539,950		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
Date/Time Prepared:
2/28/2020 8:54 am

Cost Center Description		PPS Inpatient Ratio	Title V	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	03330	ENDOSCOPY	0.000000		50.01
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
54.01	03630	ULTRASOUND	0.000000		54.01
54.02	03440	MAMMOGRAPHY	0.000000		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	03480	ONCOLOGY	0.000000		55.01
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
69.01	03140	CARDIOLOGY	0.000000		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
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: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part I
Date/Time Prepared:
2/28/2020 8:54 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	1,734,156	0	1,734,156	17,108	101.37	30.00
31.00	INTENSIVE CARE UNIT	275,368		275,368	1,895	145.31	31.00
43.00	NURSERY	14,027		14,027	919	15.26	43.00
200.00	Total (lines 30 through 199)	2,023,551		2,023,551	19,922		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	6,838	693,168				30.00
31.00	INTENSIVE CARE UNIT	880	127,873				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	7,718	821,041				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part II
Date/Time Prepared:
2/28/2020 8:54 am

Cost Center Description			Title XVIII		Hospital	PPS		
			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	726,087	33,873,595	0.021435	5,027,440	107,763	50.00
50.01	03330	ENDOSCOPY	309,616	2,426,517	0.127597	59,379	7,577	50.01
51.00	05100	RECOVERY ROOM	53,146	1,067,448	0.049788	163,063	8,119	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	222,526	3,370,876	0.066014	27,846	1,838	52.00
53.00	05300	ANESTHESIOLOGY	141,222	10,104,111	0.013977	1,285,493	17,967	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	510,799	12,474,624	0.040947	1,369,588	56,081	54.00
54.01	03630	ULTRASOUND	98,837	5,998,451	0.016477	322,366	5,312	54.01
54.02	03440	MAMMOGRAPHY	210,402	2,071,811	0.101555	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	841,406	12,168,412	0.069147	4,450	308	55.00
55.01	03480	ONCOLOGY	379,805	6,152,138	0.061735	25,336	1,564	55.01
56.00	05600	RADIOISOTOPE	38,667	2,651,906	0.014581	290,122	4,230	56.00
57.00	05700	CT SCAN	353,333	51,621,478	0.006845	5,932,538	40,608	57.00
58.00	05800	MRI	529,781	8,303,578	0.063802	1,132,703	72,269	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	358,138	71,314,784	0.005022	13,593,740	68,268	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	8,550	747,367	0.011440	229,201	2,622	63.00
65.00	06500	RESPIRATORY THERAPY	215,906	17,104,099	0.012623	5,639,092	71,182	65.00
66.00	06600	PHYSICAL THERAPY	87,767	4,537,860	0.019341	1,194,485	23,103	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,247	2,072,792	0.008321	570,498	4,747	67.00
68.00	06800	SPEECH PATHOLOGY	3,536	663,320	0.005331	233,112	1,243	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
69.01	03140	CARDIOLOGY	131,019	15,254,245	0.008589	3,890,443	33,415	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	103,559	759,743	0.136308	210,013	28,626	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	59,304	7,478,842	0.007930	1,572,735	12,472	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	321,458	91,373,489	0.003518	11,612,213	40,852	73.00
74.00	07400	RENAL DIALYSIS	22,979	1,587,742	0.014473	909,524	13,164	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
	OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	577,773	77,466,617	0.007458	6,389,326	47,652	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	257,063	5,628,882	0.045669	843,166	38,507	92.00
200.00		Total (lines 50 through 199)	6,579,926	448,274,727		62,527,872	709,489	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0093		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part III Date/Time Prepared: 2/28/2020 8:54 am	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	17,108	0.00	6,838	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	1,895	0.00	880	0	31.00	
43.00	04300	NURSERY		0	919	0.00	0	0	43.00	
200.00		Total (lines 30 through 199)		0	19,922		7,718		200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0							30.00
31.00	03100	INTENSIVE CARE UNIT	0							31.00
43.00	04300	NURSERY	0							43.00
200.00		Total (lines 30 through 199)	0							200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0093		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/28/2020 8:54 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	03330	ENDOSCOPY		0	0	0	0	0	50.01
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
54.01	03630	ULTRASOUND		0	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY		0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
55.01	03480	ONCOLOGY		0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE		0	0	0	0	0	56.00
57.00	05700	CT SCAN		0	0	0	0	0	57.00
58.00	05800	MRI		0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0	59.00
60.00	06000	LABORATORY		0	0	0	0	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY		0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
200.00		Total (lines 50 through 199)		0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0093		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/28/2020 8:54 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	33,873,595	0.000000	50.00
50.01	03330	ENDOSCOPY			0	0	0	2,426,517	0.000000	50.01
51.00	05100	RECOVERY ROOM			0	0	0	1,067,448	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			0	0	0	3,370,876	0.000000	52.00
53.00	05300	ANESTHESIOLOGY			0	0	0	10,104,111	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			0	0	0	12,474,624	0.000000	54.00
54.01	03630	ULTRASOUND			0	0	0	5,998,451	0.000000	54.01
54.02	03440	MAMMOGRAPHY			0	0	0	2,071,811	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC			0	0	0	12,168,412	0.000000	55.00
55.01	03480	ONCOLOGY			0	0	0	6,152,138	0.000000	55.01
56.00	05600	RADIOISOTOPE			0	0	0	2,651,906	0.000000	56.00
57.00	05700	CT SCAN			0	0	0	51,621,478	0.000000	57.00
58.00	05800	MRI			0	0	0	8,303,578	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION			0	0	0	0	0.000000	59.00
60.00	06000	LABORATORY			0	0	0	71,314,784	0.000000	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.			0	0	0	747,367	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY			0	0	0	17,104,099	0.000000	65.00
66.00	06600	PHYSICAL THERAPY			0	0	0	4,537,860	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY			0	0	0	2,072,792	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY			0	0	0	663,320	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY			0	0	0	0	0.000000	69.00
69.01	03140	CARDIOLOGY			0	0	0	15,254,245	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			0	0	0	759,743	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			0	0	0	7,478,842	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			0	0	0	91,373,489	0.000000	73.00
74.00	07400	RENAL DIALYSIS			0	0	0	1,587,742	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION			0	0	0	0	0.000000	76.97
	OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY			0	0	0	77,466,617	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0	0	0	5,628,882	0.000000	92.00
200.00		Total (lines 50 through 199)			0	0	0	448,274,727		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part IV
Date/Time Prepared:
2/28/2020 8:54 am

