

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

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

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

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019

Worksheet S
Parts I-III
Date/Time Prepared:
8/24/2020 3:27 pm

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically prepared cost report	Date: 8/24/2020	Time: 3:27 pm
	2. ☐ Manually prepared 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 MORRIS HOSPITAL (14-0101) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	1,028,214	274,851	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	1,028,214	274,851	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: 14-0101		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/24/2020 3:27 pm	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 150 WEST HIGH STREET			PO Box:				1.00		
2.00	City: MORRIS			State: IL		Zip Code: 60450		County: GRUNDY		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
								V	XVIII	XIX
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
Hospital and Hospital-Based Component Identification:										
3.00	Hospital		MORRIS HOSPITAL	140101	16974	1	07/01/1966	O	P	P
4.00	Subprovider - IPF									
5.00	Subprovider - IRF									
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF		MORRIS HOSPITAL	14U101	16974		10/07/1994	N	N	N
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2019	12/31/2019		20.00
21.00	Type of Control (see instructions)						2			21.00
							1.00	2.00	3.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	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.					2	N			23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			562	361	3	0	1,082	99	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0101		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/24/2020 3:27 pm	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0			25.00
						Urban/Rural S	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0			37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)								37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.								38.00
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N		40.00
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	N	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 in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					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.								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 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.					N			60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part I
Date/Time Prepared:
8/24/2020 3:27 pm

	Y/N	IME	Direct GME	IME	Direct GME	
	1.00	2.00	3.00	4.00	5.00	
61.00 Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01 Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02 Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03 Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04 Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).						61.04
61.05 Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06 Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
	Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1.00	2.00	3.00	4.00		
61.10 Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20 Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
					1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00 Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
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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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
			1.00	2.00	3.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00	
			1.00	2.00	3.00		
70.00	Inpatient Psychiatric Facility PPS						
	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00	
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
	Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				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.	N	N		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. I? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		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	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)				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 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00
						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
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.				N		112.00
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		0115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.				N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.				Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.				1		118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,146,162		110,200		0118.01	
						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.				Y		118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.				N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.				Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.				Y	5.00	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0101		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/24/2020 3:27 pm	
		1.00		2.00			
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	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				140.00	
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.					145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER						
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC			N		N	
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.00		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 14-0101	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 8/24/2020 3:27 pm
			Beginning 1.00	Ending 2.00
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
			1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0101		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part II Date/Time Prepared: 8/24/2020 3:27 pm	
		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)	N					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	04/22/2020	Y	04/22/2020		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: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet S-2
Part II
Date/Time Prepared:
8/24/2020 3:27 pm

		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				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.	CHRISTOPHER	WALSKI		41.00
42.00	Enter the employer/company name of the cost report preparer.	PLANTE MORAN			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	231-932-5664	CHRISTOPHER.WALSKI@PLANTEMORAN.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0101	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 8/24/2020 3:27 pm
		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.	CPA		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: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/24/2020 3:27 pm

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	81	29,565	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)		81	29,565	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,920	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)		89	32,485	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)		89				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: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/24/2020 3:27 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents	
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll
		6.00	7.00	8.00	9.00	10.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,654	348	11,136		1.00
2.00	HMO and other (see instructions)	1,208	1,446			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)	6,654	348	11,136		7.00
8.00	INTENSIVE CARE UNIT	1,102	75	2,597		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		139	1,071		13.00
14.00	Total (see instructions)	7,756	562	14,804	0.00	1,108.44
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	0.00
27.00	Total (sum of lines 14-26)				0.00	1,108.44
28.00	Observation Bed Days		0	2,442		28.00
29.00	Ambulance Trips	0				29.00
30.00	Employee discount days (see instruction)			183		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	99	324		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: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part I
Date/Time Prepared:
8/24/2020 3:27 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,972	113	4,011	1.00
2.00 HMO and other (see instructions)			284	313		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	1,972	113	4,011	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: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
8/24/2020 3:27 pm

	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	82,510,632	0	82,510,632	2,305,554.30	35.79 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		12,990,650	0	12,990,650	66,255.75	196.07 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)		5,682,364	30,384	5,712,748	133,612.21	42.76 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		636,823	0	636,823	9,806.66	64.94 11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		0	0	0	0.00	0.00 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		21,583,208	0	21,583,208		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,369,520	0	1,369,520		
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		679,119	0	679,119		
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)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part II
Date/Time Prepared:
8/24/2020 3:27 pm

		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	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	539,524	0	539,524	17,855.29	30.22	26.00
27.00	Administrative & General	5.00	11,719,623	68,211	11,787,834	372,313.82	31.66	27.00
28.00	Administrative & General under contract (see inst.)		732,828	0	732,828	2,135.69	343.13	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,227,131	0	1,227,131	46,290.75	26.51	30.00
31.00	Laundry & Linen Service	8.00	4,992	0	4,992	351.99	14.18	31.00
32.00	Housekeeping	9.00	1,605,984	0	1,605,984	108,069.12	14.86	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,182,612	-881,332	301,280	19,059.54	15.81	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	782,737	782,737	48,311.69	16.20	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	867,236	0	867,236	28,102.84	30.86	38.00
39.00	Central Services and Supply	14.00	931,700	0	931,700	51,819.44	17.98	39.00
40.00	Pharmacy	15.00	2,244,939	0	2,244,939	44,933.81	49.96	40.00
41.00	Medical Records & Medical Records Library	16.00	1,663,180	0	1,663,180	73,010.84	22.78	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part III
Date/Time Prepared:
8/24/2020 3:27 pm

	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)	70,252,810	0	70,252,810	2,241,434.24	31.34	1.00
2.00	Excluded area salaries (see instructions)	5,682,364	30,384	5,712,748	133,612.21	42.76	2.00
3.00	Subtotal salaries (line 1 minus line 2)	64,570,446	-30,384	64,540,062	2,107,822.03	30.62	3.00
4.00	Subtotal other wages & related costs (see inst.)	636,823	0	636,823	9,806.66	64.94	4.00
5.00	Subtotal wage-related costs (see inst.)	21,583,208	0	21,583,208	0.00	33.44	5.00
6.00	Total (sum of lines 3 thru 5)	86,790,477	-30,384	86,760,093	2,117,628.69	40.97	6.00
7.00	Total overhead cost (see instructions)	22,719,749	-30,384	22,689,365	812,254.82	27.93	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part IV
Date/Time Prepared:
8/24/2020 3:27 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,693,076	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)	13,902,382	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	455,160	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	152,236	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	207,704	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	651,705	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	5,484,517	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	24,303	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))	937,401	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	123,363	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	23,631,847	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: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet S-3
Part V
Date/Time Prepared:
8/24/2020 3:27 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	636,823	23,631,847	1.00
2.00	Hospital	636,823	23,631,847	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0101	Period: From 01/01/2019 To 12/31/2019	Worksheet S-10 Date/Time Prepared: 8/24/2020 3:27 pm	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.239680	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			7,812,864	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			2,036,116	5.00
6.00	Medicaid charges			81,384,004	6.00
7.00	Medicaid cost (line 1 times line 6)			19,506,118	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)			9,657,138	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)			9,657,138	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)	6,421,228	2,722,909	9,144,137	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,539,040	2,722,909	4,261,949	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)	1,539,040	2,722,909	4,261,949	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)			11,388,487	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			548,176	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			843,347	27.01
28.00	Non-Medicare bad debt expense (see instructions)			10,545,140	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,822,630	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			7,084,579	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			16,741,717	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019

Worksheet A

Date/Time Prepared:
8/24/2020 3:27 pm

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		4,039,279	4,039,279	852,364	4,891,643	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		5,413,400	5,413,400	0	5,413,400	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	539,524	23,665,403	24,204,927	0	24,204,927	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,719,623	19,835,571	31,555,194	122,255	31,677,449	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,227,131	2,770,600	3,997,731	0	3,997,731	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,992	321,239	326,231	0	326,231	8.00
9.00	00900	HOUSEKEEPING	1,605,984	604,282	2,210,266	0	2,210,266	9.00
10.00	01000	DIETARY	1,182,612	936,988	2,119,600	-1,579,615	539,985	10.00
11.00	01100	CAFETERIA	0	0	0	1,402,903	1,402,903	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	867,236	35,518	902,754	0	902,754	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	931,700	2,171,741	3,103,441	0	3,103,441	14.00
15.00	01500	PHARMACY	2,244,939	8,170,434	10,415,373	0	10,415,373	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,663,180	72,999	1,736,179	0	1,736,179	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,573,329	1,020,249	10,593,578	-248,254	10,345,324	30.00
31.00	03100	INTENSIVE CARE UNIT	3,531,767	625,382	4,157,149	-1,006,838	3,150,311	31.00
43.00	04300	NURSERY	0	0	0	641,959	641,959	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,342,845	897,482	4,240,327	0	4,240,327	50.00
51.00	05100	RECOVERY ROOM	416,165	22,855	439,020	0	439,020	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	613,133	613,133	52.00
53.00	05300	ANESTHESIOLOGY	0	54,893	54,893	0	54,893	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,389,432	547,213	2,936,645	0	2,936,645	54.00
54.01	05401	NUCLEAR MEDICINE	319,828	405,391	725,219	0	725,219	54.01
54.02	05402	ULTRASOUND	779,176	19,965	799,141	0	799,141	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	783,271	1,198,615	1,981,886	0	1,981,886	55.00
57.00	05700	CT SCAN	854,402	481,033	1,335,435	0	1,335,435	57.00
58.00	05800	MRI	420,601	187,368	607,969	0	607,969	58.00
59.00	05900	CARDIAC CATHETERIZATION	907,905	651,134	1,559,039	0	1,559,039	59.00
59.97	05901	CARDIAC REHAB	273,343	12,055	285,398	0	285,398	59.97
60.00	06000	LABORATORY	3,653,262	3,717,316	7,370,578	0	7,370,578	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,084,028	280,094	1,364,122	0	1,364,122	65.00
66.00	06600	PHYSICAL THERAPY	1,405,159	78,850	1,484,009	0	1,484,009	66.00
67.00	06700	OCCUPATIONAL THERAPY	900,886	137,199	1,038,085	0	1,038,085	67.00
68.00	06800	SPEECH PATHOLOGY	194,725	196,816	391,541	0	391,541	68.00
69.00	06900	ELECTROCARDIOLOGY	899,090	123,166	1,022,256	0	1,022,256	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,792,739	4,792,739	0	4,792,739	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,836,217	6,836,217	0	6,836,217	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	19,624,081	2,805,673	22,429,754	0	22,429,754	90.00
91.00	09100	EMERGENCY	3,488,052	820,486	4,308,538	0	4,308,538	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		852,364	852,364	-852,364	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	76,828,268	94,607,284	171,435,552	-54,457	171,381,095	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19001	MEALS ON WHEELS	0	0	0	54,457	54,457	190.01
191.01	19101	PATIENT TRANSPORTATION	228,284	148,515	376,799	0	376,799	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	5,304,711	1,969,840	7,274,551	0	7,274,551	192.00
193.00	19300	NONPAID WORKERS	111,442	9,968	121,410	0	121,410	193.00
194.00	07950	YOUTH RADIOLOGY PROGRAM	37,927	9,440	47,367	0	47,367	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	82,510,632	96,745,047	179,255,679	0	179,255,679	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019

Worksheet A

Date/Time Prepared:
8/24/2020 3:27 pm

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	-852,364	4,039,279	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	5,413,400	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-679,119	23,525,808	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-6,028,708	25,648,741	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	3,997,731	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	326,231	8.00
9.00	00900	HOUSEKEEPING	0	2,210,266	9.00
10.00	01000	DIETARY	0	539,985	10.00
11.00	01100	CAFETERIA	-366,615	1,036,288	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	902,754	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-10,800	3,092,641	14.00
15.00	01500	PHARMACY	-43,492	10,371,881	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-40,677	1,695,502	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,586,716	8,758,608	30.00
31.00	03100	INTENSIVE CARE UNIT	-6,667	3,143,644	31.00
43.00	04300	NURSERY	0	641,959	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	4,240,327	50.00
51.00	05100	RECOVERY ROOM	0	439,020	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	613,133	52.00
53.00	05300	ANESTHESIOLOGY	0	54,893	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,936,645	54.00
54.01	05401	NUCLEAR MEDICINE	0	725,219	54.01
54.02	05402	ULTRASOUND	0	799,141	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	-372,142	1,609,744	55.00
57.00	05700	CT SCAN	0	1,335,435	57.00
58.00	05800	MRI	0	607,969	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,559,039	59.00
59.97	05901	CARDIAC REHAB	0	285,398	59.97
60.00	06000	LABORATORY	-823,126	6,547,452	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-20,000	1,344,122	65.00
66.00	06600	PHYSICAL THERAPY	0	1,484,009	66.00
67.00	06700	OCCUPATIONAL THERAPY	-22,135	1,015,950	67.00
68.00	06800	SPEECH PATHOLOGY	0	196,816	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,022,256	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,792,739	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,836,217	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-11,087,443	11,342,311	90.00
91.00	09100	EMERGENCY	-543,100	3,765,438	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	93.99
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-22,483,104	148,897,991	118.00
NONREIMBURSABLE COST CENTERS					
190.01	19001	MEALS ON WHEELS	-16,361	38,096	190.01
191.01	19101	PATIENT TRANSPORTATION	0	376,799	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	7,274,551	192.00
193.00	19300	NONPAID WORKERS	0	121,410	193.00
194.00	07950	YOUTH CARDIOLOGY PROGRAM	0	47,367	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-22,499,465	156,756,214	200.00

