

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).

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

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

Provider CCN: 14-0113

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

Worksheet S
Parts I-III
Date/Time Prepared:
2/28/2020 10:53 am

PART I - COST REPORT STATUS

Provider use only	1. ☒ Electronically filed cost report	Date: 2/28/2020	Time: 10:53 am
	2. ☐ Manually submitted cost report		
	3. ☐ If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. ☐ Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. ☐ Cost Report Status	6. Date Received:	10. NPR Date:
	(1) As Submitted	7. Contractor No.	11. Contractor's Vendor Code: 4
	(2) Settled without Audit	8. ☐ Initial Report for this Provider CCN	12. ☐ If line 5, column 1 is 4: Enter number of times reopened = 0-9.
	(3) Settled with Audit	9. ☐ Final Report for this Provider CCN	
	(4) Reopened		
	(5) Amended		

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by OSF HEART OF MARY MEDICAL CENTER (14-0113) for the cost reporting period beginning 10/01/2018 and ending 09/30/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed)

Officer or Administrator of Provider(s)

Title

Date

Cost Center Description		Title V	Title XVIII		HIT	Title XIX	
			Part A	Part B			
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	247,297	22,993	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	-22,462	47		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	224,835	23,040	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: 14-0113		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 2/28/2020 10:53 am	
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1400 WEST PARK STREET			PO Box:				1.00		
2.00	City: URBANA			State: IL		Zip Code: 61801		County: CHAMPAIGN		
		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		OSF HEART OF MARY MEDICAL CENTER	140113	16580	1	07/01/1966	N	P	O
4.00	Subprovider - IPF									
5.00	Subprovider - IRF		OSF HEART OF MARY MEDICAL CENTER	14T113	16580	5	10/01/1983	N	P	O
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2018	09/30/2019		20.00
21.00	Type of Control (see instructions)						1			21.00
							1.00	2.00		3.00
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		N	22.03
23.00	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.									
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	Y		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	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.			741	881	0	0	2,586	68	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 14-0113		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part I Date/Time Prepared: 2/28/2020 10:53 am		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			147	98	0	0	298		25.00
							Urban/Rural S	Date of Geogr		
							1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						2			26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						2			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0			35.00
							Beginning:	Ending:		
							1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.									36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.						0			37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)									37.01
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.									38.00
							Y/N	Y/N		
							1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)						N	N		39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)						N	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.						Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.						N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.						N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.						N			59.00
					NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
					1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)				N					60.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 14-0113

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

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

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		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.	N				110.00	
						1.00	2.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N				111.00	
						1.00	2.00
						1.00	2.00
						1.00	2.00
115.00	Miscellaneous Cost Reporting Information Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				118.00	
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	1	0	0		118.01	
						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.	N				118.02	
119.00	DO NOT USE THIS LINE					119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N				N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00	
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							

MCRIF32 - 15.11.167.3

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 14-0113	Period: From 10/01/2018 To 09/30/2019	Worksheet S-2 Part I Date/Time Prepared: 2/28/2020 10:53 am
		1.00	2.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0113		Period: From 10/01/2018 To 09/30/2019		Worksheet S-2 Part II Date/Time Prepared: 2/28/2020 10:53 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date	V/I			
		1.00	2.00	3.00			
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type	Date			
		1.00	2.00	3.00			
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					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.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y					12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N					13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N					14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N					15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/13/2019	Y	12/13/2019		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 14-0113	Period: From 10/01/2018 To 09/30/2019	Worksheet S-2 Part II Date/Time Prepared: 2/28/2020 10:53 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			Y	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PATRICIA		RACHELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	3142315544		PRACHELL@BKD.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet S-2
Part II
Date/Time Prepared:
2/28/2020 10:53 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part I
Date/Time Prepared:
2/28/2020 10:53 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
					5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	164	59,860	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)		164	59,860	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	15	5,475	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)		179	65,335	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	25	9,125		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		204				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)		6	2,190			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: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part I
Date/Time Prepared:
2/28/2020 10:53 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents	
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll
		6.00	7.00	8.00	9.00	10.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	5,799	631	17,884		1.00
2.00	HMO and other (see instructions)	3,575	3,467			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	696	396			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	5,799	631	17,884		7.00
8.00	INTENSIVE CARE UNIT	1,059	20	1,162		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		90	1,086		13.00
14.00	Total (see instructions)	6,858	741	20,132	8.29	14.00
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF	2,750	147	4,853	0.00	17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)			0		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	26.25
27.00	Total (sum of lines 14-26)				8.29	661.64
28.00	Observation Bed Days		441	2,708		28.00
29.00	Ambulance Trips	3,879				29.00
30.00	Employee discount days (see instruction)			0		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	68	224		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: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part I
Date/Time Prepared:
2/28/2020 10:53 am

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00	15.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,795	230	6,712	1.00
2.00 HMO and other (see instructions)			832	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,795	230	6,712	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	262	13	434	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: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part II
Date/Time Prepared:
2/28/2020 10:53 am

	Wkst. A Line Number	Amount Reported	Reclassificat ion of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	39,791,706	-91,947	39,699,759	1,333,927.00	29.76 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		6,404,305	-10,490	6,393,815	256,456.00	24.93 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		2,168,524	0	2,168,524	32,758.00	66.20 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		159,758	0	159,758	1,185.00	134.82 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		8,999,998	0	8,999,998	246,258.00	36.55 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		9,090,365	0	9,090,365		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		1,745,093	0	1,745,093		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		2,895,868	0	2,895,868		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part II
Date/Time Prepared:
2/28/2020 10:53 am

	Wkst. A Line Number	Amount Reported	Reclassificat ion of Salaries (from Wkst. A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	172	0	172	8.00	21.50
27.00	Administrative & General	5.00	2,316,375	-2,589	2,313,786	65,180.00	35.50
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	847,752	0	847,752	28,087.00	30.18
31.00	Laundry & Linen Service	8.00	93,630	0	93,630	6,118.00	15.30
32.00	Housekeeping	9.00	860,902	0	860,902	55,219.00	15.59
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	767,664	-396,577	371,087	23,628.00	15.71
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	383,819	383,819	23,631.00	16.24
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,341,652	-1,309	1,340,343	40,007.00	33.50
39.00	Central Services and Supply	14.00	718,171	0	718,171	33,157.00	21.66
40.00	Pharmacy	15.00	1,366,036	0	1,366,036	27,076.00	50.45
41.00	Medical Records & Medical Records Library	16.00	507,400	-5,721	501,679	21,198.00	23.67
42.00	Social Service	17.00	0	0	0	0.00	0.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part III
Date/Time Prepared:
2/28/2020 10:53 am