Cost Center Description			Title XVIII		Hospital		PPS	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	5,027,440	0	6,470,586	0	50.00
50.01	03330	ENDOSCOPY	0.000000	59,379	0	1,031,690	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	163,063	0	116,077	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	27,846	0	2,660	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	1,285,493	0	1,396,108	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,369,588	0	1,853,425	0	54.00
54.01	03630	ULTRASOUND	0.000000	322,366	0	758,901	0	54.01
54.02	03440	MAMMOGRAPHY	0.000000	0	0	39,774	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	4,450	0	4,263,045	0	55.00
55.01	03480	ONCOLOGY	0.000000	25,336	0	2,238,252	0	55.01
56.00	05600	RADIOISOTOPE	0.000000	290,122	0	625,814	0	56.00
57.00	05700	CT SCAN	0.000000	5,932,538	0	8,341,003	0	57.00
58.00	05800	MRI	0.000000	1,132,703	0	1,399,996	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	13,593,740	0	5,619,864	0	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	229,201	0	82,054	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	5,639,092	0	1,512,651	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	1,194,485	0	6,471	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	570,498	0	3,083	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	233,112	0	730	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0.000000	3,890,443	0	1,797,604	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	210,013	0	84,215	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,572,735	0	1,350,352	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	11,612,213	0	24,251,007	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	909,524	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.000000	6,389,326	0	9,025,987	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	843,166	0	281,668	0	92.00
200.00		Total (lines 50 through 199)		62,527,872	0	72,553,017	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0093		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part V Date/Time Prepared: 2/28/2020 8:54 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		0.138515	6,470,586	0	0	896,273	50.00
50.01	03330	ENDOSCOPY		0.889682	1,031,690	0	0	917,876	50.01
51.00	05100	RECOVERY ROOM		0.657854	116,077	0	0	76,362	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.762790	2,660	0	0	2,029	52.00
53.00	05300	ANESTHESIOLOGY		0.028105	1,396,108	0	0	39,238	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.237110	1,853,425	0	0	439,466	54.00
54.01	03630	ULTRASOUND		0.146364	758,901	0	0	111,076	54.01
54.02	03440	MAMMOGRAPHY		0.352188	39,774	0	0	14,008	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0.160330	4,263,045	0	0	683,494	55.00
55.01	03480	ONCOLOGY		0.371489	2,238,252	0	0	831,486	55.01
56.00	05600	RADIOISOTOPE		0.250441	625,814	0	0	156,729	56.00
57.00	05700	CT SCAN		0.029629	8,341,003	0	0	247,136	57.00
58.00	05800	MRI		0.132665	1,399,996	0	0	185,730	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY		0.080852	5,619,864	0	0	454,377	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0.380793	82,054	0	0	31,246	63.00
65.00	06500	RESPIRATORY THERAPY		0.175362	1,512,651	0	0	265,262	65.00
66.00	06600	PHYSICAL THERAPY		0.249007	6,471	0	0	1,611	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.194427	3,083	0	0	599	67.00
68.00	06800	SPEECH PATHOLOGY		0.212534	730	0	0	155	68.00
69.00	06900	ELECTROCARDIOLOGY		0.000000	0	0	0	0	69.00
69.01	03140	CARDIOLOGY		0.064028	1,797,604	0	0	115,097	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		5.110662	84,215	0	0	430,394	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.293346	1,350,352	0	0	396,120	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0.125249	24,251,007	0	127,164	3,037,414	73.00
74.00	07400	RENAL DIALYSIS		0.372960	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY		0.106649	9,025,987	0	0	962,612	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.470578	281,668	0	0	132,547	92.00
200.00		Subtotal (see instructions)			72,553,017	0	127,164	10,428,337	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0		201.00
202.00		Net Charges (line 200 - line 201)			72,553,017	0	127,164	10,428,337	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part V
Date/Time Prepared:
2/28/2020 8:54 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	03330	ENDOSCOPY	0	0		50.01
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
54.01	03630	ULTRASOUND	0	0		54.01
54.02	03440	MAMMOGRAPHY	0	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01	03480	ONCOLOGY	0	0		55.01
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
69.01	03140	CARDIOLOGY	0	0		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,927		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
	OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	15,927		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	0	15,927		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0093	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/28/2020 8:54 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)		17,108	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		17,108	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		14,572	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,838	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		157.19	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		159.97	20.00
21.00	Total general inpatient routine service cost (see instructions)		17,869,107	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)		17,869,107	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)		17,869,107	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)		1,044.49	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,142,223	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)		7,142,223	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0093