RECLASSIFICATIONS

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - CAFETERIA FOOD SERVICE					
1.00	CAFETERIA	11.00	782,737	620,166	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	68,211	54,044	2.00
3.00	MEALS ON WHEELS	190.01	30,384	24,073	3.00
	0		881,332	698,283	
G - INTEREST RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00		852,364	1.00
	0		0	852,364	
J - LDR & NURSERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	578,914	34,219	1.00
2.00	NURSERY	43.00	606,131	35,828	2.00
	0		1,185,045	70,047	
K - POST ICU RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	855,374	151,464	1.00
	0		855,374	151,464	
500.00	Grand Total: Increases		2,921,751	1,772,158	500.00

RECLASSIFICATIONS

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - CAFETERIA FOOD SERVICE						
1.00	DIETARY	10.00	881,332	698,283	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	0		881,332	698,283			
	G - INTEREST RECLASS						
1.00	INTEREST EXPENSE	113.00		852,364	11		1.00
	0		0	852,364			
	J - LDR & NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,185,045	70,047	0		1.00
2.00		0.00	0	0	0		2.00
	0		1,185,045	70,047			
	K - POST ICU RECLASS						
1.00	INTENSIVE CARE UNIT	31.00	855,374	151,464	0		1.00
	0		855,374	151,464			
500.00	Grand Total: Decreases		2,921,751	1,772,158			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part I
Date/Time Prepared:
8/24/2020 3:27 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	10,007,508	223,795	0	223,795	0	1.00
2.00	Land Improvements	7,231,551	129,240	0	129,240	25,848	2.00
3.00	Buildings and Fixtures	84,968,387	32,818,292	0	32,818,292	4,957,383	3.00
4.00	Building Improvements	2,341,907	742	0	742	0	4.00
5.00	Fixed Equipment	25,158,387	842,184	0	842,184	0	5.00
6.00	Movable Equipment	84,609,093	3,731,425	0	3,731,425	9,676,841	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	214,316,833	37,745,678	0	37,745,678	14,660,072	8.00
9.00	Reconciling Items	0	35,170,711	0	35,170,711	4,774,370	9.00
10.00	Total (line 8 minus line 9)	214,316,833	2,574,967	0	2,574,967	9,885,702	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	10,231,303	0				1.00
2.00	Land Improvements	7,334,943	0				2.00
3.00	Buildings and Fixtures	112,829,296	0				3.00
4.00	Building Improvements	2,342,649	0				4.00
5.00	Fixed Equipment	26,000,571	0				5.00
6.00	Movable Equipment	78,663,677	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	237,402,439	0				8.00
9.00	Reconciling Items	30,396,341	0				9.00
10.00	Total (line 8 minus line 9)	207,006,098	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part II
Date/Time Prepared:
8/24/2020 3:27 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	4,036,394	0	0	2,885	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	5,413,400	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,449,794	0	0	2,885	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	4,039,279				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,413,400				2.00
3.00	Total (sum of lines 1-2)	0	9,452,679				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet A-7
Part III
Date/Time Prepared:
8/24/2020 3:27 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	132,738,191	0	132,738,191	0.559127	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	104,664,248	0	104,664,248	0.440873	0	2.00
3.00	Total (sum of lines 1-2)	237,402,439	0	237,402,439	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Relat ed Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,036,394	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,413,400	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,449,794	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Relat ed Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	2,885	0	0	4,039,279	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,413,400	2.00
3.00	Total (sum of lines 1-2)	0	2,885	0	0	9,452,679	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019

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 #		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-852,364	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-9,991	CENTRAL SERVICES & SUPPLY	14.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-15,046,094			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-809	CENTRAL SERVICES & SUPPLY	14.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-366,615	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-43,492	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-40,677	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)	B	-161,575	EMERGENCY	91.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
8/24/2020 3:27 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
		1.00	2.00	3.00	4.00	5.00	
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	LIFELINE SALARIES AND BENEFITS	A	-107,724	ADMINISTRATIVE & GENERAL	5.00	0	33.00
34.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	34.00
35.00	LOBBYING COSTS	A	-29,380	ADMINISTRATIVE & GENERAL	5.00	0	35.00
36.00	MARKETING	A	-350,694	ADMINISTRATIVE & GENERAL	5.00	0	36.00
37.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	37.00
38.00	EDUCATION SERVICES	B	-17,431	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00	VOLUNTEER SERVICES	B	-215	ADMINISTRATIVE & GENERAL	5.00	0	39.00
40.00	MEALS ON WHEELS	B	-16,361	MEALS ON WHEELS	190.01	0	40.00
41.00	MEDICAID PROVIDER TAXES	A	-4,776,924	ADMINISTRATIVE & GENERAL	5.00	0	41.00
42.00	PHYSICIAN FRINGE BENEFITS	A	-679,119	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	42.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-22,499,465				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-2

Date/Time Prepared:
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	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	746,340	746,340	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,586,716	1,586,716	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	6,667	6,667	0	0	0	3.00
4.00	55.00	RADIOLOGY-THERAPEUTIC	372,142	372,142	0	0	0	4.00
5.00	60.00	LABORATORY	823,126	823,126	0	0	0	5.00
6.00	65.00	RESPIRATORY THERAPY	20,000	20,000	0	0	0	6.00
7.00	67.00	OCCUPATIONAL THERAPY	22,135	22,135	0	0	0	7.00
8.00	90.00	CLINIC	11,087,443	11,087,443	0	0	0	8.00
9.00	91.00	EMERGENCY	381,525	381,525	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			15,046,094	15,046,094	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	4.00
5.00	60.00	LABORATORY	0	0	0	0	0	5.00
6.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	6.00
7.00	67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	7.00
8.00	90.00	CLINIC	0	0	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			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	746,340		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,586,716		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	6,667		3.00
4.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	372,142		4.00
5.00	60.00	LABORATORY	0	0	0	823,126		5.00
6.00	65.00	RESPIRATORY THERAPY	0	0	0	20,000		6.00
7.00	67.00	OCCUPATIONAL THERAPY	0	0	0	22,135		7.00
8.00	90.00	CLINIC	0	0	0	11,087,443		8.00
9.00	91.00	EMERGENCY	0	0	0	381,525		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	15,046,094		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/24/2020 3:27 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,039,279	4,039,279			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	5,413,400	5,413,400			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	23,525,808	13,147	17,619	23,556,574	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	25,648,741	922,354	1,236,129	3,982,799	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	3,997,731	393,813	527,784	419,977	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	326,231	38,303	51,333	1,708	8.00
9.00	00900	HOUSEKEEPING	2,210,266	29,619	39,694	549,637	9.00
10.00	01000	DIETARY	539,985	119,349	159,951	103,111	10.00
11.00	01100	CAFETERIA	1,036,288	61,096	81,881	267,886	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	902,754	33,359	44,708	296,805	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,092,641	145,883	195,511	318,868	14.00
15.00	01500	PHARMACY	10,371,881	23,756	31,838	768,315	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,695,502	93,931	125,885	569,212	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,758,608	729,351	977,469	2,736,861	30.00
31.00	03100	INTENSIVE CARE UNIT	3,143,644	66,128	88,624	915,977	31.00
43.00	04300	NURSERY	641,959	12,469	16,710	207,444	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,240,327	126,568	169,625	1,144,065	50.00
51.00	05100	RECOVERY ROOM	439,020	132,955	178,185	142,430	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	613,133	9,362	12,547	198,129	52.00
53.00	05300	ANESTHESIOLOGY	54,893	11,375	15,245	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,936,645	228,658	306,445	817,766	54.00
54.01	05401	NUCLEAR MEDICINE	725,219	9,450	12,665	109,459	54.01
54.02	05402	ULTRASOUND	799,141	17,150	22,984	266,668	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,609,744	0	0	214,287	55.00
57.00	05700	CT SCAN	1,335,435	26,819	35,942	292,413	57.00
58.00	05800	MRI	607,969	152,336	204,160	143,948	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,559,039	34,212	45,851	310,724	59.00
59.97	05901	CARDIAC REHAB	285,398	0	0	93,550	59.97
60.00	06000	LABORATORY	6,547,452	118,780	159,188	968,594	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,344,122	117,774	157,840	371,001	65.00
66.00	06600	PHYSICAL THERAPY	1,484,009	87,259	116,943	480,906	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,015,950	23,384	31,339	308,322	67.00
68.00	06800	SPEECH PATHOLOGY	196,816	5,141	6,889	66,643	68.00
69.00	06900	ELECTROCARDIOLOGY	1,022,256	0	0	307,707	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,792,739	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,836,217	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	11,342,311	14,197	19,026	3,032,453	90.00
91.00	09100	EMERGENCY	3,765,438	241,301	323,390	1,193,761	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	148,897,991	4,039,279	5,413,400	21,601,426	118.00
NONREIMBURSABLE COST CENTERS							
190.01	19001	MEALS ON WHEELS	38,096	0	0	10,399	190.01
191.01	19101	PATIENT TRANSPORTATION	376,799	0	0	78,129	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	7,274,551	0	0	1,815,500	192.00
193.00	19300	NONPAID WORKERS	121,410	0	0	38,140	193.00
194.00	07950	YOUTH CARDIOLOGY PROGRAM	47,367	0	0	12,980	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	156,756,214	4,039,279	5,413,400	23,556,574	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/24/2020 3:27 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	31,790,023					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	1,358,260	0	6,697,565			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	106,226	0	94,664	618,465		8.00
9.00	00900	HOUSEKEEPING	719,721	0	73,201	0	3,622,138	9.00
10.00	01000	DIETARY	234,647	0	294,966	0	163,623	10.00
11.00	01100	CAFETERIA	368,139	0	150,997	0	83,761	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	325,014	0	82,446	0	45,734	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	954,697	0	360,545	0	200,000	14.00
15.00	01500	PHARMACY	2,848,086	0	58,712	0	32,569	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	632,037	0	232,145	0	128,775	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,358,517	0	1,802,561	465,227	999,911	30.00
31.00	03100	INTENSIVE CARE UNIT	1,072,090	0	163,432	108,495	90,658	31.00
43.00	04300	NURSERY	223,502	0	30,816	44,743	17,094	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,445,078	0	312,807	0	173,520	50.00
51.00	05100	RECOVERY ROOM	227,065	0	328,593	0	182,276	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	211,950	0	23,139	0	12,836	52.00
53.00	05300	ANESTHESIOLOGY	20,736	0	28,113	0	15,595	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,091,205	0	565,118	0	313,481	54.00
54.01	05401	NUCLEAR MEDICINE	217,959	0	23,355	0	12,955	54.01
54.02	05402	ULTRASOUND	281,340	0	42,385	0	23,512	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	464,013	0	0	0	0	55.00
57.00	05700	CT SCAN	430,072	0	66,281	0	36,767	57.00
58.00	05800	MRI	281,968	0	376,493	0	208,847	58.00
59.00	05900	CARDIAC CATHETERIZATION	496,014	0	84,554	0	46,904	59.00
59.97	05901	CARDIAC REHAB	96,400	0	0	0	0	59.97
60.00	06000	LABORATORY	1,982,711	0	293,561	0	162,843	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	506,422	0	291,074	0	161,464	65.00
66.00	06600	PHYSICAL THERAPY	551,800	0	215,656	0	119,628	66.00
67.00	06700	OCCUPATIONAL THERAPY	350,801	0	57,793	0	32,059	67.00
68.00	06800	SPEECH PATHOLOGY	70,081	0	12,705	0	7,048	68.00
69.00	06900	ELECTROCARDIOLOGY	338,328	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,219,220	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,739,058	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,665,234	0	35,087	0	19,463	90.00
91.00	09100	EMERGENCY	1,405,217	0	596,366	0	330,815	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	29,293,608	0	6,697,565	618,465	3,622,138	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19001	MEALS ON WHEELS	12,337	0	0	0	0	190.01
191.01	19101	PATIENT TRANSPORTATION	115,729	0	0	0	0	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	2,312,409	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	40,588	0	0	0	0	193.00
194.00	07950	YOUTH CARDIOLOGY PROGRAM	15,352	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)	31,790,023	0	6,697,565	618,465	3,622,138	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/24/2020 3:27 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,615,632					10.00
11.00	01100	CAFETERIA	0	2,050,048				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	56,497	0	1,787,317		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	12,107	0	108	5,280,360	14.00
15.00	01500	PHARMACY	0	88,782	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,036	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,310,105	488,297	0	562,952	0	30.00
31.00	03100	INTENSIVE CARE UNIT	305,527	145,279	0	311,664	0	31.00
43.00	04300	NURSERY	0	32,284	0	52,633	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	173,528	0	323,204	0	50.00
51.00	05100	RECOVERY ROOM	0	20,178	0	56,297	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	28,249	0	50,269	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	129,137	0	44,299	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	12,107	0	0	0	54.01
54.02	05402	ULTRASOUND	0	28,249	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	36,320	0	8,290	0	55.00
57.00	05700	CT SCAN	0	36,320	0	0	0	57.00
58.00	05800	MRI	0	16,142	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	44,391	0	61,975	0	59.00
59.97	05901	CARDIAC REHAB	0	16,142	0	25,310	0	59.97
60.00	06000	LABORATORY	0	221,954	0	36	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	64,568	0	9,634	0	65.00
66.00	06600	PHYSICAL THERAPY	0	72,639	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	32,284	0	21,799	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,071	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	52,462	0	21,592	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	2,176,239	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,104,121	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	201,776	0	236,360	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,615,632	2,021,799	0	1,786,422	5,280,360	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19001	MEALS ON WHEELS	0	0	0	0	0	190.01
191.01	19101	PATIENT TRANSPORTATION	0	24,213	0	0	0	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	YOUTH CARDIOLOGY PROGRAM	0	4,036	0	895	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)	1,615,632	2,050,048	0	1,787,317	5,280,360	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/24/2020 3:27 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES APPRV	
			15.00	16.00	17.00	19.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	14,223,939					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,481,523				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		0		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0		0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	146,594	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	48,742	0	0	0	31.00
43.00	04300	NURSERY	0	6,957	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	250,810	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	27,916	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,644	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	43,841	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	136,188	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	58,794	0	0	0	54.01
54.02	05402	ULTRASOUND	0	107,183	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	70,203	0	0	0	55.00
57.00	05700	CT SCAN	0	437,228	0	0	0	57.00
58.00	05800	MRI	0	106,744	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	141,822	0	0	0	59.00
59.97	05901	CARDIAC REHAB	0	5,458	0	0	0	59.97
60.00	06000	LABORATORY	0	656,201	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	45,406	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	49,377	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	16,897	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,254	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	122,884	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	154,184	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	101,745	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,223,939	199,741	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	169,890	0	0	0	90.00
91.00	09100	EMERGENCY	0	364,820	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	14,223,939	3,481,523	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19001	MEALS ON WHEELS	0	0	0	0	0	190.01
191.01	19101	PATIENT TRANSPORTATION	0	0	0	0	0	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	YOUTH RADIOLOGY PROGRAM	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)	14,223,939	3,481,523	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part I
Date/Time Prepared:
8/24/2020 3:27 pm