	Worksheet A Line Number	Amount Reported	Reclassificat ion of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	39,791,706	-91,947	39,699,759	1,333,927.00	29.76	1.00
2.00	Excluded area salaries (see instructions)	6,404,305	-10,490	6,393,815	256,456.00	24.93	2.00
3.00	Subtotal salaries (line 1 minus line 2)	33,387,401	-81,457	33,305,944	1,077,471.00	30.91	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,328,280	0	11,328,280	280,201.00	40.43	4.00
5.00	Subtotal wage-related costs (see inst.)	11,986,233	0	11,986,233	0.00	35.99	5.00
6.00	Total (sum of lines 3 thru 5)	56,701,914	-81,457	56,620,457	1,357,672.00	41.70	6.00
7.00	Total overhead cost (see instructions)	8,819,754	-22,377	8,797,377	323,309.00	27.21	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 14-0113	Period: From 10/01/2018 To 09/30/2019	Worksheet S-3 Part IV Date/Time Prepared: 2/28/2020 10:53 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,433,251	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)		5,955,289	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		91,947	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		540,000	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		2,637,390	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		177,581	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		10,835,458	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: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet S-3
Part V
Date/Time Prepared:
2/28/2020 10:53 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,168,524	10,835,458	1.00
2.00	Hospital	2,168,524	10,835,458	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 14-0113	Period: From 10/01/2018 To 09/30/2019	Worksheet S-10 Date/Time Prepared: 2/28/2020 10:53 am
				1.00
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.203832 1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	6,706,770		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y		3.00
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y		4.00
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0		5.00
6.00	Medicaid charges	65,602,193		6.00
7.00	Medicaid cost (line 1 times line 6)	13,371,826		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)	6,665,056		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)	6,665,056		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
Uncompensated Care (see instructions for each line)				
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	8,123,992	863,996	8,987,988 20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,655,930	863,996	2,519,926 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)	1,655,930	863,996	2,519,926 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)	7,965,372		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	411,520		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	633,109		27.01
28.00	Non-Medicare bad debt expense (see instructions)	7,332,263		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	1,716,139		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	4,236,065		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	10,901,121		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0113

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

Worksheet A

Date/Time Prepared:
2/28/2020 10:53 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		4,773,460	4,773,460	432,916	5,206,376	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,432,772	3,432,772	375,429	3,808,201	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	172	11,274,300	11,274,472	1,818,946	13,093,418	4.00
5.01	00540	NONPATIENT TELEPHONE	0	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCH RCVING STORING	0	0	0	0	0	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.05	00580	CASHIERING A/R	0	0	0	0	0	5.05
5.06	00590	OTHER ADMIN & GEN	2,316,375	29,431,643	31,748,018	-2,426,508	29,321,510	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	847,752	4,678,606	5,526,358	-790,213	4,736,145	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	93,630	399,483	493,113	0	493,113	8.00
9.00	00900	HOUSEKEEPING	860,902	245,192	1,106,094	0	1,106,094	9.00
10.00	01000	DIETARY	767,664	1,321,649	2,089,313	-1,044,621	1,044,692	10.00
11.00	01100	CAFETERIA	0	0	0	1,044,621	1,044,621	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,341,652	93,710	1,435,362	0	1,435,362	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	718,171	1,395,855	2,114,026	-46,309	2,067,717	14.00
15.00	01500	PHARMACY	1,366,036	3,252,312	4,618,348	-2,117,474	2,500,874	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	507,400	12,571	519,971	0	519,971	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	135,053	135,053	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,978,022	1,978,022	0	1,978,022	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	144,189	144,189	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	8,932,249	4,733,044	13,665,293	-1,728,105	11,937,188	30.00
31.00	03100	INTENSIVE CARE UNIT	1,995,800	1,308,477	3,304,277	-236,228	3,068,049	31.00
41.00	04100	SUBPROVIDER - IRF	1,639,404	2,221,051	3,860,455	-63,946	3,796,509	41.00
43.00	04300	NURSERY	245,444	1,340,290	1,585,734	-33,041	1,552,693	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,731,651	6,997,238	9,728,889	-5,277,289	4,451,600	50.00
50.01	03330	ENDOSCOPY	740,977	646,203	1,387,180	-369,603	1,017,577	50.01
51.00	05100	RECOVERY ROOM	420,053	18,154	438,207	-15,228	422,979	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-3,127	59,553	56,426	1,134,418	1,190,844	52.00
53.00	05300	ANESTHESIOLOGY	33,720	2,494,494	2,528,214	-247,843	2,280,371	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	749,444	58,399	807,843	739,369	1,547,212	54.00
54.01	03630	ULTRASOUND	268,176	32,339	300,515	10,187	310,702	54.01
54.02	03440	MAMMOGRAPHY	60,812	29,939	90,751	8,488	99,239	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	143,262	232,393	375,655	-15,772	359,883	56.00
57.00	05700	CT SCAN	385,801	103,667	489,468	-57,407	432,061	57.00
58.00	05800	MRI	125,677	15,339	141,016	17,697	158,713	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,164,249	2,541,815	3,706,064	-2,508,674	1,197,390	59.00
60.00	06000	LABORATORY	1,582,435	2,534,483	4,116,918	121,138	4,238,056	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	297,871	297,871	-50	297,821	63.00
64.00	06400	INTRAVENOUS THERAPY	194,720	43,367	238,087	-41,210	196,877	64.00
65.00	06500	RESPIRATORY THERAPY	860,921	300,318	1,161,239	-191,150	970,089	65.00
66.00	06600	PHYSICAL THERAPY	0	460,959	460,959	70,824	531,783	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	263,425	263,425	39,271	302,696	67.00
68.00	06800	SPEECH PATHOLOGY	0	87,957	87,957	13,961	101,918	68.00
69.01	03140	CARDIOLOGY	434,367	17,837	452,204	-10,310	441,894	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	-215,291	-215,291	6,802,834	6,587,543	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,353,832	3,353,832	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,506,920	2,506,920	73.00
74.00	07400	RENAL DIALYSIS	112,907	242,290	355,197	-35,543	319,654	74.00
76.97	07697	CARDIAC REHABILITATION	418,363	12,537	430,900	-6,809	424,091	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								
91.00	09100	EMERGENCY	2,969,746	1,210,778	4,180,524	-204,561	3,975,963	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	4,222,198	2,102,773	6,324,971	-354,891	5,970,080	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		508,826	508,826	-508,826	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	39,249,003	92,990,100	132,239,103	438,482	132,677,585	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0113

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

Worksheet A

Date/Time Prepared:
2/28/2020 10:53 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassificat ions (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	43,971	96,732	140,703	0	140,703	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	5,925	5,925	-3,717	2,208	192.01
192.02	19202	REAL ESTATE	0	984,915	984,915	-432,567	552,348	192.02
192.03	19203	FOUNDATION	0	258,657	258,657	0	258,657	192.03
192.04	19204	OUTREACH PROGRAMS	440,047	153,742	593,789	-1,033	592,756	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
194.00	07950	INDUSTRIAL MEDICINE	58,685	3,430	62,115	-1,165	60,950	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	39,791,706	94,493,501	134,285,207	0	134,285,207	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0113