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

Worksheet D-1

Date/Time Prepared:
2/28/2020 8:54 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
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	4,202,924	1,895	2,217.90	880	1,951,752
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					
47.00	OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description						
						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					8,986,307
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					18,080,282
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					821,041
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					709,489
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,530,530
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					16,549,752
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00	Program routine service cost (line 9 x line 71)					
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00	Per diem capital-related costs (line 75 ÷ line 2)					
77.00	Program capital-related costs (line 9 x line 76)					
78.00	Inpatient routine service cost (line 74 minus line 77)					
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00	Inpatient routine service cost per diem limitation					
82.00	Inpatient routine service cost limitation (line 9 x line 81)					
83.00	Reasonable inpatient routine service costs (see instructions)					
84.00	Program inpatient ancillary services (see instructions)					
85.00	Utilization review - physician compensation (see instructions)					
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					2,536
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,044.49
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,648,827

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0093

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

Worksheet D-1

Date/Time Prepared:
2/28/2020 8:54 am

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	1,734,156	17,869,107	0.097048	2,648,827	257,063	90.00
91.00 Nursing School cost	0	17,869,107	0.000000	2,648,827	0	91.00
92.00 Allied health cost	0	17,869,107	0.000000	2,648,827	0	92.00
93.00 All other Medical Education	0	17,869,107	0.000000	2,648,827	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0093	Period: From 10/01/2018 To 09/30/2019	Worksheet D-3 Date/Time Prepared: 2/28/2020 8:54 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		18,452,044	30.00
31.00	03100	INTENSIVE CARE UNIT		2,800,081	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.138515	5,027,440	50.00
50.01	03330	ENDOSCOPY	0.889682	59,379	50.01
51.00	05100	RECOVERY ROOM	0.657854	163,063	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.762790	27,846	52.00
53.00	05300	ANESTHESIOLOGY	0.028105	1,285,493	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.237110	1,369,588	54.00
54.01	03630	ULTRASOUND	0.146364	322,366	54.01
54.02	03440	MAMMOGRAPHY	0.352188	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.160330	4,450	55.00
55.01	03480	ONCOLOGY	0.371489	25,336	55.01
56.00	05600	RADIOISOTOPE	0.250441	290,122	56.00
57.00	05700	CT SCAN	0.029629	5,932,538	57.00
58.00	05800	MRI	0.132665	1,132,703	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.080942	13,593,740	60.00
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.380793	229,201	63.00
65.00	06500	RESPIRATORY THERAPY	0.175390	5,639,092	65.00
66.00	06600	PHYSICAL THERAPY	0.249007	1,194,485	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.194427	570,498	67.00
68.00	06800	SPEECH PATHOLOGY	0.212534	233,112	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
69.01	03140	CARDIOLOGY	0.064028	3,890,443	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5.110662	210,013	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.293346	1,572,735	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.125249	11,612,213	73.00
74.00	07400	RENAL DIALYSIS	0.374722	909,524	74.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.106649	6,389,326	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.470578	843,166	92.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		62,527,872	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)		62,527,872	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0093	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 2/28/2020 8:54 am
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		12,321,124	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		71,417	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		167.05	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.31	30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.10	31.00
32.00	Sum of lines 30 and 31		28.41	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.65	33.00
34.00	Disproportionate share adjustment (see instructions)		389,656	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0093	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 2/28/2020 8:54 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)		0	1,594,487	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	1,594,487	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,594,487		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)	14,376,684			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)			14,376,684	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			1,062,761	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			15,439,445	59.00
60.00	Primary payer payments			1,060	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			15,438,385	61.00
62.00	Deductibles billed to program beneficiaries			1,681,216	62.00
63.00	Coinsurance billed to program beneficiaries			38,186	63.00
64.00	Allowable bad debts (see instructions)			534,179	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			347,216	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			436,241	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			14,066,199	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)			25,174	70.93
70.94	HRR adjustment amount (see instructions)			-277,226	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0093	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 2/28/2020 8:54 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)			13,814,147	71.00