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHE R PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	22,336,453	0	22,336,453	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	6,460,260	0	6,460,260	31.00
43.00	04300	NURSERY	0	0	1,286,611	0	1,286,611	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	8,359,532	0	8,359,532	50.00
51.00	05100	RECOVERY ROOM	0	0	1,734,915	0	1,734,915	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,166,258	0	1,166,258	52.00
53.00	05300	ANESTHESIOLOGY	0	0	189,798	0	189,798	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	6,568,942	0	6,568,942	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	1,181,963	0	1,181,963	54.01
54.02	05402	ULTRASOUND	0	0	1,588,612	0	1,588,612	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	2,402,857	0	2,402,857	55.00
57.00	05700	CT SCAN	0	0	2,697,277	0	2,697,277	57.00
58.00	05800	MRI	0	0	2,098,607	0	2,098,607	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,825,486	0	2,825,486	59.00
59.97	05901	CARDIAC REHAB	0	0	522,258	0	522,258	59.97
60.00	06000	LABORATORY	0	0	11,111,320	0	11,111,320	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	3,069,305	0	3,069,305	65.00
66.00	06600	PHYSICAL THERAPY	0	0	3,178,217	0	3,178,217	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,890,628	0	1,890,628	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	378,648	0	378,648	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,865,229	0	1,865,229	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	8,342,382	0	8,342,382	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	11,781,141	0	11,781,141	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	14,423,680	0	14,423,680	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	18,297,661	0	18,297,661	90.00
91.00	09100	EMERGENCY	0	0	8,659,244	0	8,659,244	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	144,417,284	0	144,417,284	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19001	MEALS ON WHEELS	0	0	60,832	0	60,832	190.01
191.01	19101	PATIENT TRANSPORTATION	0	0	594,870	0	594,870	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	11,402,460	0	11,402,460	192.00
193.00	19300	NONPAID WORKERS	0	0	200,138	0	200,138	193.00
194.00	07950	YOUTH CARDIOLOGY PROGRAM	0	0	80,630	0	80,630	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	156,756,214	0	156,756,214	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/24/2020 3:27 pm

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	13,147	17,619	30,766	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	743,407	922,354	1,236,129	2,901,890	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	40,217	393,813	527,784	961,814	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	38,303	51,333	89,636	8.00
9.00	00900	HOUSEKEEPING	8,234	29,619	39,694	77,547	9.00
10.00	01000	DIETARY	4,836	119,349	159,951	284,136	10.00
11.00	01100	CAFETERIA	0	61,096	81,881	142,977	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	33,359	44,708	78,067	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	883,735	145,883	195,511	1,225,129	14.00
15.00	01500	PHARMACY	249,789	23,756	31,838	305,383	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	93,931	125,885	219,816	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,980	729,351	977,469	1,708,800	30.00
31.00	03100	INTENSIVE CARE UNIT	209	66,128	88,624	154,961	31.00
43.00	04300	NURSERY	0	12,469	16,710	29,179	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	228,767	126,568	169,625	524,960	50.00
51.00	05100	RECOVERY ROOM	0	132,955	178,185	311,140	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,362	12,547	21,909	52.00
53.00	05300	ANESTHESIOLOGY	0	11,375	15,245	26,620	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,056	228,658	306,445	536,159	54.00
54.01	05401	NUCLEAR MEDICINE	163	9,450	12,665	22,278	54.01
54.02	05402	ULTRASOUND	357	17,150	22,984	40,491	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	341,967	0	0	341,967	55.00
57.00	05700	CT SCAN	5,682	26,819	35,942	68,443	57.00
58.00	05800	MRI	78	152,336	204,160	356,574	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,095	34,212	45,851	81,158	59.00
59.97	05901	CARDIAC REHAB	0	0	0	0	59.97
60.00	06000	LABORATORY	97,775	118,780	159,188	375,743	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	82,099	117,774	157,840	357,713	65.00
66.00	06600	PHYSICAL THERAPY	11,620	87,259	116,943	215,822	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	23,384	31,339	54,723	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,141	6,889	12,030	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	523,297	14,197	19,026	556,520	90.00
91.00	09100	EMERGENCY	1,062	241,301	323,390	565,753	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,227,425	4,039,279	5,413,400	12,680,104	118.00
NONREIMBURSABLE COST CENTERS							
190.01	19001	MEALS ON WHEELS	0	0	0	0	190.01
191.01	19101	PATIENT TRANSPORTATION	78	0	0	78	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	332,587	0	0	332,587	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	YOUTH CARDIOLOGY PROGRAM	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)	3,560,090	4,039,279	5,413,400	13,012,769	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/24/2020 3:27 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,907,090					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	124,208	0	1,086,571			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,714	0	15,358	114,710		8.00
9.00	00900	HOUSEKEEPING	65,816	0	11,876	0	155,957	9.00
10.00	01000	DIETARY	21,458	0	47,854	0	7,045	10.00
11.00	01100	CAFETERIA	33,665	0	24,497	0	3,606	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	29,721	0	13,375	0	1,969	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	87,304	0	58,492	0	8,611	14.00
15.00	01500	PHARMACY	260,448	0	9,525	0	1,402	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	57,798	0	37,662	0	5,545	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	307,125	0	292,436	86,288	43,056	30.00
31.00	03100	INTENSIVE CARE UNIT	98,039	0	26,514	20,123	3,903	31.00
43.00	04300	NURSERY	20,438	0	4,999	8,299	736	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	132,147	0	50,748	0	7,471	50.00
51.00	05100	RECOVERY ROOM	20,764	0	53,309	0	7,848	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,382	0	3,754	0	553	52.00
53.00	05300	ANESTHESIOLOGY	1,896	0	4,561	0	671	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	99,787	0	91,681	0	13,497	54.00
54.01	05401	NUCLEAR MEDICINE	19,932	0	3,789	0	558	54.01
54.02	05402	ULTRASOUND	25,728	0	6,876	0	1,012	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	42,432	0	0	0	0	55.00
57.00	05700	CT SCAN	39,329	0	10,753	0	1,583	57.00
58.00	05800	MRI	25,785	0	61,080	0	8,992	58.00
59.00	05900	CARDIAC CATHETERIZATION	45,359	0	13,718	0	2,020	59.00
59.97	05901	CARDIAC REHAB	8,815	0	0	0	0	59.97
60.00	06000	LABORATORY	181,312	0	47,625	0	7,011	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	46,311	0	47,222	0	6,952	65.00
66.00	06600	PHYSICAL THERAPY	50,460	0	34,987	0	5,151	66.00
67.00	06700	OCCUPATIONAL THERAPY	32,080	0	9,376	0	1,380	67.00
68.00	06800	SPEECH PATHOLOGY	6,409	0	2,061	0	303	68.00
69.00	06900	ELECTROCARDIOLOGY	30,939	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	111,493	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	159,031	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	335,174	0	5,692	0	838	90.00
91.00	09100	EMERGENCY	128,502	0	96,751	0	14,244	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,678,801	0	1,086,571	114,710	155,957	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19001	MEALS ON WHEELS	1,128	0	0	0	0	190.01
191.01	19101	PATIENT TRANSPORTATION	10,583	0	0	0	0	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	211,462	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	3,712	0	0	0	0	193.00
194.00	07950	YOUTH CARDIOLOGY PROGRAM	1,404	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)	2,907,090	0	1,086,571	114,710	155,957	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet B
Part II
Date/Time Prepared:
8/24/2020 3:27 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	360,628					10.00
11.00	01100	CAFETERIA	0	205,095				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	5,652	0	129,172		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,211	0	8	1,381,171	14.00
15.00	01500	PHARMACY	0	8,882	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	404	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	292,431	48,852	0	40,686	0	30.00
31.00	03100	INTENSIVE CARE UNIT	68,197	14,534	0	22,524	0	31.00
43.00	04300	NURSERY	0	3,230	0	3,804	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	17,360	0	23,358	0	50.00
51.00	05100	RECOVERY ROOM	0	2,019	0	4,069	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,826	0	3,633	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,919	0	3,202	0	54.00
54.01	05401	NUCLEAR MEDICINE	0	1,211	0	0	0	54.01
54.02	05402	ULTRASOUND	0	2,826	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,634	0	599	0	55.00
57.00	05700	CT SCAN	0	3,634	0	0	0	57.00
58.00	05800	MRI	0	1,615	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,441	0	4,479	0	59.00
59.97	05901	CARDIAC REHAB	0	1,615	0	1,829	0	59.97
60.00	06000	LABORATORY	0	22,205	0	3	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	6,460	0	696	0	65.00
66.00	06600	PHYSICAL THERAPY	0	7,267	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,230	0	1,575	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	807	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,248	0	1,560	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	569,234	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	811,937	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	20,187	0	17,082	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	360,628	202,269	0	129,107	1,381,171	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19001	MEALS ON WHEELS	0	0	0	0	0	190.01
191.01	19101	PATIENT TRANSPORTATION	0	2,422	0	0	0	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	YOUTH CARDIOLOGY PROGRAM	0	404	0	65	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)	360,628	205,095	0	129,172	1,381,171	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet B
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES APPRV	
		15.00	16.00	17.00	19.00	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	586,643				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	321,968			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	13,548	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,505	0		31.00
43.00	04300	NURSERY	0	643	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	23,180	0		50.00
51.00	05100	RECOVERY ROOM	0	2,580	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	614	0		52.00
53.00	05300	ANESTHESIOLOGY	0	4,052	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,586	0		54.00
54.01	05401	NUCLEAR MEDICINE	0	5,434	0		54.01
54.02	05402	ULTRASOUND	0	9,906	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,488	0		55.00
57.00	05700	CT SCAN	0	40,408	0		57.00
58.00	05800	MRI	0	9,865	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	13,107	0		59.00
59.97	05901	CARDIAC REHAB	0	504	0		59.97
60.00	06000	LABORATORY	0	60,853	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	0	4,196	0		65.00
66.00	06600	PHYSICAL THERAPY	0	4,563	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,562	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	486	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	11,357	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,250	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,403	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	586,643	18,460	0		73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699	LITHOTRIPSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	15,701	0		90.00
91.00	09100	EMERGENCY	0	33,717	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0		93.99
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	586,643	321,968	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.01	19001	MEALS ON WHEELS	0	0	0		190.01
191.01	19101	PATIENT TRANSPORTATION	0	0	0		191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0		193.00
194.00	07950	YOUTH RADIOLOGY PROGRAM	0	0	0		194.00
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	586,643	321,968	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0101