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

Worksheet A

Date/Time Prepared:
2/28/2020 10:53 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-245,341	4,961,035	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,314,728	6,122,929	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,817	13,091,601	4.00
5.01	00540	NONPATIENT TELEPHONE	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	5.02
5.03	00560	PURCH RCING STORING	0	0	5.03
5.04	00570	ADMITTING	0	0	5.04
5.05	00580	CASHIERING A/R	0	0	5.05
5.06	00590	OTHER ADMIN & GEN	-14,491,867	14,829,643	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	4,736,145	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	493,113	8.00
9.00	00900	HOUSEKEEPING	0	1,106,094	9.00
10.00	01000	DIETARY	0	1,044,692	10.00
11.00	01100	CAFETERIA	-298,318	746,303	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	754,097	2,189,459	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,067,717	14.00
15.00	01500	PHARMACY	0	2,500,874	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-13,428	506,543	16.00
17.00	01700	SOCIAL SERVICE	-181,304	-46,251	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	1,978,022	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	144,189	22.00
23.00	02300	PARAMED ED PRGM- (SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,649,406	9,287,782	30.00
31.00	03100	INTENSIVE CARE UNIT	-525,518	2,542,531	31.00
41.00	04100	SUBPROVIDER - IRF	-52,250	3,744,259	41.00
43.00	04300	NURSERY	-1,213,143	339,550	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-390,087	4,061,513	50.00
50.01	03330	ENDOSCOPY	0	1,017,577	50.01
51.00	05100	RECOVERY ROOM	0	422,979	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,190,844	52.00
53.00	05300	ANESTHESIOLOGY	-2,242,268	38,103	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,547,212	54.00
54.01	03630	ULTRASOUND	0	310,702	54.01
54.02	03440	MAMMOGRAPHY	0	99,239	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	03480	ONCOLOGY	0	0	55.01
56.00	05600	RADIOISOTOPE	0	359,883	56.00
57.00	05700	CT SCAN	0	432,061	57.00
58.00	05800	MRI	0	158,713	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,197,390	59.00
60.00	06000	LABORATORY	70,153	4,308,209	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	297,821	63.00
64.00	06400	INTRAVENOUS THERAPY	0	196,877	64.00
65.00	06500	RESPIRATORY THERAPY	-4,832	965,257	65.00
66.00	06600	PHYSICAL THERAPY	0	531,783	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	302,696	67.00
68.00	06800	SPEECH PATHOLOGY	0	101,918	68.00
69.01	03140	CARDIOLOGY	0	441,894	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,587,543	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,353,832	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,506,920	73.00
74.00	07400	RENAL DIALYSIS	-2,798	316,856	74.00
76.97	07697	CARDIAC REHABILITATION	-14,361	409,730	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-573,449	3,402,514	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-116,196	5,853,884	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-19,877,405	112,800,180	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 14-0113

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

Worksheet A

Date/Time Prepared:
2/28/2020 10:53 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	140,703	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	2,208	192.01
192.02	19202	REAL ESTATE	0	552,348	192.02
192.03	19203	FOUNDATION	0	258,657	192.03
192.04	19204	OUTREACH PROGRAMS	0	592,756	192.04
192.05	19205	UNASSIGNED	0	0	192.05
194.00	07950	INDUSTRIAL MEDICINE	0	60,950	194.00
200.00		TOTAL (SUM OF LINES 118 through 199)	-19,877,405	114,407,802	200.00

RECLASSIFICATIONS

Provider CCN: 14-0113

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

Worksheet A-6

Date/Time Prepared:
2/28/2020 10:53 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,506,920		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
	0		0	2,506,920		
	C - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	295,978		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	212,848		2.00
	0		0	508,826		
	D - INSURANCE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	136,938		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	162,581		2.00
	0		0	299,519		
	E - CLINICAL ENGINEERING					
1.00	LABORATORY	60.00	0	182,519		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	911,224		2.00
	0		0	1,093,743		
	F - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,802,834		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00

RECLASSIFICATIONS

Provider CCN: 14-0113

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

Worksheet A-6

Date/Time Prepared:
2/28/2020 10:53 am

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
0		0	6,802,834		
G - LABOR & DELIVERY					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,115,721	71,932	1.00
2.00	NURSERY	43.00	2,004	129	2.00
0		1,117,725	72,061		
H - MINISTRY ALLOCATIONS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,818,946	1.00
2.00	OPERATION OF PLANT	7.00	0	303,530	2.00
3.00	PHARMACY	15.00	0	178,430	3.00
4.00	PHYSICAL THERAPY	66.00	0	76,635	4.00
5.00	OCCUPATIONAL THERAPY	67.00	0	43,795	5.00
6.00	SPEECH PATHOLOGY	68.00	0	14,623	6.00
7.00	SOCIAL SERVICE	17.00	0	135,053	7.00
0		0	2,571,012		
J - RADIOLOGY SHARED SERVICES					
1.00	ULTRASOUND	54.01	30,763	131	1.00
2.00	MAMMOGRAPHY	54.02	30,763	131	2.00
3.00	RADIOISOTOPE	56.00	30,763	131	3.00
4.00	CT SCAN	57.00	30,763	131	4.00
5.00	MRI	58.00	30,763	131	5.00
0		153,815	655		
M - RECLASSIFICATION OF MOB EXPENSE					
1.00	I&R SERVICES-OTHER PRGM	22.00	0	144,189	1.00
2.00	COSTS APPRV				
2.00	OTHER ADMIN & GEN	5.06	0	288,378	2.00
0		0	432,567		
N - DIETARY RECLASSIFICATION					
1.00	CAFETERIA	11.00	383,819	660,802	1.00
0		0	383,819	660,802	
P - IMPLANT SUPPLIES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,353,832	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
0		0	3,353,832		
Q - SHORT TERM DISABILITY RECLASS					
1.00	OTHER ADMIN & GEN	5.06	0	2,589	1.00
2.00	DIETARY	10.00	0	12,758	2.00
3.00	NURSING ADMINISTRATION	13.00	0	1,309	3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	5,721	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	23,043	5.00
6.00	SUBPROVIDER - IRF	41.00	0	1,030	6.00
7.00	OPERATING ROOM	50.00	0	9,642	7.00
8.00	ENDOSCOPY	50.01	0	6,638	8.00
9.00	RECOVERY ROOM	51.00	0	1,928	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	472	10.00
11.00	CT SCAN	57.00	0	6,335	11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	3,087	12.00
13.00	RESPIRATORY THERAPY	65.00	0	1,561	13.00
14.00	CARDIOLOGY	69.01	0	1,824	14.00
15.00	RENAL DIALYSIS	74.00	0	3,252	15.00
16.00	EMERGENCY	91.00	0	1,298	16.00
17.00	AMBULANCE SERVICES	95.00	0	5,105	17.00
18.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	0	2,020	18.00
19.00	OUTREACH PROGRAMS	192.04	0	2,335	19.00
	TOTALS		0	91,947	
500.00	Grand Total: Increases		1,655,359	18,394,718	500.00