71.01	Sequestration adjustment (see instructions)			276,283	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			13,249,621	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)			288,243	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			421,883	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
HVB Adjustment for HSP Bonus Payment					
101.00	HVB adjustment factor (see instructions)			0.0000000000	101.00
102.00	HVB adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)			0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/28/2020 8:54 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	0	0	0	0	0
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,321,124	0		12,321,124	12,321,124
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					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	71,417		0
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	71,417	0		0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	0	0	0	0	0
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0
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	0	0	0	0	0
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1265	0.1265	0.1265	0.1265	
11.00	Disproportionate share adjustment (see instructions)	34.00	389,656	0	0	389,656	389,656
11.01	Uncompensated care payments	36.00	1,594,487	0	0	1,594,487	1,594,487
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	14,376,684	0	71,417	14,305,267	14,376,684
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	14,376,684	0	71,417	14,305,267	14,376,684

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/28/2020 8:54 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
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,062,761	0	0	1,062,761	1,062,761
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	71,417	15,368,028	15,439,445
		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	998,376	0	0	998,376	998,376
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	5,281	0	0	5,281	5,281
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0
22.00	Indirect medical education percentage (see instructions)	5.00	0.00000	0.00000	0.00000	0.00000	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0592	0.0592	0.0592	0.0592	
25.00	Disproportionate share adjustment (see instructions)	11.00	59,104	0	0	59,104	59,104
26.00	Total prospective capital payments (see instructions)	12.00	1,062,761	0	0	1,062,761	1,062,761
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/28/2020 8:54 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,321,124		12,321,124	12,321,124	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	71,417		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	71,417		0	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1265	0.1265	0.1265		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	389,656	0	389,656	389,656	11.00
11.01	Uncompensated care payments	36.00	1,594,487	0	1,594,487	1,594,487	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	14,376,684	71,417	14,305,267	14,376,684	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	14,376,684	71,417	14,305,267	14,376,684	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,062,761	0	1,062,761	1,062,761	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			71,417	15,368,028	15,439,445	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/28/2020 8:54 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	998,376	0	998,376	998,376	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	5,281	0	5,281	5,281	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0592	0.0592	0.0592		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	59,104	0	59,104	59,104	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,062,761	0	1,062,761	1,062,761	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	25,174	0	25,174	25,174	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	-277,226	0	-277,226	-277,226	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0093	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part B Date/Time Prepared: 2/28/2020 8:54 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		15,927	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,428,337	2.00
3.00	OPPS payments		7,822,671	3.00
4.00	Outlier payment (see instructions)		2,401	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		15,927	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		127,164	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)		127,164	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		127,164	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		111,237	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		15,927	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)		7,825,072	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		1,535,559	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		6,305,440	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		6,305,440	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		6,305,440	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)		422,933	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		274,906	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		297,067	36.00
37.00	Subtotal (see instructions)		6,580,346	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		6,580,346	40.00
40.01	Sequestration adjustment (see instructions)		131,607	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		6,320,829	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		127,910	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: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet E-1
Part I
Date/Time Prepared:
2/28/2020 8:54 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		13,341,228		6,359,531	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	04/29/2019	91,607	04/29/2019	38,702	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)		-91,607		-38,702	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)		13,249,621		6,320,829	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		288,243		127,910	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		13,537,864		6,448,739	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: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet E-1
Part II
Date/Time Prepared:
2/28/2020 8:54 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