Period:
From 01/01/2019
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Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-OTHE R PRGM COSTS APPRV					
			22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			2,836,797	0	2,836,797	30.00
31.00	03100	INTENSIVE CARE UNIT			414,496	0	414,496	31.00
43.00	04300	NURSERY			71,599	0	71,599	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			780,718	0	780,718	50.00
51.00	05100	RECOVERY ROOM			401,915	0	401,915	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			52,930	0	52,930	52.00
53.00	05300	ANESTHESIOLOGY			37,800	0	37,800	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			770,899	0	770,899	54.00
54.01	05401	NUCLEAR MEDICINE			53,345	0	53,345	54.01
54.02	05402	ULTRASOUND			87,187	0	87,187	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC			395,400	0	395,400	55.00
57.00	05700	CT SCAN			164,532	0	164,532	57.00
58.00	05800	MRI			464,099	0	464,099	58.00
59.00	05900	CARDIAC CATHETERIZATION			164,688	0	164,688	59.00
59.97	05901	CARDIAC REHAB			12,885	0	12,885	59.97
60.00	06000	LABORATORY			696,017	0	696,017	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS			0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY			470,035	0	470,035	65.00
66.00	06600	PHYSICAL THERAPY			318,878	0	318,878	66.00
67.00	06700	OCCUPATIONAL THERAPY			104,329	0	104,329	67.00
68.00	06800	SPEECH PATHOLOGY			22,183	0	22,183	68.00
69.00	06900	ELECTROCARDIOLOGY			49,506	0	49,506	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			694,977	0	694,977	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			980,371	0	980,371	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			605,103	0	605,103	73.00
76.97	07697	CARDIAC REHABILITATION			0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY			0	0	0	76.98
76.99	07699	LITHOTRIPSY			0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC			917,886	0	917,886	90.00
91.00	09100	EMERGENCY			877,795	0	877,795	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM			0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	12,446,370	0	12,446,370	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19001	MEALS ON WHEELS			1,142	0	1,142	190.01
191.01	19101	PATIENT TRANSPORTATION			13,185	0	13,185	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES			546,420	0	546,420	192.00
193.00	19300	NONPAID WORKERS			3,762	0	3,762	193.00
194.00	07950	YOUTH CARDIOLOGY PROGRAM			1,890	0	1,890	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	13,012,769	0	13,012,769	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliatio n	ADMINISTRATIV E & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	184,654				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		184,654			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	601	601	68,830,018		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	42,165	42,165	11,637,394	-31,790,023	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	18,003	18,003	1,227,131	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,751	1,751	4,992	0	8.00
9.00	00900	HOUSEKEEPING	1,354	1,354	1,605,984	0	9.00
10.00	01000	DIETARY	5,456	5,456	301,280	0	10.00
11.00	01100	CAFETERIA	2,793	2,793	782,737	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,525	1,525	867,236	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,669	6,669	931,700	0	14.00
15.00	01500	PHARMACY	1,086	1,086	2,244,939	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,294	4,294	1,663,180	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	33,342	33,342	7,996,836	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,023	3,023	2,676,393	0	31.00
43.00	04300	NURSERY	570	570	606,131	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,786	5,786	3,342,845	0	50.00
51.00	05100	RECOVERY ROOM	6,078	6,078	416,165	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	428	428	578,914	0	52.00
53.00	05300	ANESTHESIOLOGY	520	520	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,453	10,453	2,389,432	0	54.00
54.01	05401	NUCLEAR MEDICINE	432	432	319,828	0	54.01
54.02	05402	ULTRASOUND	784	784	779,176	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	626,124	0	55.00
57.00	05700	CT SCAN	1,226	1,226	854,402	0	57.00
58.00	05800	MRI	6,964	6,964	420,601	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,564	1,564	907,905	0	59.00
59.97	05901	CARDIAC REHAB	0	0	273,343	0	59.97
60.00	06000	LABORATORY	5,430	5,430	2,830,136	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	5,384	5,384	1,084,028	0	65.00
66.00	06600	PHYSICAL THERAPY	3,989	3,989	1,405,159	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,069	1,069	900,886	0	67.00
68.00	06800	SPEECH PATHOLOGY	235	235	194,725	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	899,090	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	649	649	8,860,526	0	90.00
91.00	09100	EMERGENCY	11,031	11,031	3,488,052	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	184,654	184,654	63,117,270	-31,790,023	118.00
NONREIMBURSABLE COST CENTERS							
190.01	19001	MEALS ON WHEELS	0	0	30,384	0	190.01
191.01	19101	PATIENT TRANSPORTATION	0	0	228,284	0	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	5,304,711	0	192.00
193.00	19300	NONPAID WORKERS	0	0	111,442	0	193.00
194.00	07950	YOUTH CARDIOLOGY PROGRAM	0	0	37,927	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)	4,039,279	5,413,400	23,556,574	31,790,023	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliatio n	ADMINISTRATIV E & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
			1.00	2.00	4.00	5A	5.00	
203.00		Unit cost multiplier (Wkst. B, Part I)	21.874852	29.316451	0.342243		0.254389	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			30,766		2,907,090	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000447		0.023263	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: 14-0101

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	123,885			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,751	14,804		8.00
9.00	00900	HOUSEKEEPING	0	1,354	0	120,780	9.00
10.00	01000	DIETARY	0	5,456	0	5,456	13,733 10.00
11.00	01100	CAFETERIA	0	2,793	0	2,793	0 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	0	1,525	0	1,525	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,669	0	6,669	0 14.00
15.00	01500	PHARMACY	0	1,086	0	1,086	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,294	0	4,294	0 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	33,342	11,136	33,342	11,136 30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,023	2,597	3,023	2,597 31.00
43.00	04300	NURSERY	0	570	1,071	570	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	5,786	0	5,786	0 50.00
51.00	05100	RECOVERY ROOM	0	6,078	0	6,078	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	428	0	428	0 52.00
53.00	05300	ANESTHESIOLOGY	0	520	0	520	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,453	0	10,453	0 54.00
54.01	05401	NUCLEAR MEDICINE	0	432	0	432	0 54.01
54.02	05402	ULTRASOUND	0	784	0	784	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
57.00	05700	CT SCAN	0	1,226	0	1,226	0 57.00
58.00	05800	MRI	0	6,964	0	6,964	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,564	0	1,564	0 59.00
59.97	05901	CARDIAC REHAB	0	0	0	0	0 59.97
60.00	06000	LABORATORY	0	5,430	0	5,430	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0	5,384	0	5,384	0 65.00
66.00	06600	PHYSICAL THERAPY	0	3,989	0	3,989	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,069	0	1,069	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	235	0	235	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	649	0	649	0 90.00
91.00	09100	EMERGENCY	0	11,031	0	11,031	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0 93.99
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	123,885	14,804	120,780	13,733 118.00
NONREIMBURSABLE COST CENTERS							
190.01	19001	MEALS ON WHEELS	0	0	0	0	0 190.01
191.01	19101	PATIENT TRANSPORTATION	0	0	0	0	0 191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.00	07950	YOUTH CARDIOLOGY PROGRAM	0	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)	0	6,697,565	618,465	3,622,138	1,615,632 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	54.062760	41.776885	29.989551	117.645962 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	1,086,571	114,710	155,957	360,628 204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/24/2020 3:27 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	8.770804	7.748581	1.291249	26.259958	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: 14-0101

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/24/2020 3:27 pm

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (SQUARE FEET)	NURSING ADMINISTRATIO N (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	508					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	14	0	397,579			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3	0	24	11,628,956		14.00
15.00	01500	PHARMACY	22	0	0	0	100	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	121	0	125,226	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	36	0	69,328	0	0	31.00
43.00	04300	NURSERY	8	0	11,708	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	43	0	71,895	0	0	50.00
51.00	05100	RECOVERY ROOM	5	0	12,523	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7	0	11,182	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32	0	9,854	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	3	0	0	0	0	54.01
54.02	05402	ULTRASOUND	7	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	9	0	1,844	0	0	55.00
57.00	05700	CT SCAN	9	0	0	0	0	57.00
58.00	05800	MRI	4	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	11	0	13,786	0	0	59.00
59.97	05901	CARDIAC REHAB	4	0	5,630	0	0	59.97
60.00	06000	LABORATORY	55	0	8	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	16	0	2,143	0	0	65.00
66.00	06600	PHYSICAL THERAPY	18	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	8	0	4,849	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	13	0	4,803	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,792,739	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,836,217	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	100	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	50	0	52,577	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	501	0	397,380	11,628,956	100	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19001	MEALS ON WHEELS	0	0	0	0	0	190.01
191.01	19101	PATIENT TRANSPORTATION	6	0	0	0	0	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	YOUTH RADIOLOGY PROGRAM	1	0	199	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)	2,050,048	0	1,787,317	5,280,360	14,223,939	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4,035.527559	0.000000	4.495502	0.454070	142,239.39000	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/24/2020 3:27 pm

Cost Center Description		CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (SQUARE FEET)	NURSING ADMINISTRATIO N (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	205,095	0	129,172	1,381,171	586,643	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	403.730315	0.000000	0.324896	0.118770	5,866.430000	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: 14-0101

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/24/2020 3:27 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		
						SERVICES-SALA RY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	602,543,145					16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,371,054	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8,435,772	0	0	0	0	31.00
43.00	04300	NURSERY	1,203,985	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	43,407,748	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	4,831,369	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,149,922	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,587,616	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,570,064	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	10,175,474	0	0	0	0	54.01
54.02	05402	ULTRASOUND	18,550,260	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	12,150,039	0	0	0	0	55.00
57.00	05700	CT SCAN	75,671,186	0	0	0	0	57.00
58.00	05800	MRI	18,474,280	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,545,142	0	0	0	0	59.00
59.97	05901	CARDIAC REHAB	944,592	0	0	0	0	59.97
60.00	06000	LABORATORY	113,564,115	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	7,858,426	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	8,545,632	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,924,432	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	909,255	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	21,267,545	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,684,632	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,609,032	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	34,569,175	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	29,402,849	0	0	0	0	90.00
91.00	09100	EMERGENCY	63,139,549	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	602,543,145	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.01	19001	MEALS ON WHEELS	0	0	0	0	0	190.01
191.01	19101	PATIENT TRANSPORTATION	0	0	0	0	0	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	YOUTH CARDIOLOGY PROGRAM	0	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)	3,481,523	0	0	0	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/24/2020 3:27 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		
						SERVICES-SALA RY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	21.00	22.00	
203.00		Unit cost multiplier (Wkst. B, Part I)	0.005778	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	321,968	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000534	0.000000	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: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet B-1
Date/Time Prepared:
8/24/2020 3:27 pm

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	NUCLEAR MEDICINE	54.01
54.02	05402	ULTRASOUND	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
59.97	05901	CARDIAC REHAB	59.97
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	93.99
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.01	19001	MEALS ON WHEELS	190.01
191.01	19101	PATIENT TRANSPORTATION	191.01
192.00	19200	PHYSICIANS PRIVATE OFFICES	192.00
193.00	19300	NONPAID WORKERS	193.00
194.00	07950	YOUTH CARDIOLOGY PROGRAM	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)	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
8/24/2020 3:27 pm