RECLASSIFICATIONS

Provider CCN: 14-0113

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

Worksheet A-6

Date/Time Prepared:
2/28/2020 10:53 am

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	A - PHARMACY							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,671	0		1.00	
2.00	PHARMACY	15.00	0	2,277,515	0		2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	18,635	0		3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	14,597	0		4.00	
5.00	SUBPROVIDER - IRF	41.00	0	951	0		5.00	
6.00	NURSERY	43.00	0	28	0		6.00	
7.00	OPERATING ROOM	50.00	0	11,547	0		7.00	
8.00	ENDOSCOPY	50.01	0	5,589	0		8.00	
9.00	RECOVERY ROOM	51.00	0	1,319	0		9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	919	0		10.00	
11.00	ANESTHESIOLOGY	53.00	0	40,010	0		11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	775	0		12.00	
13.00	ULTRASOUND	54.01	0	1	0		13.00	
14.00	MAMMOGRAPHY	54.02	0	70	0		14.00	
15.00	RADIOISOTOPE	56.00	0	40,357	0		15.00	
16.00	CT SCAN	57.00	0	24,903	0		16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0	20,265	0		17.00	
18.00	LABORATORY	60.00	0	735	0		18.00	
19.00	BLOOD STORING PROCESSING & TRANS.	63.00	0	18	0		19.00	
20.00	INTRAVENOUS THERAPY	64.00	0	454	0		20.00	
21.00	RESPIRATORY THERAPY	65.00	0	78	0		21.00	
22.00	INDUSTRIAL MEDICINE	194.00	0	1,160	0		22.00	
23.00	RENAL DIALYSIS	74.00	0	9,959	0		23.00	
24.00	EMERGENCY	91.00	0	7,943	0		24.00	
25.00	AMBULANCE SERVICES	95.00	0	23,704	0		25.00	
26.00	COVENANT OUTPATIENT PHARMACY	192.01	0	3,717	0		26.00	
	0		0	2,506,920				
	C - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	508,826	11		1.00	
2.00		0.00	0	0	11		2.00	
	0		0	508,826				
	D - INSURANCE EXPENSE							
1.00	OTHER ADMIN & GEN	5.06	0	143,874	12		1.00	
2.00	AMBULANCE SERVICES	95.00	0	155,645	12		2.00	
	0		0	299,519				
	E - CLINICAL ENGINEERING							
1.00	OPERATION OF PLANT	7.00	0	1,093,743	0		1.00	
2.00		0.00	0	0	0		2.00	
	0		0	1,093,743				
	F - MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	44,598	0		1.00	
2.00	PHARMACY	15.00	0	18,389	0		2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	517,471	0		3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	221,631	0		4.00	
5.00	SUBPROVIDER - IRF	41.00	0	62,995	0		5.00	
6.00	NURSERY	43.00	0	35,146	0		6.00	
7.00	OPERATING ROOM	50.00	0	3,065,344	0		7.00	
8.00	ENDOSCOPY	50.01	0	353,387	0		8.00	
9.00	RECOVERY ROOM	51.00	0	13,909	0		9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	51,522	0		10.00	
11.00	ANESTHESIOLOGY	53.00	0	207,833	0		11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16,610	0		12.00	
13.00	ULTRASOUND	54.01	0	20,706	0		13.00	
14.00	MAMMOGRAPHY	54.02	0	22,336	0		14.00	
15.00	RADIOISOTOPE	56.00	0	6,309	0		15.00	
16.00	CT SCAN	57.00	0	63,398	0		16.00	
17.00	MRI	58.00	0	13,197	0		17.00	
18.00	CARDIAC CATHETERIZATION	59.00	0	1,348,649	0		18.00	
19.00	LABORATORY	60.00	0	60,646	0		19.00	
20.00	BLOOD STORING PROCESSING & TRANS.	63.00	0	32	0		20.00	
21.00	INTRAVENOUS THERAPY	64.00	0	40,756	0		21.00	
22.00	RESPIRATORY THERAPY	65.00	0	191,072	0		22.00	
23.00	PHYSICAL THERAPY	66.00	0	5,811	0		23.00	
24.00	OCCUPATIONAL THERAPY	67.00	0	4,524	0		24.00	
25.00	SPEECH PATHOLOGY	68.00	0	662	0		25.00	
26.00	CARDIOLOGY	69.01	0	10,310	0		26.00	
27.00	RENAL DIALYSIS	74.00	0	25,584	0		27.00	
28.00	CARDIAC REHABILITATION	76.97	0	6,809	0		28.00	
29.00	EMERGENCY	91.00	0	196,618	0		29.00	
30.00	AMBULANCE SERVICES	95.00	0	175,542	0		30.00	
31.00	OUTREACH PROGRAMS	192.04	0	1,033	0		31.00	

RECLASSIFICATIONS

Provider CCN: 14-0113

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

Worksheet A-6

Date/Time Prepared:
2/28/2020 10:53 am

Decreases						wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
32.00	INDUSTRIAL MEDICINE	194.00	0	5	0		32.00
	0		0	6,802,834			
	G - LABOR & DELIVERY						
1.00	ADULTS & PEDIATRICS	30.00	1,117,725	72,061	0		1.00
2.00		0.00	0	0	0		2.00
	0		1,117,725	72,061			
	H - MINISTRY ALLOCATIONS						
1.00	OTHER ADMIN & GEN	5.00	0	2,571,012	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
	0		0	2,571,012			
	J - RADIOLOGY SHARED SERVICES						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	153,815	655	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	0		153,815	655			
	M - RECLASSIFICATION OF MOB EXPENSE						
1.00	REAL ESTATE	192.02	0	432,567	0		1.00
2.00		0.00	0	0	0		2.00
	0		0	432,567			
	N - DIETARY RECLASSIFICATION						
1.00	DIETARY	10.00	383,819	660,802	0		1.00
	0		383,819	660,802			
	P - IMPLANT SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	40	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	2,213	0		2.00
3.00	OPERATING ROOM	50.00	0	2,200,398	0		3.00
4.00	ENDOSCOPY	50.01	0	10,627	0		4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	794	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	1,139,760	0		6.00
	0		0	3,353,832			
	Q - SHORT TERM DISABILITY RECLASS						
1.00	OTHER ADMIN & GEN	5.00	2,589	0	0		1.00
2.00	DIETARY	10.00	12,758	0	0		2.00
3.00	NURSING ADMINISTRATION	13.00	1,309	0	0		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	5,721	0	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	23,043	0	0		5.00
6.00	SUBPROVIDER - IRF	41.00	1,030	0	0		6.00
7.00	OPERATING ROOM	50.00	9,642	0	0		7.00
8.00	ENDOSCOPY	50.01	6,638	0	0		8.00
9.00	RECOVERY ROOM	51.00	1,928	0	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	472	0	0		10.00
11.00	CT SCAN	57.00	6,335	0	0		11.00
12.00	CARDIAC CATHETERIZATION	59.00	3,087	0	0		12.00
13.00	RESPIRATORY THERAPY	65.00	1,561	0	0		13.00
14.00	CARDIOLOGY	69.01	1,824	0	0		14.00
15.00	RENAL DIALYSIS	74.00	3,252	0	0		15.00
16.00	EMERGENCY	91.00	1,298	0	0		16.00
17.00	AMBULANCE SERVICES	95.00	5,105	0	0		17.00
18.00	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00	2,020	0	0		18.00
19.00	OUTREACH PROGRAMS	192.04	2,335	0	0		19.00
	TOTALS		91,947	0			
500.00	Grand Total: Decreases		1,747,306	18,302,771			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet A-7
Part I
Date/Time Prepared:
2/28/2020 10:53 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	16,475,000	0	0	0	85,100	1.00
2.00	Land Improvements	1,659,000	0	0	0	12,000	2.00
3.00	Buildings and Fixtures	57,123,030	581,470	0	581,470	73,000	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	14,515,856	6,473,243	0	6,473,243	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	89,772,886	7,054,713	0	7,054,713	170,100	8.00
9.00	Reconciling Items	487,530	147,838	0	147,838	0	9.00
10.00	Total (line 8 minus line 9)	89,285,356	6,906,875	0	6,906,875	170,100	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	16,389,900	0				1.00
2.00	Land Improvements	1,647,000	0				2.00
3.00	Buildings and Fixtures	57,631,500	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	20,989,099	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	96,657,499	0				8.00
9.00	Reconciling Items	635,368	0				9.00
10.00	Total (line 8 minus line 9)	96,022,131	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet A-7
Part II
Date/Time Prepared:
2/28/2020 10:53 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	4,773,460	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,432,772	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,206,232	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Relat ed Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	4,773,460				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	3,432,772				2.00
3.00	Total (sum of lines 1-2)	0	8,206,232				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet A-7
Part III
Date/Time Prepared:
2/28/2020 10:53 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	75,668,400	0	75,668,400	0.782851	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	20,989,099	0	20,989,099	0.217149	0	2.00
3.00	Total (sum of lines 1-2)	96,657,499	0	96,657,499	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	3,990,064	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,360,564	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,350,628	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	834,033	136,938	0	0	4,961,035	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	599,784	162,581	0	0	6,122,929	2.00
3.00	Total (sum of lines 1-2)	1,433,817	299,519	0	0	11,083,964	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0113