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

Provider CCN: 14-0093

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

Worksheet G

Date/Time Prepared:
2/28/2020 8:54 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	1,474,442	0	0	0	1.00
2.00	Temporary investments	756,062	0	0	0	2.00
3.00	Notes receivable	77,827,275	0	0	0	3.00
4.00	Accounts receivable	0	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-65,248,418	0	0	0	6.00
7.00	Inventory	2,167,759	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	1,846,510	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)	18,823,630	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,025,000	0	0	0	12.00
13.00	Land improvements	965,150	0	0	0	13.00
14.00	Accumulated depreciation	-200,539	0	0	0	14.00
15.00	Buildings	41,702,523	0	0	0	15.00
16.00	Accumulated depreciation	-3,605,455	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	12,908,555	0	0	0	23.00
24.00	Accumulated depreciation	-3,909,591	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)	49,885,643	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	9,115,650	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	9,115,650	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	77,824,923	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,658,710	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,104,195	0	0	0	38.00
39.00	Payroll taxes payable	108,363	0	0	0	39.00
40.00	Notes and loans payable (short term)	781,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	7,071,095	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	13,723,363	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	33,094,773	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	33,094,773	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	46,818,136	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	31,006,787	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)	31,006,787	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	77,824,923	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0093

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

Worksheet G-1

Date/Time Prepared:
2/28/2020 8:54 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		56,024,097		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-24,742,704				2.00
3.00	Total (sum of line 1 and line 2)		31,281,393		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		31,281,393		0		11.00
12.00	NET ASSET TRANSFERS	274,606		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		274,606		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		31,006,787		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	NET ASSET TRANSFERS		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0093

Period:
From 10/01/2018
To 09/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
2/28/2020 8:54 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	46,880,601		46,880,601	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)	46,880,601		46,880,601	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,384,622		7,384,622	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	7,384,622		7,384,622	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	54,265,223		54,265,223	17.00
18.00	Ancillary services	123,803,220	241,376,008	365,179,228	18.00
19.00	Outpatient services	16,191,004	66,904,495	83,095,499	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OUTREACH PROGRAMS	0	682	682	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	194,259,447	308,281,185	502,540,632	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		98,401,485		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		98,401,485		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0093

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

Worksheet G-3

Date/Time Prepared:
2/28/2020 8:54 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	502,540,632	1.00
2.00	Less contractual allowances and discounts on patients' accounts	425,064,611	2.00
3.00	Net patient revenues (line 1 minus line 2)	77,476,021	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	98,401,485	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-20,925,464	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,024,152	6.00
7.00	Income from investments	242,638	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	278,431	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	42,592	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	72,194	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	111,669	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	911,089	24.00
25.00	Total other income (sum of lines 6-24)	2,682,765	25.00
26.00	Total (line 5 plus line 25)	-18,242,699	26.00
27.00	EQUITY TRANSFER	6,500,005	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	6,500,005	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-24,742,704	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0093	Period: From 10/01/2018 To 09/30/2019	Worksheet L Parts I-III Date/Time Prepared: 2/28/2020 8:54 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		998,376	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		5,281	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)		45.51	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.31	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		22.10	8.00
9.00	Sum of lines 7 and 8		28.41	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.92	10.00
11.00	Disproportionate share adjustment (see instructions)		59,104	11.00
12.00	Total prospective capital payments (see instructions)		1,062,761	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