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/24/2020 3:27 pm

			Title XVIII	Hospital	PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	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	22,336,453	22,336,453	0	22,336,453
31.00	03100	INTENSIVE CARE UNIT	6,460,260	6,460,260	0	6,460,260
43.00	04300	NURSERY	1,286,611	1,286,611	0	1,286,611
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,359,532	8,359,532	0	8,359,532
51.00	05100	RECOVERY ROOM	1,734,915	1,734,915	0	1,734,915
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,166,258	1,166,258	0	1,166,258
53.00	05300	ANESTHESIOLOGY	189,798	189,798	0	189,798
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,568,942	6,568,942	0	6,568,942
54.01	05401	NUCLEAR MEDICINE	1,181,963	1,181,963	0	1,181,963
54.02	05402	ULTRASOUND	1,588,612	1,588,612	0	1,588,612
55.00	05500	RADIOLOGY-THERAPEUTIC	2,402,857	2,402,857	0	2,402,857
57.00	05700	CT SCAN	2,697,277	2,697,277	0	2,697,277
58.00	05800	MRI	2,098,607	2,098,607	0	2,098,607
59.00	05900	CARDIAC CATHETERIZATION	2,825,486	2,825,486	0	2,825,486
59.97	05901	CARDIAC REHAB	522,258	522,258	0	522,258
60.00	06000	LABORATORY	11,111,320	11,111,320	0	11,111,320
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	3,069,305	3,069,305	0	3,069,305
66.00	06600	PHYSICAL THERAPY	3,178,217	3,178,217	0	3,178,217
67.00	06700	OCCUPATIONAL THERAPY	1,890,628	1,890,628	0	1,890,628
68.00	06800	SPEECH PATHOLOGY	378,648	378,648	0	378,648
69.00	06900	ELECTROCARDIOLOGY	1,865,229	1,865,229	0	1,865,229
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,342,382	8,342,382	0	8,342,382
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,781,141	11,781,141	0	11,781,141
73.00	07300	DRUGS CHARGED TO PATIENTS	14,423,680	14,423,680	0	14,423,680
76.97	07697	CARDIAC REHABILITATION	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	18,297,661	18,297,661	0	18,297,661
91.00	09100	EMERGENCY	8,659,244	8,659,244	0	8,659,244
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,017,212	4,017,212	0	4,017,212
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
200.00		Subtotal (see instructions)	148,434,496	148,434,496	0	148,434,496
201.00		Less Observation Beds	4,017,212	4,017,212	0	4,017,212
202.00		Total (see instructions)	144,417,284	144,417,284	0	144,417,284

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/24/2020 3:27 pm

			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,702,323		22,702,323			30.00	
31.00	03100	INTENSIVE CARE UNIT	8,435,772		8,435,772			31.00	
43.00	04300	NURSERY	1,203,985		1,203,985			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,997,424	33,410,324	43,407,748	0.192582	0.000000	50.00	
51.00	05100	RECOVERY ROOM	1,603,826	3,227,543	4,831,369	0.359094	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,149,922	0	1,149,922	1.014206	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	2,552,578	5,035,038	7,587,616	0.025014	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,123,907	18,446,157	23,570,064	0.278699	0.000000	54.00	
54.01	05401	NUCLEAR MEDICINE	1,147,415	9,028,059	10,175,474	0.116158	0.000000	54.01	
54.02	05402	ULTRASOUND	1,708,501	16,841,759	18,550,260	0.085638	0.000000	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,150,039	12,150,039	0.197765	0.000000	55.00	
57.00	05700	CT SCAN	11,794,099	63,877,087	75,671,186	0.035645	0.000000	57.00	
58.00	05800	MRI	2,878,358	15,595,922	18,474,280	0.113596	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	7,843,887	16,701,255	24,545,142	0.115114	0.000000	59.00	
59.97	05901	CARDIAC REHAB	4	944,588	944,592	0.552893	0.000000	59.97	
60.00	06000	LABORATORY	26,673,283	86,890,832	113,564,115	0.097842	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
65.00	06500	RESPIRATORY THERAPY	6,183,681	1,674,745	7,858,426	0.390575	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	2,791,507	5,754,125	8,545,632	0.371911	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,452,439	1,471,993	2,924,432	0.646494	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	559,818	349,437	909,255	0.416438	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	5,684,851	15,582,694	21,267,545	0.087703	0.000000	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,515,464	14,169,168	26,684,632	0.312629	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,202,912	5,406,120	17,609,032	0.669040	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	14,045,578	20,523,597	34,569,175	0.417241	0.000000	73.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	524,640	28,878,209	29,402,849	0.622309	0.000000	90.00	
91.00	09100	EMERGENCY	13,526,957	49,612,592	63,139,549	0.137145	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	500,000	2,168,731	2,668,731	1.505289	0.000000	92.00	
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0.000000	0.000000	93.99	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	174,803,131	427,740,014	602,543,145			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	174,803,131	427,740,014	602,543,145			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 14-0101	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 8/24/2020 3:27 pm
				Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio			
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.192582			50.00
51.00	05100	RECOVERY ROOM	0.359094			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.014206			52.00
53.00	05300	ANESTHESIOLOGY	0.025014			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.278699			54.00
54.01	05401	NUCLEAR MEDICINE	0.116158			54.01
54.02	05402	ULTRASOUND	0.085638			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.197765			55.00
57.00	05700	CT SCAN	0.035645			57.00
58.00	05800	MRI	0.113596			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.115114			59.00
59.97	05901	CARDIAC REHAB	0.552893			59.97
60.00	06000	LABORATORY	0.097842			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500	RESPIRATORY THERAPY	0.390575			65.00
66.00	06600	PHYSICAL THERAPY	0.371911			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.646494			67.00
68.00	06800	SPEECH PATHOLOGY	0.416438			68.00
69.00	06900	ELECTROCARDIOLOGY	0.087703			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.312629			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.669040			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.417241			73.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.622309			90.00
91.00	09100	EMERGENCY	0.137145			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.505289			92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000			93.99
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: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/24/2020 3:27 pm

			Title XIX		Hospital		PPS	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Costs		
						RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	22,336,453		22,336,453	0	22,336,453	30.00
31.00	03100	INTENSIVE CARE UNIT	6,460,260		6,460,260	0	6,460,260	31.00
43.00	04300	NURSERY	1,286,611		1,286,611	0	1,286,611	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,359,532		8,359,532	0	8,359,532	50.00
51.00	05100	RECOVERY ROOM	1,734,915		1,734,915	0	1,734,915	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,166,258		1,166,258	0	1,166,258	52.00
53.00	05300	ANESTHESIOLOGY	189,798		189,798	0	189,798	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,568,942		6,568,942	0	6,568,942	54.00
54.01	05401	NUCLEAR MEDICINE	1,181,963		1,181,963	0	1,181,963	54.01
54.02	05402	ULTRASOUND	1,588,612		1,588,612	0	1,588,612	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	2,402,857		2,402,857	0	2,402,857	55.00
57.00	05700	CT SCAN	2,697,277		2,697,277	0	2,697,277	57.00
58.00	05800	MRI	2,098,607		2,098,607	0	2,098,607	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,825,486		2,825,486	0	2,825,486	59.00
59.97	05901	CARDIAC REHAB	522,258		522,258	0	522,258	59.97
60.00	06000	LABORATORY	11,111,320		11,111,320	0	11,111,320	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,069,305	0	3,069,305	0	3,069,305	65.00
66.00	06600	PHYSICAL THERAPY	3,178,217	0	3,178,217	0	3,178,217	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,890,628	0	1,890,628	0	1,890,628	67.00
68.00	06800	SPEECH PATHOLOGY	378,648	0	378,648	0	378,648	68.00
69.00	06900	ELECTROCARDIOLOGY	1,865,229		1,865,229	0	1,865,229	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,342,382		8,342,382	0	8,342,382	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,781,141		11,781,141	0	11,781,141	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,423,680		14,423,680	0	14,423,680	73.00
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0	0	76.98
76.99	07699	LITHOTRIPSY	0		0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	18,297,661		18,297,661	0	18,297,661	90.00
91.00	09100	EMERGENCY	8,659,244		8,659,244	0	8,659,244	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,017,212		4,017,212	0	4,017,212	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0		0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	148,434,496	0	148,434,496	0	148,434,496	200.00
201.00		Less Observation Beds	4,017,212		4,017,212		4,017,212	201.00
202.00		Total (see instructions)	144,417,284	0	144,417,284	0	144,417,284	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/24/2020 3:27 pm

			Title XIX			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	0		0			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
43.00	04300	NURSERY	0		0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE	0	0	0	0.000000	0.000000	54.01
54.02	05402	ULTRASOUND	0	0	0	0.000000	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
59.97	05901	CARDIAC REHAB	0	0	0	0.000000	0.000000	59.97
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0.000000	0.000000	93.99
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	0	0	0			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	0	0	0			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/24/2020 3:27 pm

Cost Center Description			PPS Inpatient Ratio	Title XIX	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	0.000000			50.00
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	05401	NUCLEAR MEDICINE	0.000000			54.01
54.02	05402	ULTRASOUND	0.000000			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
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
59.97	05901	CARDIAC REHAB	0.000000			59.97
60.00	06000	LABORATORY	0.000000			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000			93.99
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

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part II
Date/Time Prepared:
8/24/2020 3:27 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,359,532	780,718	7,578,814	0	0	50.00
51.00	05100	RECOVERY ROOM	1,734,915	401,915	1,333,000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,166,258	52,930	1,113,328	0	0	52.00
53.00	05300	ANESTHESIOLOGY	189,798	37,800	151,998	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,568,942	770,899	5,798,043	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	1,181,963	53,345	1,128,618	0	0	54.01
54.02	05402	ULTRASOUND	1,588,612	87,187	1,501,425	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	2,402,857	395,400	2,007,457	0	0	55.00
57.00	05700	CT SCAN	2,697,277	164,532	2,532,745	0	0	57.00
58.00	05800	MRI	2,098,607	464,099	1,634,508	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,825,486	164,688	2,660,798	0	0	59.00
59.97	05901	CARDIAC REHAB	522,258	12,885	509,373	0	0	59.97
60.00	06000	LABORATORY	11,111,320	696,017	10,415,303	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	3,069,305	470,035	2,599,270	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,178,217	318,878	2,859,339	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,890,628	104,329	1,786,299	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	378,648	22,183	356,465	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,865,229	49,506	1,815,723	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,342,382	694,977	7,647,405	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,781,141	980,371	10,800,770	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,423,680	605,103	13,818,577	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	18,297,661	917,886	17,379,775	0	0	90.00
91.00	09100	EMERGENCY	8,659,244	877,795	7,781,449	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,017,212	510,198	3,507,014	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0	93.99
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	118,351,172	9,633,676	108,717,496	0	0	200.00
201.00		Less Observation Beds	4,017,212	510,198	3,507,014	0	0	201.00
202.00		Total (line 200 minus line 201)	114,333,960	9,123,478	105,210,482	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF
REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part II
Date/Time Prepared:
8/24/2020 3:27 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,359,532	43,407,748	0.192582	50.00
51.00	05100	RECOVERY ROOM	1,734,915	4,831,369	0.359094	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,166,258	1,149,922	1.014206	52.00
53.00	05300	ANESTHESIOLOGY	189,798	7,587,616	0.025014	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,568,942	23,570,064	0.278699	54.00
54.01	05401	NUCLEAR MEDICINE	1,181,963	10,175,474	0.116158	54.01
54.02	05402	ULTRASOUND	1,588,612	18,550,260	0.085638	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	2,402,857	12,150,039	0.197765	55.00
57.00	05700	CT SCAN	2,697,277	75,671,186	0.035645	57.00
58.00	05800	MRI	2,098,607	18,474,280	0.113596	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,825,486	24,545,142	0.115114	59.00
59.97	05901	CARDIAC REHAB	522,258	944,592	0.552893	59.97
60.00	06000	LABORATORY	11,111,320	113,564,115	0.097842	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	3,069,305	7,858,426	0.390575	65.00
66.00	06600	PHYSICAL THERAPY	3,178,217	8,545,632	0.371911	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,890,628	2,924,432	0.646494	67.00
68.00	06800	SPEECH PATHOLOGY	378,648	909,255	0.416438	68.00
69.00	06900	ELECTROCARDIOLOGY	1,865,229	21,267,545	0.087703	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,342,382	26,684,632	0.312629	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,781,141	17,609,032	0.669040	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,423,680	34,569,175	0.417241	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	18,297,661	29,402,849	0.622309	90.00
91.00	09100	EMERGENCY	8,659,244	63,139,549	0.137145	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	4,017,212	2,668,731	1.505289	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	93.99
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (sum of lines 50 thru 199)	118,351,172	570,201,065		200.00
201.00		Less Observation Beds	4,017,212	0		201.00
202.00		Total (line 200 minus line 201)	114,333,960	570,201,065		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/24/2020 3:27 pm