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

Worksheet A-8

Date/Time Prepared:
2/28/2020 10:53 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				3.00	4.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0	0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)			0	0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0ADULTS & PEDIATRICS	30.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0OTHER ADMIN & GEN	5.06	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	-8,189,003			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)			0	0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-4,310,998			0	12.00
13.00	Laundry and linen service			0	0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-298,318	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others			0	0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients			0	0.00	0	16.00
17.00	Sale of drugs to other than patients			0	0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-13,428	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0	0.00	0	19.00
20.00	Vending machines			0	0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0	0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0	0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES

Provider CCN: 14-0113

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

Worksheet A-8

Date/Time Prepared:
2/28/2020 10:53 am

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
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	DONATIONS	A	-264	OTHER ADMIN & GEN	5.06	0	33.00
34.00	LOBBYING FEES	A	-28,983	OTHER ADMIN & GEN	5.06	0	34.00
35.00	MEDICAID TAX ASSESSMENT -	A	-6,815,164	OTHER ADMIN & GEN	5.06	0	35.00
36.00	MISCELLANEOUS REVENUE	A	-19,767	OTHER ADMIN & GEN	5.06	0	36.00
37.00	MISCELLANEOUS REVENUE	B	77,013	LABORATORY	60.00	0	37.00
38.00	MISCELLANEOUS REVENUE	B	-14,361	CARDIAC REHABILITATION	76.97	0	38.00
39.00	MISCELLANEOUS REVENUE	B	-116,196	AMBULANCE SERVICES	95.00	0	39.00
40.00	MISCELLANEOUS REVENUE	B	-182,583	EMERGENCY	91.00	0	40.00
41.00	MISCELLANEOUS REVENUE	B	162	ADULTS & PEDIATRICS	30.00	0	41.00
42.00	RELIFING ADJUSTMENT	A	109	CAP REL COSTS-BLDG & FIXT	1.00	9	42.00
43.00	RELIFING ADJUSTMENT	A	36,193	CAP REL COSTS-MVBLE EQUIP	2.00	9	43.00
43.01	MISCELLANEOUS REVENUE	B	-1,817	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	43.01
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-19,877,405				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 14-0113

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

Worksheet A-8-1

Date/Time Prepared:
2/28/2020 10:53 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CAPITAL BLDG HO BLDG CAPITA	392,069	1,175,574	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CAPITAL MME HO MME CAPITAL	1,891,599	0	2.00
3.00	5.06	OTHER ADMIN & GEN	HO POOLED - ADMIN & GENERAL	5,776,602	11,562,631	3.00
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	MINISTRY ALLOCATION	1,818,946	1,818,946	3.01
3.02	7.00	OPERATION OF PLANT	MINISTRY ALLOCATION	1,142,639	1,142,639	3.02
3.03	54.00	RADIOLOGY-DIAGNOSTIC	MINISTRY ALLOCATION	911,224	911,224	3.03
3.04	60.00	LABORATORY	MINISTRY ALLOCATION	182,519	182,519	3.04
3.05	31.00	INTENSIVE CARE UNIT	MINISTRY ALLOCATION	356,239	356,239	3.05
3.06	66.00	PHYSICAL THERAPY	MINISTRY ALLOCATION	76,635	76,635	3.06
3.07	67.00	OCCUPATIONAL THERAPY	MINISTRY ALLOCATION	43,795	43,795	3.07
3.08	68.00	SPEECH PATHOLOGY	MINISTRY ALLOCATION	14,623	14,623	3.08
3.09	15.00	PHARMACY	MINISTRY ALLOCATION	754,743	754,743	3.09
4.00	1.00	CAP REL COSTS-BLDG & FIXT	HO INTEREST (OPERATING)	538,055	0	4.00
4.01	2.00	CAP REL COSTS-MVBLE EQUIP	HO INTEREST (OPERATING)	386,936	0	4.01
4.02	17.00	SOCIAL SERVICE	HO FUNCTIONAL - CARE MANAGEM	786,739	968,043	4.02
4.03	13.00	NURSING ADMINISTRATION	HO FUNCTIONAL - NURSING ADMI	754,097	0	4.03
4.04	5.06	OTHER ADMIN & GEN	HO FUNCTIONAL - ADMIN & GEN	2,702,160	3,833,007	4.04
4.05	5.06	OTHER ADMIN & GEN	RELATED PARTY SFI	72,003	72,003	4.05
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			18,601,623	22,912,621	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

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

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

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

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

Provider CCN: 14-0113

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

Worksheet A-8-1

Date/Time Prepared:
2/28/2020 10:53 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-783,505	9		1.00
2.00	1,891,599	9		2.00
3.00	-5,786,029	0		3.00
3.01	0	0		3.01
3.02	0	0		3.02
3.03	0	0		3.03
3.04	0	0		3.04
3.05	0	0		3.05
3.06	0	0		3.06
3.07	0	0		3.07
3.08	0	0		3.08
3.09	0	0		3.09
4.00	538,055	11		4.00
4.01	386,936	11		4.01
4.02	-181,304	0		4.02
4.03	754,097	0		4.03
4.04	-1,130,847	0		4.04
4.05	0	0		4.05
5.00	-4,310,998			5.00