			Title V	Hospital	Cost	
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	Total Costs
			1.00	2.00	3.00	4.00
						5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	22,336,453		22,336,453	0
31.00	03100	INTENSIVE CARE UNIT	6,460,260		6,460,260	0
43.00	04300	NURSERY	1,286,611		1,286,611	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,359,532		8,359,532	0
51.00	05100	RECOVERY ROOM	1,734,915		1,734,915	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,166,258		1,166,258	0
53.00	05300	ANESTHESIOLOGY	189,798		189,798	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,568,942		6,568,942	0
54.01	05401	NUCLEAR MEDICINE	1,181,963		1,181,963	0
54.02	05402	ULTRASOUND	1,588,612		1,588,612	0
55.00	05500	RADIOLOGY-THERAPEUTIC	2,402,857		2,402,857	0
57.00	05700	CT SCAN	2,697,277		2,697,277	0
58.00	05800	MRI	2,098,607		2,098,607	0
59.00	05900	CARDIAC CATHETERIZATION	2,825,486		2,825,486	0
59.97	05901	CARDIAC REHAB	522,258		522,258	0
60.00	06000	LABORATORY	11,111,320		11,111,320	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0
65.00	06500	RESPIRATORY THERAPY	3,069,305	0	3,069,305	0
66.00	06600	PHYSICAL THERAPY	3,178,217	0	3,178,217	0
67.00	06700	OCCUPATIONAL THERAPY	1,890,628	0	1,890,628	0
68.00	06800	SPEECH PATHOLOGY	378,648	0	378,648	0
69.00	06900	ELECTROCARDIOLOGY	1,865,229		1,865,229	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,342,382		8,342,382	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,781,141		11,781,141	0
73.00	07300	DRUGS CHARGED TO PATIENTS	14,423,680		14,423,680	0
76.97	07697	CARDIAC REHABILITATION	0		0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0		0	0
76.99	07699	LITHOTRIPSY	0		0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	18,297,661		18,297,661	0
91.00	09100	EMERGENCY	8,659,244		8,659,244	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0	0
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0		0	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
200.00		Subtotal (see instructions)	144,417,284	0	144,417,284	0
201.00		Less Observation Beds	0		0	0
202.00		Total (see instructions)	144,417,284	0	144,417,284	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/24/2020 3:27 pm

			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	9.00	10.00		
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0		0			30.00	
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00	
43.00	04300	NURSERY	0		0			43.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0.000000	0.000000	54.00	
54.01	05401	NUCLEAR MEDICINE	0	0	0	0.000000	0.000000	54.01	
54.02	05402	ULTRASOUND	0	0	0	0.000000	0.000000	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00	
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00	
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00	
59.97	05901	CARDIAC REHAB	0	0	0	0.000000	0.000000	59.97	
60.00	06000	LABORATORY	0	0	0	0.000000	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0.000000	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0.000000	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0.000000	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	73.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99	
	OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
91.00	09100	EMERGENCY	0	0	0	0.000000	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0.000000	0.000000	92.00	
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0.000000	0.000000	93.99	
	SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00	
200.00		Subtotal (see instructions)	0	0	0			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	0	0	0			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet C
Part I
Date/Time Prepared:
8/24/2020 3:27 pm

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
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	05401	NUCLEAR MEDICINE	0.000000			54.01
54.02	05402	ULTRASOUND	0.000000			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
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
59.97	05901	CARDIAC REHAB	0.000000			59.97
60.00	06000	LABORATORY	0.000000			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.000000			90.00
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000			93.99
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: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
8/24/2020 3:27 pm

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
			1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,836,797	0	2,836,797	13,578	208.93	30.00	
31.00	INTENSIVE CARE UNIT	414,496		414,496	2,597	159.61	31.00	
43.00	NURSERY	71,599		71,599	1,071	66.85	43.00	
200.00	Total (lines 30 through 199)	3,322,892		3,322,892	17,246		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	6,654	1,390,220				30.00	
31.00	INTENSIVE CARE UNIT	1,102	175,890				31.00	
43.00	NURSERY	0	0				43.00	
200.00	Total (lines 30 through 199)	7,756	1,566,110				200.00	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part II
Date/Time Prepared:
8/24/2020 3:27 pm

Cost Center Description			Title XVIII		Hospital	PPS	
			Capital Related Cost (from Wkst. C, 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	780,718	43,407,748	0.017986	6,901,861	124,137
51.00	05100	RECOVERY ROOM	401,915	4,831,369	0.083189	894,229	74,390
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,930	1,149,922	0.046029	1,213	56
53.00	05300	ANESTHESIOLOGY	37,800	7,587,616	0.004982	1,346,829	6,710
54.00	05400	RADIOLOGY-DIAGNOSTIC	770,899	23,570,064	0.032707	3,244,939	106,132
54.01	05401	NUCLEAR MEDICINE	53,345	10,175,474	0.005243	656,958	3,444
54.02	05402	ULTRASOUND	87,187	18,550,260	0.004700	888,675	4,177
55.00	05500	RADIOLOGY-THERAPEUTIC	395,400	12,150,039	0.032543	0	0
57.00	05700	CT SCAN	164,532	75,671,186	0.002174	6,962,572	15,137
58.00	05800	MRI	464,099	18,474,280	0.025121	1,456,943	36,600
59.00	05900	CARDIAC CATHETERIZATION	164,688	24,545,142	0.006710	4,036,169	27,083
59.97	05901	CARDIAC REHAB	12,885	944,592	0.013641	4	0
60.00	06000	LABORATORY	696,017	113,564,115	0.006129	14,990,651	91,878
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	470,035	7,858,426	0.059813	4,182,507	250,168
66.00	06600	PHYSICAL THERAPY	318,878	8,545,632	0.037315	1,854,978	69,219
67.00	06700	OCCUPATIONAL THERAPY	104,329	2,924,432	0.035675	1,005,355	35,866
68.00	06800	SPEECH PATHOLOGY	22,183	909,255	0.024397	360,775	8,802
69.00	06900	ELECTROCARDIOLOGY	49,506	21,267,545	0.002328	3,384,383	7,879
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	694,977	26,684,632	0.026044	6,329,467	164,845
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	980,371	17,609,032	0.055674	6,296,014	350,524
73.00	07300	DRUGS CHARGED TO PATIENTS	605,103	34,569,175	0.017504	7,664,365	134,157
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	917,886	29,402,849	0.031218	322,572	10,070
91.00	09100	EMERGENCY	877,795	63,139,549	0.013902	7,843,453	109,040
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	510,198	2,668,731	0.191176	299,477	57,253
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	0	0
200.00		Total (lines 50 through 199)	9,633,676	570,201,065		80,924,389	1,687,567

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0101		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 8/24/2020 3:27 pm	
					Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	13,578	0.00	6,654	0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	2,597	0.00	1,102	0	31.00	
43.00	04300	NURSERY		0	1,071	0.00	0	0	43.00	
200.00		Total (lines 30 through 199)		0	17,246		7,756	0	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0							30.00
31.00	03100	INTENSIVE CARE UNIT	0							31.00
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: 14-0101		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/24/2020 3:27 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
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	05401	NUCLEAR MEDICINE		0	0	0	0	0	54.01
54.02	05402	ULTRASOUND		0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
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
59.97	05901	CARDIAC REHAB		0	0	0	0	0	59.97
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0	93.99
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: 14-0101		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/24/2020 3:27 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	43,407,748	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	4,831,369	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	1,149,922	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	7,587,616	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	23,570,064	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE		0	0	0	10,175,474	0.000000	54.01
54.02	05402	ULTRASOUND		0	0	0	18,550,260	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	12,150,039	0.000000	55.00
57.00	05700	CT SCAN		0	0	0	75,671,186	0.000000	57.00
58.00	05800	MRI		0	0	0	18,474,280	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	24,545,142	0.000000	59.00
59.97	05901	CARDIAC REHAB		0	0	0	944,592	0.000000	59.97
60.00	06000	LABORATORY		0	0	0	113,564,115	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	7,858,426	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	8,545,632	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	2,924,432	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	909,255	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	21,267,545	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	26,684,632	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	17,609,032	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	34,569,175	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	29,402,849	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	63,139,549	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	2,668,731	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0.000000	93.99
200.00		Total (lines 50 through 199)		0	0	0	570,201,065		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/24/2020 3:27 pm

				Title XVIII		Hospital	PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)
				9.00	10.00	11.00	12.00	13.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM		0.000000	6,901,861	0	9,728,491	0
51.00	05100	RECOVERY ROOM		0.000000	894,229	0	811,079	0
52.00	05200	DELIVERY ROOM & LABOR ROOM		0.000000	1,213	0	0	0
53.00	05300	ANESTHESIOLOGY		0.000000	1,346,829	0	1,344,065	0
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	3,244,939	0	5,005,798	0
54.01	05401	NUCLEAR MEDICINE		0.000000	656,958	0	3,993,290	0
54.02	05402	ULTRASOUND		0.000000	888,675	0	3,959,235	0
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	1,736	0
57.00	05700	CT SCAN		0.000000	6,962,572	0	21,411,278	0
58.00	05800	MRI		0.000000	1,456,943	0	5,383,173	0
59.00	05900	CARDIAC CATHETERIZATION		0.000000	4,036,169	0	8,149,252	0
59.97	05901	CARDIAC REHAB		0.000000	4	0	480,990	0
60.00	06000	LABORATORY		0.000000	14,990,651	0	11,576,781	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0
65.00	06500	RESPIRATORY THERAPY		0.000000	4,182,507	0	577,150	0
66.00	06600	PHYSICAL THERAPY		0.000000	1,854,978	0	130,447	0
67.00	06700	OCCUPATIONAL THERAPY		0.000000	1,005,355	0	44,325	0
68.00	06800	SPEECH PATHOLOGY		0.000000	360,775	0	10,186	0
69.00	06900	ELECTROCARDIOLOGY		0.000000	3,384,383	0	5,683,388	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	6,329,467	0	4,746,093	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0.000000	6,296,014	0	2,868,065	0
73.00	07300	DRUGS CHARGED TO PATIENTS		0.000000	7,664,365	0	10,080,074	0
76.97	07697	CARDIAC REHABILITATION		0.000000	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY		0.000000	0	0	0	0
76.99	07699	LITHOTRIPSY		0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC		0.000000	322,572	0	1,567,951	0
91.00	09100	EMERGENCY		0.000000	7,843,453	0	11,657,719	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	299,477	0	2,067,948	0
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0.000000	0	0	0	0
200.00		Total (lines 50 through 199)			80,924,389	0	111,278,514	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part V
Date/Time Prepared:
8/24/2020 3:27 pm

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	PPS Services (see inst.)	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.192582	9,728,491	0	0	1,873,532	50.00
51.00	05100	RECOVERY ROOM	0.359094	811,079	0	0	291,254	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.014206	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.025014	1,344,065	0	0	33,620	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.278699	5,005,798	0	0	1,395,111	54.00
54.01	05401	NUCLEAR MEDICINE	0.116158	3,993,290	0	15	463,853	54.01
54.02	05402	ULTRASOUND	0.085638	3,959,235	0	0	339,061	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.197765	1,736	0	0	343	55.00
57.00	05700	CT SCAN	0.035645	21,411,278	0	0	763,205	57.00
58.00	05800	MRI	0.113596	5,383,173	0	320	611,507	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.115114	8,149,252	0	0	938,093	59.00
59.97	05901	CARDIAC REHAB	0.552893	480,990	0	0	265,936	59.97
60.00	06000	LABORATORY	0.097842	11,576,781	0	0	1,132,695	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.390575	577,150	0	0	225,420	65.00
66.00	06600	PHYSICAL THERAPY	0.371911	130,447	0	0	48,515	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.646494	44,325	0	0	28,656	67.00
68.00	06800	SPEECH PATHOLOGY	0.416438	10,186	0	0	4,242	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087703	5,683,388	0	13	498,450	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.312629	4,746,093	0	0	1,483,766	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.669040	2,868,065	0	0	1,918,850	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.417241	10,080,074	0	56,906	4,205,820	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.622309	1,567,951	0	155	975,750	90.00
91.00	09100	EMERGENCY	0.137145	11,657,719	0	0	1,598,798	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.505289	2,067,948	0	8	3,112,859	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	93.99
200.00		Subtotal (see instructions)		111,278,514	0	57,417	22,209,336	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		111,278,514	0	57,417	22,209,336	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST				Provider CCN: 14-0101		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part V Date/Time Prepared: 8/24/2020 3:27 pm	
				Title XVIII		Hospital		PPS	
Cost Center Description			Costs						
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)					
			6.00	7.00					
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0					50.00
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	05401	NUCLEAR MEDICINE	0	2					54.01
54.02	05402	ULTRASOUND	0	0					54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0					55.00
57.00	05700	CT SCAN	0	0					57.00
58.00	05800	MRI	0	36					58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0					59.00
59.97	05901	CARDIAC REHAB	0	0					59.97
60.00	06000	LABORATORY	0	0					60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0					62.30
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	1					69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,744					73.00
76.97	07697	CARDIAC REHABILITATION	0	0					76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0					76.98
76.99	07699	LITHOTRIPSY	0	0					76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	96					90.00
91.00	09100	EMERGENCY	0	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	12					92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0					93.99
200.00		Subtotal (see instructions)	0	23,891					200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0						201.00
202.00		Net Charges (line 200 - line 201)	0	23,891					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
8/24/2020 3:27 pm

			Title XIX		Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,836,797	0	2,836,797	13,578	208.93	30.00
31.00	INTENSIVE CARE UNIT	414,496		414,496	2,597	159.61	31.00
43.00	NURSERY	71,599		71,599	1,071	66.85	43.00
200.00	Total (lines 30 through 199)	3,322,892		3,322,892	17,246		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	348	72,708				30.00
31.00	INTENSIVE CARE UNIT	75	11,971				31.00
43.00	NURSERY	139	9,292				43.00
200.00	Total (lines 30 through 199)	562	93,971				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part II
Date/Time Prepared:
8/24/2020 3:27 pm

Cost Center Description			Title XIX		Hospital		PPS	
			Capital Related Cost (from Wkst. C, 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	780,718	0	0.000000	0	0	50.00
51.00	05100	RECOVERY ROOM	401,915	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52,930	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	37,800	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	770,899	0	0.000000	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	53,345	0	0.000000	0	0	54.01
54.02	05402	ULTRASOUND	87,187	0	0.000000	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	395,400	0	0.000000	0	0	55.00
57.00	05700	CT SCAN	164,532	0	0.000000	0	0	57.00
58.00	05800	MRI	464,099	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	164,688	0	0.000000	0	0	59.00
59.97	05901	CARDIAC REHAB	12,885	0	0.000000	0	0	59.97
60.00	06000	LABORATORY	696,017	0	0.000000	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	470,035	0	0.000000	0	0	65.00
66.00	06600	PHYSICAL THERAPY	318,878	0	0.000000	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	104,329	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	22,183	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	49,506	0	0.000000	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	694,977	0	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	980,371	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	605,103	0	0.000000	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	917,886	0	0.000000	0	0	90.00
91.00	09100	EMERGENCY	877,795	0	0.000000	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	510,198	0	0.000000	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	0	0	93.99
200.00		Total (lines 50 through 199)	9,633,676	0		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0101		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 8/24/2020 3:27 pm	
					Title XIX		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	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		
200.00	Total (lines 30 through 199)		0	0	0	0	0	200.00		
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	13,578	0.00	348	30.00		
31.00	03100	INTENSIVE CARE UNIT		0	2,597	0.00	75	31.00		
43.00	04300	NURSERY		0	1,071	0.00	139	43.00		
200.00	Total (lines 30 through 199)			0	17,246		562	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: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/24/2020 3:27 pm

Cost Center Description			Title XIX		Hospital		PPS
			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health
			1.00	2A	2.00	3A	3.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
54.01	05401	NUCLEAR MEDICINE	0	0	0	0	0 54.01
54.02	05402	ULTRASOUND	0	0	0	0	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
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
59.97	05901	CARDIAC REHAB	0	0	0	0	0 59.97
60.00	06000	LABORATORY	0	0	0	0	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
91.00	09100	EMERGENCY	0	0	0	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0	0	0	0	0 93.99
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: 14-0101		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/24/2020 3:27 pm	
				Title XIX		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) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE		0	0	0	0	0.000000	54.01
54.02	05402	ULTRASOUND		0	0	0	0	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0.000000	55.00
57.00	05700	CT SCAN		0	0	0	0	0.000000	57.00
58.00	05800	MRI		0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0.000000	59.00
59.97	05901	CARDIAC REHAB		0	0	0	0	0.000000	59.97
60.00	06000	LABORATORY		0	0	0	0	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0.000000	93.99
200.00		Total (lines 50 through 199)		0	0	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/24/2020 3:27 pm

				Title XIX		Hospital	PPS	
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0.000000	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0.000000	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
59.97	05901	CARDIAC REHAB	0.000000	0	0	0	0	59.97
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	93.99
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part I
Date/Time Prepared:
8/24/2020 3:27 pm

			Title V		Hospital	Cost	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,836,797	0	2,836,797	13,578	208.93	30.00
31.00	INTENSIVE CARE UNIT	414,496		414,496	2,597	159.61	31.00
43.00	NURSERY	71,599		71,599	1,071	66.85	43.00
200.00	Total (lines 30 through 199)	3,322,892		3,322,892	17,246		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	0	0				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part II
Date/Time Prepared:
8/24/2020 3:27 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	780,718	0	0.000000	0	0	50.00
51.00	05100 RECOVERY ROOM	401,915	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	52,930	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	37,800	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	770,899	0	0.000000	0	0	54.00
54.01	05401 NUCLEAR MEDICINE	53,345	0	0.000000	0	0	54.01
54.02	05402 ULTRASOUND	87,187	0	0.000000	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	395,400	0	0.000000	0	0	55.00
57.00	05700 CT SCAN	164,532	0	0.000000	0	0	57.00
58.00	05800 MRI	464,099	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	164,688	0	0.000000	0	0	59.00
59.97	05901 CARDIAC REHAB	12,885	0	0.000000	0	0	59.97
60.00	06000 LABORATORY	696,017	0	0.000000	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	470,035	0	0.000000	0	0	65.00
66.00	06600 PHYSICAL THERAPY	318,878	0	0.000000	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	104,329	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	22,183	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	49,506	0	0.000000	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	694,977	0	0.000000	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	980,371	0	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	605,103	0	0.000000	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	917,886	0	0.000000	0	0	90.00
91.00	09100 EMERGENCY	877,795	0	0.000000	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0.000000	0	0	92.00
93.99	09399 PARTIAL HOSPITALIZATION PROGRAM	0	0	0.000000	0	0	93.99
200.00	Total (lines 50 through 199)	9,123,478	0		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0101		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part III Date/Time Prepared: 8/24/2020 3:27 pm	
					Title V		Hospital		Cost	
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost			
			1A	1.00	2A	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days			
			4.00	5.00	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	13,578	0.00	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	2,597	0.00	0	0	31.00	
43.00	04300	NURSERY	0	0	1,071	0.00	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	17,246		0	0	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)							
			9.00							
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0							30.00
31.00	03100	INTENSIVE CARE UNIT	0							31.00
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: 14-0101		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/24/2020 3:27 pm	
				Title V		Hospital		Cost	
Cost Center Description				Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
				1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0	50.00
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	05401	NUCLEAR MEDICINE		0	0	0	0	0	54.01
54.02	05402	ULTRASOUND		0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0	55.00
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
59.97	05901	CARDIAC REHAB		0	0	0	0	0	59.97
60.00	06000	LABORATORY		0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0	62.30
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0	90.00
91.00	09100	EMERGENCY		0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0	93.99
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: 14-0101		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part IV Date/Time Prepared: 8/24/2020 3:27 pm	
				Title V		Hospital		Cost	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	0	0.000000	50.00
51.00	05100	RECOVERY ROOM		0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	0	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE		0	0	0	0	0.000000	54.01
54.02	05402	ULTRASOUND		0	0	0	0	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0.000000	55.00
57.00	05700	CT SCAN		0	0	0	0	0.000000	57.00
58.00	05800	MRI		0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	0	0.000000	59.00
59.97	05901	CARDIAC REHAB		0	0	0	0	0.000000	59.97
60.00	06000	LABORATORY		0	0	0	0	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY		0	0	0	0	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	0	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY		0	0	0	0	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	0	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	0	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	0	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		0	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY		0	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC		0	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY		0	0	0	0	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	0	0.000000	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM		0	0	0	0	0.000000	93.99
200.00		Total (lines 50 through 199)		0	0	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet D
Part IV
Date/Time Prepared:
8/24/2020 3:27 pm

Cost Center Description			Title V		Hospital		Cost	
			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.000000	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE	0.000000	0	0	0	0	54.01
54.02	05402	ULTRASOUND	0.000000	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
59.97	05901	CARDIAC REHAB	0.000000	0	0	0	0	59.97
60.00	06000	LABORATORY	0.000000	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	0	0	0	0	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	0	0	93.99
200.00		Total (lines 50 through 199)		0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0101	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/24/2020 3:27 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description				1.00	
PART I - ALL PROVIDER COMPONENTS					
INPATIENT DAYS					
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			13,578	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			13,578	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)			11,136	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) (see instructions)			6,654	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0	14.00
15.00	Total nursery days (title V or XIX only)			0	15.00
16.00	Nursery days (title V or XIX only)			0	16.00
SWING BED ADJUSTMENT					
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)			22,336,453	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)			22,336,453	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)			22,336,453	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)			1,645.05	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			10,946,163	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)			10,946,163	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
8/24/2020 3:27 pm

			Title XVIII		Hospital	PPS				
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
			1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)			0	0	0.00	0	0	42.00	
			Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT			6,460,260	2,597	2,487.59	1,102	2,741,324	43.00	
44.00	CORONARY CARE UNIT								44.00	
45.00	BURN INTENSIVE CARE UNIT								45.00	
46.00	SURGICAL INTENSIVE CARE UNIT								46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)								47.00	
Cost Center Description										
			1.00							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)			19,623,665						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)			33,311,152						49.00
			PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)			1,566,110						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)			1,687,567						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)			3,253,677						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)			30,057,475						53.00
			TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges			0						54.00
55.00	Target amount per discharge			0.00						55.00
56.00	Target amount (line 54 x line 55)			0						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)			0						57.00
58.00	Bonus payment (see instructions)			0						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket			0.00						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket			0.00						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)			0						61.00
62.00	Relief payment (see instructions)			0						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)			0						63.00
			PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)			0						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)			0						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)			0						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)			0						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)			0						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)			0						69.00
			PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)									70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)									71.00
72.00	Program routine service cost (line 9 x line 71)									72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)									73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)									74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)									75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)									76.00
77.00	Program capital-related costs (line 9 x line 76)									77.00
78.00	Inpatient routine service cost (line 74 minus line 77)									78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)									79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)									80.00
81.00	Inpatient routine service cost per diem limitation									81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)									82.00
83.00	Reasonable inpatient routine service costs (see instructions)									83.00
84.00	Program inpatient ancillary services (see instructions)									84.00
85.00	Utilization review - physician compensation (see instructions)									85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)									86.00
			PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)			2,442						87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)			1,645.05						88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)			4,017,212						89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-0101		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 8/24/2020 3:27 pm	
				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	2,836,797	22,336,453	0.127003	4,017,212	510,198	90.00		
91.00	Nursing School cost	0	22,336,453	0.000000	4,017,212	0	91.00		
92.00	Allied health cost	0	22,336,453	0.000000	4,017,212	0	92.00		
93.00	All other Medical Education	0	22,336,453	0.000000	4,017,212	0	93.00		

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0101	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/24/2020 3:27 pm
		Title XIX	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		13,578	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,578	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)		11,136	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) (see instructions)		348	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)		1,071	15.00
16.00	Nursery days (title V or XIX only)		139	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		22,336,453	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)		22,336,453	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)		22,336,453	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)		1,645.05	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		572,477	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)		572,477	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019