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

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 14-0113

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

Worksheet A-8-2

Date/Time Prepared:
2/28/2020 10:53 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	OTHER ADMIN & GEN	758,502	697,788	60,714	211,500	469	1.00
2.00	30.00	ADULTS & PEDIATRICS	2,649,568	2,649,568	0	211,500	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	530,094	524,450	5,644	211,500	45	3.00
4.00	41.00	SUBPROVIDER - IRF	52,250	52,250	0	211,500	0	4.00
5.00	43.00	NURSERY	1,213,143	1,213,143	0	211,500	0	5.00
6.00	50.00	OPERATING ROOM	390,087	390,087	0	246,400	0	6.00
7.00	53.00	ANESTHESIOLOGY	2,242,268	2,242,268	0	239,400	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	22,000	0	22,000	271,900	176	8.00
9.00	60.00	LABORATORY	41,400	0	41,400	260,300	276	9.00
10.00	65.00	RESPIRATORY THERAPY	15,000	0	15,000	211,500	100	10.00
11.00	74.00	RENAL DIALYSIS	15,000	0	15,000	211,500	120	11.00
12.00	91.00	EMERGENCY	390,866	390,866	0	211,500	0	12.00
200.00			8,320,178	8,160,420	159,758		1,186	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	OTHER ADMIN & GEN	47,689	2,384	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	4,576	229	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	4.00
5.00	43.00	NURSERY	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	23,007	1,150	0	0	0	8.00
9.00	60.00	LABORATORY	34,540	1,727	0	0	0	9.00
10.00	65.00	RESPIRATORY THERAPY	10,168	508	0	0	0	10.00
11.00	74.00	RENAL DIALYSIS	12,202	610	0	0	0	11.00
12.00	91.00	EMERGENCY	0	0	0	0	0	12.00
200.00			132,182	6,608	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	OTHER ADMIN & GEN	0	47,689	13,025	710,813		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,649,568		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	4,576	1,068	525,518		3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	52,250		4.00
5.00	43.00	NURSERY	0	0	0	1,213,143		5.00
6.00	50.00	OPERATING ROOM	0	0	0	390,087		6.00
7.00	53.00	ANESTHESIOLOGY	0	0	0	2,242,268		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	23,007	0	0		8.00
9.00	60.00	LABORATORY	0	34,540	6,860	6,860		9.00
10.00	65.00	RESPIRATORY THERAPY	0	10,168	4,832	4,832		10.00
11.00	74.00	RENAL DIALYSIS	0	12,202	2,798	2,798		11.00
12.00	91.00	EMERGENCY	0	0	0	390,866		12.00
200.00			0	132,182	28,583	8,189,003		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
Date/Time Prepared:
2/28/2020 10:53 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONE	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	4,961,035	4,961,035			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	6,122,929	6,122,929			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,091,601	8,190	0	13,099,791	4.00
5.01	00540	NONPATIENT TELEPHONE	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	PURCH RCVING STORING	0	0	0	0	5.03
5.04	00570	ADMITTING	0	0	0	0	5.04
5.05	00580	CASHIERING A/R	0	0	0	0	5.05
5.06	00590	OTHER ADMIN & GEN	14,829,643	463,699	3,804,330	763,487	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	4,736,145	1,238,608	1,778	279,735	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	493,113	12,412	0	30,895	8.00
9.00	00900	HOUSEKEEPING	1,106,094	70,429	2,222	284,074	9.00
10.00	01000	DIETARY	1,044,692	154,277	0	122,449	10.00
11.00	01100	CAFETERIA	746,303	32,899	0	126,650	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,189,459	27,388	191,007	442,277	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,067,717	95,648	22,118	236,977	14.00
15.00	01500	PHARMACY	2,500,874	58,106	1,323	450,755	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	506,543	89,104	0	165,541	16.00
17.00	01700	SOCIAL SERVICE	-46,251	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	1,978,022	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	144,189	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	9,287,782	703,165	65,228	2,570,978	30.00
31.00	03100	INTENSIVE CARE UNIT	2,542,531	102,932	60,223	658,560	31.00
41.00	04100	SUBPROVIDER - IRF	3,744,259	218,596	0	540,619	41.00
43.00	04300	NURSERY	339,550	48,921	0	81,651	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,061,513	403,310	927,340	898,189	50.00
50.01	05330	ENDOSCOPY	1,017,577	60,313	6,900	242,312	50.01
51.00	05100	RECOVERY ROOM	422,979	33,473	15,201	137,970	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,190,844	272,033	94,416	367,126	52.00
53.00	05300	ANESTHESIOLOGY	38,103	9,823	21,485	11,127	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,547,212	115,000	81,407	196,386	54.00
54.01	03630	ULTRASOUND	310,702	9,261	4,884	98,642	54.01
54.02	03440	MAMMOGRAPHY	99,239	49,865	2,490	30,217	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	359,883	18,459	0	57,424	56.00
57.00	05700	CT SCAN	432,061	13,496	72,467	135,364	57.00
58.00	05800	MRI	158,713	12,897	49,032	51,621	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,197,390	79,320	443,657	383,152	59.00
60.00	06000	LABORATORY	4,308,209	125,728	8,584	522,161	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	297,821	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	196,877	957	0	64,252	64.00
65.00	06500	RESPIRATORY THERAPY	965,257	18,752	31,684	283,566	65.00
66.00	06600	PHYSICAL THERAPY	531,783	45,796	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	302,696	29,697	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	101,918	2,424	0	0	68.00
69.01	03140	CARDIOLOGY	441,894	23,128	31,473	142,728	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,587,543	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,353,832	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,506,920	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	316,856	12,552	0	36,183	74.00
76.97	07697	CARDIAC REHABILITATION	409,730	40,323	8,630	138,048	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							
91.00	09100	EMERGENCY	3,402,514	148,435	60,742	979,508	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	5,853,884	0	114,308	1,391,527	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

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From 10/01/2018
To 09/30/2019Worksheet B
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Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONE	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	112,800,180	4,849,416	6,122,929	12,922,151	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	140,703	16,813	0	13,843	0 190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0 192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	2,208	0	0	0	0 192.01
192.02	19202	REAL ESTATE	552,348	0	0	0	0 192.02
192.03	19203	FOUNDATION	258,657	0	0	0	0 192.03
192.04	19204	OUTREACH PROGRAMS	592,756	94,806	0	144,433	0 192.04
192.05	19205	UNASSIGNED	0	0	0	0	0 192.05
194.00	07950	INDUSTRIAL MEDICINE	60,950	0	0	19,364	0 194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	114,407,802	4,961,035	6,122,929	13,099,791	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DATA PROCESSING	PURCH RCING STORING	ADMITTING	CASHIERING A/R	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING	0					5.02
5.03	00560	PURCH RCING STORING	0	0				5.03
5.04	00570	ADMITTING	0	0	0			5.04
5.05	00580	CASHIERING A/R	0	0	0	0		5.05
5.06	00590	OTHER ADMIN & GEN	0	0	0	0	19,861,159	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	6,256,266	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	536,420	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	1,462,819	9.00
10.00	01000	DIETARY	0	0	0	0	1,321,418	10.00
11.00	01100	CAFETERIA	0	0	0	0	905,852	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	2,850,131	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	2,422,460	14.00
15.00	01500	PHARMACY	0	0	0	0	3,011,058	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	761,188	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	-46,251	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	1,978,022	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	144,189	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	0	0	0	12,627,153	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	3,364,246	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	4,503,474	41.00
43.00	04300	NURSERY	0	0	0	0	470,122	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	6,290,352	50.00
50.01	03330	ENDOSCOPY	0	0	0	0	1,327,102	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	609,623	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	1,924,419	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	80,538	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	1,940,005	54.00
54.01	03630	ULTRASOUND	0	0	0	0	423,489	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	181,811	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	435,766	56.00
57.00	05700	CT SCAN	0	0	0	0	653,388	57.00
58.00	05800	MRI	0	0	0	0	272,263	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	2,103,519	59.00
60.00	06000	LABORATORY	0	0	0	0	4,964,682	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	297,821	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	262,086	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	1,299,259	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	577,579	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	332,393	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	104,342	68.00
69.01	03140	CARDIOLOGY	0	0	0	0	639,223	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	6,587,543	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,353,832	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,506,920	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	365,591	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	596,731	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	4,591,199	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	7,359,719	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	112,510,921	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	171,359	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00

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Cost Center Description			DATA PROCESSING	PURCH RCVING STORING	ADMITTING	CASHIERING A/R	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	2,208	192.01
192.02	19202	REAL ESTATE	0	0	0	0	552,348	192.02
192.03	19203	FOUNDATION	0	0	0	0	258,657	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	831,995	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	80,314	194.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	114,407,802	202.00