Worksheet D-1

Date/Time Prepared:
8/24/2020 3:27 pm

Cost Center Description		Title XIX		Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,286,611	1,071	1,201.32	139	166,983	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	6,460,260	2,597	2,487.59	75	186,569	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description						
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0 48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						926,029 49.00
	PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						93,971 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						93,971 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						832,058 53.00
	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges						0 54.00
55.00	Target amount per discharge						0.00 55.00
56.00	Target amount (line 54 x line 55)						0 56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0 57.00
58.00	Bonus payment (see instructions)						0 58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00 59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00 60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0 61.00
62.00	Relief payment (see instructions)						0 62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0 63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0 64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0 65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0 66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0 67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0 68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0 69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)						2,442 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,645.05 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						4,017,212 89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-0101		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 8/24/2020 3:27 pm		
				Title XIX		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	2,836,797	22,336,453	0.127003	4,017,212	510,198		90.00		
91.00	Nursing School cost	0	22,336,453	0.000000	4,017,212	0		91.00		
92.00	Allied health cost	0	22,336,453	0.000000	4,017,212	0		92.00		
93.00	All other Medical Education	0	22,336,453	0.000000	4,017,212	0		93.00		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0101	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/24/2020 3:27 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		10,966,410		30.00
31.00	03100	INTENSIVE CARE UNIT		4,595,111		31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.192582	6,901,861	1,329,174	50.00
51.00	05100	RECOVERY ROOM	0.359094	894,229	321,112	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.014206	1,213	1,230	52.00
53.00	05300	ANESTHESIOLOGY	0.025014	1,346,829	33,690	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.278699	3,244,939	904,361	54.00
54.01	05401	NUCLEAR MEDICINE	0.116158	656,958	76,311	54.01
54.02	05402	ULTRASOUND	0.085638	888,675	76,104	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.197765	0	0	55.00
57.00	05700	CT SCAN	0.035645	6,962,572	248,181	57.00
58.00	05800	MRI	0.113596	1,456,943	165,503	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.115114	4,036,169	464,620	59.00
59.97	05901	CARDIAC REHAB	0.552893	4	2	59.97
60.00	06000	LABORATORY	0.097842	14,990,651	1,466,715	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.390575	4,182,507	1,633,583	65.00
66.00	06600	PHYSICAL THERAPY	0.371911	1,854,978	689,887	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.646494	1,005,355	649,956	67.00
68.00	06800	SPEECH PATHOLOGY	0.416438	360,775	150,240	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087703	3,384,383	296,821	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.312629	6,329,467	1,978,775	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.669040	6,296,014	4,212,285	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.417241	7,664,365	3,197,887	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.622309	322,572	200,739	90.00
91.00	09100	EMERGENCY	0.137145	7,843,453	1,075,690	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1.505289	299,477	450,799	92.00
93.99	09399	PARTIAL HOSPITALIZATION PROGRAM	0.000000	0	0	93.99
200.00		Total (sum of lines 50 through 94 and 96 through 98)		80,924,389	19,623,665	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00		Net charges (line 200 minus line 201)		80,924,389		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0101	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/24/2020 3:27 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		13,219,341	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,406,447	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)		541,934	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		180,645	2.04
3.00	Managed Care Simulated Payments		2,480,736	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		82.31	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)		2.30	30.00
31.00	Percentage of Medicaid patient days (see instructions)		13.76	31.00
32.00	Sum of lines 30 and 31		16.06	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.19	33.00
34.00	Disproportionate share adjustment (see instructions)		140,566	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0101	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/24/2020 3:27 pm
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		8,272,872,447	8,350,599,096
35.01	Factor 3 (see instructions)		0.000129175	0.000166745
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,068,648	1,392,424
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		799,290	350,008
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,149,298	
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	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		19,638,231	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	
			Amount	
			1.00	
49.00	Total payment for inpatient operating costs (see instructions)		19,638,231	
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,517,168	
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	
53.00	Nursing and Allied Health Managed Care payment		0	
54.00	Special add-on payments for new technologies		0	
54.01	Islet isolation add-on payment		0	
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	
59.00	Total (sum of amounts on lines 49 through 58)		21,155,399	
60.00	Primary payer payments		0	
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		21,155,399	
62.00	Deductibles billed to program beneficiaries		1,918,596	
63.00	Coinurance billed to program beneficiaries		7,161	
64.00	Allowable bad debts (see instructions)		434,823	
65.00	Adjusted reimbursable bad debts (see instructions)		282,635	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		267,263	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		19,512,277	
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	
70.50	Rural Community Hospital Demonstration Project (§410A Demonstration) adjustment (see instructions)		0	
70.87	Demonstration payment adjustment amount before sequestration		0	
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	
70.92	Bundled Model 1 discount amount (see instructions)		0	
70.93	HVBP payment adjustment amount (see instructions)		132,235	
70.94	HRR adjustment amount (see instructions)		-131,088	
70.95	Recovery of accelerated depreciation		0	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0101	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/24/2020 3:27 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	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)		19,513,424	71.00	
71.01	Sequestration adjustment (see instructions)		390,268	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
71.03	Sequestration adjustment-PARHM pass-throughs			71.03	
72.00	Interim payments		18,094,942	72.00	
72.01	Interim payments-PARHM			72.01	
73.00	Tentative settlement (for contractor use only)		0	73.00	
73.01	Tentative settlement-PARHM (for contractor use only)			73.01	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		1,028,214	74.00	
74.01	Balance due provider/program-PARHM (see instructions)			74.01	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		221,155	75.00	
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00	
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00	
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00	
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00	
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00	
95.00	Time value of money for operating expenses (see instructions)		0	95.00	
96.00	Time value of money for capital related expenses (see instructions)		0	96.00	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	100.00	
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00	
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00	
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	103.00	
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00	
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00	
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00	
202.00	Medicare discharges (see instructions)			202.00	
203.00	Case-mix adjustment factor (see instructions)			203.00	
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount			204.00	
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00	
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00	
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00	
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00	
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00	
210.00	Reserved for future use			210.00	
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00	
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00	
213.00	Low-volume adjustment (see instructions)			213.00	
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
8/24/2020 3:27 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	13,219,341	0	13,219,341		13,219,341
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,406,447	0		4,406,447	4,406,447
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	541,934	0	541,934		541,934
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	180,645	0		180,645	180,645
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	2,480,736	0	1,860,552	620,184	2,480,736
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	0.0319	0.0319	0.0319	0.0319	
11.00	Disproportionate share adjustment (see instructions)	34.00	140,566	0	105,424	35,142	140,566
11.01	Uncompensated care payments	36.00	1,149,298	0	0	350,008	350,008
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	19,638,231	0	14,665,989	4,972,242	19,638,231
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	19,638,231	0	14,665,989	4,972,242	19,638,231

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
8/24/2020 3:27 pm

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,517,168	0	1,137,875	379,293	1,517,168
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	15,803,864	5,351,535	21,155,399
		W/S L, line	(Amounts from L)				
		0	1.00	2.00	3.00	4.00	5.00
20.00	Capital DRG other than outlier	1.00	1,426,602	0	1,069,951	356,651	1,426,602
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	90,566	0	67,924	22,642	90,566
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	0.00000	0.00000	0.00000	0.00000	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0
26.00	Total prospective capital payments (see instructions)	12.00	1,517,168	0	1,137,875	379,293	1,517,168
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
8/24/2020 3:27 pm

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	13,219,341	13,219,341		13,219,341	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	4,406,447		4,406,447	4,406,447	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	541,934	541,934		541,934	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	180,645		180,645	180,645	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	2,480,736	1,860,552	620,184	2,480,736	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	0.0319	0.0319	0.0319		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	140,566	105,424	35,142	140,566	11.00
11.01	Uncompensated care payments	36.00	1,149,298	0	350,008	350,008	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	19,638,231	14,665,989	4,972,242	19,638,231	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	19,638,231	14,665,989	4,972,242	19,638,231	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,517,168	1,137,875	379,293	1,517,168	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			15,803,864	5,351,535	21,155,399	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
8/24/2020 3:27 pm

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,426,602	1,069,951	356,651	1,426,602	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	90,566	67,924	22,642	90,566	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,517,168	1,137,875	379,293	1,517,168	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	132,235	99,176	33,059	132,235	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	-131,088	-98,316	-32,772	-131,088	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: 14-0101	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 8/24/2020 3:27 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		23,891	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		22,209,336	2.00
3.00	OPPS payments		14,819,823	3.00
4.00	Outlier payment (see instructions)		78,079	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)		23,891	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		57,417	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)		57,417	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		57,417	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		33,526	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)		23,891	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)		14,897,902	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,871,672	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)		12,050,121	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)		12,050,121	30.00
31.00	Primary payer payments		549	31.00
32.00	Subtotal (line 30 minus line 31)		12,049,572	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)		408,524	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		265,541	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		231,842	36.00
37.00	Subtotal (see instructions)		12,315,113	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-12	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)		12,315,125	40.00
40.01	Sequestration adjustment (see instructions)		246,303	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		11,793,971	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		274,851	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
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: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet E-1
Part I
Date/Time Prepared:
8/24/2020 3:27 pm

		Title XVIII		Hospital		PPS
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		18,061,589		11,793,971	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	08/26/2019	33,353		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		33,353		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		18,094,942		11,793,971	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		1,028,214		274,851	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		19,123,156		12,068,822	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: 14-0101	Period: From 01/01/2019 To 12/31/2019	Worksheet E-1 Part II Date/Time Prepared: 8/24/2020 3:27 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

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

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019

Worksheet G

Date/Time Prepared:
8/24/2020 3:27 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	18,740,115	0	0	0	1.00
2.00	Temporary investments	5,702	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	79,426,652	0	0	0	4.00
5.00	Other receivable	46,790	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-49,507,811	0	0	0	6.00
7.00	Inventory	3,688,724	0	0	0	7.00
8.00	Prepaid expenses	3,036,386	0	0	0	8.00
9.00	Other current assets	2,000,000	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)	57,436,558	0	0	0	11.00
FIXED ASSETS						
12.00	Land	10,231,303	0	0	0	12.00
13.00	Land improvements	7,334,943	0	0	0	13.00
14.00	Accumulated depreciation	-5,527,918	0	0	0	14.00
15.00	Buildings	82,432,955	0	0	0	15.00
16.00	Accumulated depreciation	-47,337,354	0	0	0	16.00
17.00	Leasehold improvements	2,342,649	0	0	0	17.00
18.00	Accumulated depreciation	-95,431	0	0	0	18.00
19.00	Fixed equipment	26,000,571	0	0	0	19.00
20.00	Accumulated depreciation	-20,183,424	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	78,663,677	0	0	0	23.00
24.00	Accumulated depreciation	-60,830,366	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	30,396,341	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	103,427,946	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	123,316,099	0	0	0	31.00
32.00	Deposits on leases	8,623,019	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	7,451,233	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	139,390,351	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	300,254,855	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	7,071,831	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,427,358	0	0	0	38.00
39.00	Payroll taxes payable	232,971	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,764,715	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	15,423,783	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	35,920,658	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	91,242,947	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	17,775,721	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	109,018,668	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	144,939,326	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	155,315,529				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	155,315,529	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	300,254,855	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-1

Date/Time Prepared:
8/24/2020 3:27 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		143,343,588		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		11,671,632				2.00
3.00	Total (sum of line 1 and line 2)		155,015,220		0		3.00
4.00	TRANSFER FROM AFFILIATE	300,309		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)		300,309		0		10.00
11.00	Subtotal (line 3 plus line 10)		155,315,529		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		155,315,529		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	TRANSFER FROM AFFILIATE		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	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
8/24/2020 3:27 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	23,906,308		23,906,308	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)	23,906,308		23,906,308	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,435,772		8,435,772	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)	8,435,772		8,435,772	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	32,342,080		32,342,080	17.00
18.00	Ancillary services	127,909,454	347,080,483	474,989,937	18.00
19.00	Outpatient services	14,551,597	80,659,533	95,211,130	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	PHYSICIAN PRIVATE OFFICES	1,710	11,639,580	11,641,290	27.00
27.01	PROFESSIONAL CHARGES	1,130	6,224,732	6,225,862	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	174,805,971	445,604,328	620,410,299	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		179,255,679		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	OTHER INCOME	568,136			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)		568,136		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		178,687,543		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0101

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-3

Date/Time Prepared:
8/24/2020 3:27 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	620,410,299	1.00
2.00	Less contractual allowances and discounts on patients' accounts	441,136,824	2.00
3.00	Net patient revenues (line 1 minus line 2)	179,273,475	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	178,687,543	4.00
5.00	Net income from service to patients (line 3 minus line 4)	585,932	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	9,976,976	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	1,960,238	24.00
24.01	NONOPERATING INCOME	11,868	24.01
25.00	Total other income (sum of lines 6-24)	11,949,082	25.00
26.00	Total (line 5 plus line 25)	12,535,014	26.00
27.00	NET STLMTS FOR DERIVATIVE INSTRUMENT	160,320	27.00
27.01	CHANGE IN FAIR VALUE OF INT RATE SWA	703,062	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	863,382	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	11,671,632	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0101	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 8/24/2020 3:27 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,426,602	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		90,566	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)		39.01	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (see instructions)		0	11.00
12.00	Total prospective capital payments (see instructions)		1,517,168	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