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Cost Center Description			OTHER ADMIN & GEN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCH RCVING STORING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING A/R						5.05
5.06	00590	OTHER ADMIN & GEN	19,861,159					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	1,321,311	0	7,577,577			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	113,291	0	28,935	678,646		8.00
9.00	00900	HOUSEKEEPING	308,944	0	164,182	0	1,935,945	9.00
10.00	01000	DIETARY	279,081	0	359,647	0	94,287	10.00
11.00	01100	CAFETERIA	191,314	0	76,693	0	20,106	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	601,942	0	63,847	0	16,738	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	511,619	0	222,973	27,428	58,456	14.00
15.00	01500	PHARMACY	635,929	0	135,455	0	35,512	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	160,761	0	207,718	0	54,456	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	417,754	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	30,452	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	2,666,815	0	1,639,202	256,149	429,745	30.00
31.00	03100	INTENSIVE CARE UNIT	710,522	0	239,953	36,157	62,907	31.00
41.00	04100	SUBPROVIDER - IRF	951,125	0	509,585	57,488	133,595	41.00
43.00	04300	NURSERY	99,289	0	114,044	5,102	29,898	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,328,510	0	940,186	72,612	246,484	50.00
50.01	03330	ENDOSCOPY	280,281	0	140,600	48,460	36,860	50.01
51.00	05100	RECOVERY ROOM	128,751	0	78,032	18,993	20,457	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	406,433	0	634,156	0	166,253	52.00
53.00	05300	ANESTHESIOLOGY	17,009	0	22,898	0	6,003	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	409,725	0	268,085	3,762	70,282	54.00
54.01	03630	ULTRASOUND	89,440	0	21,590	0	5,660	54.01
54.02	03440	MAMMOGRAPHY	38,398	0	116,245	0	30,475	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	92,033	0	43,030	16,116	11,281	56.00
57.00	05700	CT SCAN	137,994	0	31,462	9,023	8,248	57.00
58.00	05800	MRI	57,501	0	30,065	1,024	7,882	58.00
59.00	05900	CARDIAC CATHETERIZATION	444,259	0	184,909	29,151	48,477	59.00
60.00	06000	LABORATORY	1,048,531	0	293,095	947	76,839	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	62,899	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	55,352	0	2,230	0	585	64.00
65.00	06500	RESPIRATORY THERAPY	274,401	0	43,714	0	11,460	65.00
66.00	06600	PHYSICAL THERAPY	121,984	0	106,758	5,269	27,988	66.00
67.00	06700	OCCUPATIONAL THERAPY	70,201	0	69,229	0	18,149	67.00
68.00	06800	SPEECH PATHOLOGY	22,037	0	5,650	0	1,481	68.00
69.01	03140	CARDIOLOGY	135,003	0	53,914	9,222	14,134	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,391,276	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	708,323	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	529,456	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	77,212	0	29,262	1,266	7,671	74.00
76.97	07697	CARDIAC REHABILITATION	126,028	0	94,001	3,969	24,644	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								
91.00	09100	EMERGENCY	969,652	0	346,028	53,805	90,716	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,554,358	0	0	22,703	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	19,577,196	0	7,317,373	678,646	1,867,729	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	36,191	0	39,194	0	10,275	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			OTHER ADMIN & GEN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
192.01	19201	COVENANT OUTPATIENT PHARMACY	466	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	54,628	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	175,716	0	221,010	0	57,941	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
194.00	07950	INDUSTRIAL MEDICINE	16,962	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)	19,861,159	0	7,577,577	678,646	1,935,945	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

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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
5.01	00540	NONPATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCH RCVING STORING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING A/R						5.05
5.06	00590	OTHER ADMIN & GEN						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	2,054,433					10.00
11.00	01100	CAFETERIA	0	1,193,965				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	40	41,220	0	3,573,918		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	34,205	0	151,674	3,428,815	14.00
15.00	01500	PHARMACY	0	27,827	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	23,703	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,054,080	260,357	0	1,154,481	0	30.00
31.00	03100	INTENSIVE CARE UNIT	142,970	58,057	0	257,441	0	31.00
41.00	04100	SUBPROVIDER - IRF	415,210	52,721	0	233,780	0	41.00
43.00	04300	NURSERY	33,931	6,250	0	27,714	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,305	90,944	0	403,271	0	50.00
50.01	03330	ENDOSCOPY	198	20,366	0	90,307	0	50.01
51.00	05100	RECOVERY ROOM	0	11,501	0	50,998	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,215	36,565	0	162,138	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,105	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	20,344	0	90,213	0	54.00
54.01	03630	ULTRASOUND	0	6,696	0	29,694	0	54.01
54.02	03440	MAMMOGRAPHY	0	2,402	0	10,652	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	5,548	0	24,604	0	56.00
57.00	05700	CT SCAN	0	17,666	0	78,335	0	57.00
58.00	05800	MRI	0	3,316	0	14,706	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,878	30,655	0	135,932	0	59.00
60.00	06000	LABORATORY	0	74,958	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	4,889	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	27,487	0	121,886	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
69.01	03140	CARDIOLOGY	342,161	12,224	0	54,203	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	2,296,585	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,132,230	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	5,846	0	25,923	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	12,117	0	53,732	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								
91.00	09100	EMERGENCY	38,445	90,710	0	402,234	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	192,751	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,054,433	1,173,430	0	3,573,918	3,428,815	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEN	0	2,317	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	17,219	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
194.00	07950	INDUSTRIAL MEDICINE	0	999	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)	2,054,433	1,193,965	0	3,573,918	3,428,815	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

Period:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCH RCVING STORING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING A/R						5.05
5.06	00590	OTHER ADMIN & GEN						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	3,845,781					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,207,826				16.00
17.00	01700	SOCIAL SERVICE	0	0	-46,251			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	124,725	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	17,928	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	14,771	0	0	0	41.00
43.00	04300	NURSERY	0	7,383	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	174,200	0	0	0	50.00
50.01	03330	ENDOSCOPY	0	42,763	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	6,396	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,963	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	66,468	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,938	0	0	0	54.00
54.01	03630	ULTRASOUND	0	8,956	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	2,153	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	10,757	0	0	0	56.00
57.00	05700	CT SCAN	0	64,856	0	0	0	57.00
58.00	05800	MRI	0	14,656	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	68,745	0	0	0	59.00
60.00	06000	LABORATORY	0	135,771	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	3,136	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,209	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	29,390	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	15,986	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,524	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,287	0	0	0	68.00
69.01	03140	CARDIOLOGY	0	29,825	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	24,066	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	45,810	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,845,781	109,735	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	4,409	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	2,256	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								
91.00	09100	EMERGENCY	0	100,526	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	42,238	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,845,781	1,207,826	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEN	0	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	-46,251	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,845,781	1,207,826	-46,251	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCH RCVING STORING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING A/R						5.05
5.06	00590	OTHER ADMIN & GEN						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	2,395,776					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		174,641				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,395,776	174,641	0	22,783,124	-2,570,417	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	4,890,181	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	6,871,749	0	41.00
43.00	04300	NURSERY	0	0	0	793,733	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	9,551,864	0	50.00
50.01	05330	ENDOSCOPY	0	0	0	1,986,937	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	924,751	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,350,142	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	195,021	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	2,816,354	0	54.00
54.01	03630	ULTRASOUND	0	0	0	585,525	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	382,136	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	639,135	0	56.00
57.00	05700	CT SCAN	0	0	0	1,000,972	0	57.00
58.00	05800	MRI	0	0	0	401,413	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	3,057,525	0	59.00
60.00	06000	LABORATORY	0	0	0	6,594,823	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	363,856	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	327,351	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,807,597	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	855,564	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	501,496	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	135,797	0	68.00
69.01	03140	CARDIOLOGY	0	0	0	1,289,909	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,299,470	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,240,195	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	6,991,892	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	517,180	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	913,478	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	6,683,315	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	9,171,769	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,395,776	174,641	0	111,924,254	-2,570,417	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	259,336	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	2,674	0	192.01
192.02	19202	REAL ESTATE	0	0	0	552,348	0	192.02
192.03	19203	FOUNDATION	0	0	0	313,285	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	1,303,881	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	98,275	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	-46,251	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,395,776	174,641	0	114,407,802	-2,570,417	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part I
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONE	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCH RCVING STORING	5.03
5.04	00570	ADMITTING	5.04
5.05	00580	CASHIERING A/R	5.05
5.06	00590	OTHER ADMIN & GEN	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	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
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	03330	ENDOSCOPY	50.01
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	03630	ULTRASOUND	54.01
54.02	03440	MAMMOGRAPHY	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
55.01	03480	ONCOLOGY	55.01
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.01	03140	CARDIOLOGY	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
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			
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	192.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 14-0113

Period:
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Cost Center Description			Total	
			26.00	
192.02	19202	REAL ESTATE	552,348	192.02
192.03	19203	FOUNDATION	313,285	192.03
192.04	19204	OUTREACH PROGRAMS	1,303,881	192.04
192.05	19205	UNASSIGNED	0	192.05
194.00	07950	INDUSTRIAL MEDICINE	98,275	194.00
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	-46,251	201.00
202.00		TOTAL (sum lines 118 through 201)	111,837,385	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			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	8,190	0	8,190	4.00
5.01	00540	NONPATIENT TELEPHONE	0	0	0	0	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.03	00560	PURCH RCVING STORING	0	0	0	0	5.03
5.04	00570	ADMITTING	0	0	0	0	5.04
5.05	00580	CASHIERING A/R	0	0	0	0	5.05
5.06	00590	OTHER ADMIN & GEN	0	463,699	3,804,330	4,268,029	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	1,238,608	1,778	1,240,386	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	12,412	0	12,412	8.00
9.00	00900	HOUSEKEEPING	0	70,429	2,222	72,651	9.00
10.00	01000	DIETARY	0	154,277	0	154,277	10.00
11.00	01100	CAFETERIA	0	32,899	0	32,899	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	27,388	191,007	218,395	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	95,648	22,118	117,766	14.00
15.00	01500	PHARMACY	0	58,106	1,323	59,429	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	89,104	0	89,104	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	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	0	703,165	65,228	768,393	30.00
31.00	03100	INTENSIVE CARE UNIT	0	102,932	60,223	163,155	31.00
41.00	04100	SUBPROVIDER - IRF	0	218,596	0	218,596	41.00
43.00	04300	NURSERY	0	48,921	0	48,921	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	403,310	927,340	1,330,650	50.00
50.01	03330	ENDOSCOPY	0	60,313	6,900	67,213	50.01
51.00	05100	RECOVERY ROOM	0	33,473	15,201	48,674	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	272,033	94,416	366,449	52.00
53.00	05300	ANESTHESIOLOGY	0	9,823	21,485	31,308	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	115,000	81,407	196,407	54.00
54.01	03630	ULTRASOUND	0	9,261	4,884	14,145	54.01
54.02	03440	MAMMOGRAPHY	0	49,865	2,490	52,355	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	18,459	0	18,459	56.00
57.00	05700	CT SCAN	0	13,496	72,467	85,963	57.00
58.00	05800	MRI	0	12,897	49,032	61,929	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	79,320	443,657	522,977	59.00
60.00	06000	LABORATORY	0	125,728	8,584	134,312	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	957	0	957	64.00
65.00	06500	RESPIRATORY THERAPY	0	18,752	31,684	50,436	65.00
66.00	06600	PHYSICAL THERAPY	0	45,796	0	45,796	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	29,697	0	29,697	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,424	0	2,424	68.00
69.01	03140	CARDIOLOGY	0	23,128	31,473	54,601	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	12,552	0	12,552	74.00
76.97	07697	CARDIAC REHABILITATION	0	40,323	8,630	48,953	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							
91.00	09100	EMERGENCY	0	148,435	60,742	209,177	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	114,308	114,308	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

Period:
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Cost Center Description			Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	4,849,416	6,122,929	10,972,345	8,079	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	16,813	0	16,813	9	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	94,806	0	94,806	90	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	12	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)	0	4,961,035	6,122,929	11,083,964	8,190	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

Period:
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Cost Center Description			NONPATIENT TELEPHONE	DATA PROCESSING	PURCH RCING STORING	ADMITTING	CASHIERING A/R	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONE	0					5.01
5.02	00550	DATA PROCESSING	0	0				5.02
5.03	00560	PURCH RCING STORING	0	0	0			5.03
5.04	00570	ADMITTING	0	0	0	0		5.04
5.05	00580	CASHIERING A/R	0	0	0	0	0	5.05
5.06	00590	OTHER ADMIN & GEN	0	0	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
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
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	03330	ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

Period:
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Cost Center Description			NONPATIENT TELEPHONE	DATA PROCESSING	PURCH RCVING STORING	ADMITTING	CASHIERING A/R	
			5.01	5.02	5.03	5.04	5.05	
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	0 192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	0 192.02
192.03	19203	FOUNDATION	0	0	0	0	0	0 192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	0	0 192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	0 192.05
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	0	0 194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	0	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

Period:
From 10/01/2018
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Cost Center Description			OTHER ADMIN & GEN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCH RCVING STORING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING A/R						5.05
5.06	00590	OTHER ADMIN & GEN	4,268,506					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	283,972	0	1,524,533			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	24,348	0	5,821	42,600		8.00
9.00	00900	HOUSEKEEPING	66,397	0	33,032	0	172,257	9.00
10.00	01000	DIETARY	59,979	0	72,357	0	8,389	10.00
11.00	01100	CAFETERIA	41,117	0	15,430	0	1,789	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	129,367	0	12,845	0	1,489	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	109,955	0	44,860	1,722	5,201	14.00
15.00	01500	PHARMACY	136,672	0	27,252	0	3,160	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	34,550	0	41,791	0	4,845	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	89,782	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	6,545	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	573,156	0	329,792	16,080	38,237	30.00
31.00	03100	INTENSIVE CARE UNIT	152,703	0	48,276	2,270	5,597	31.00
41.00	04100	SUBPROVIDER - IRF	204,413	0	102,523	3,609	11,887	41.00
43.00	04300	NURSERY	21,339	0	22,945	320	2,660	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	285,519	0	189,156	4,558	21,932	50.00
50.01	03330	ENDOSCOPY	60,237	0	28,287	3,042	3,280	50.01
51.00	05100	RECOVERY ROOM	27,671	0	15,699	1,192	1,820	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	87,349	0	127,586	0	14,793	52.00
53.00	05300	ANESTHESIOLOGY	3,656	0	4,607	0	534	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	88,057	0	53,936	236	6,254	54.00
54.01	03630	ULTRASOUND	19,222	0	4,344	0	504	54.01
54.02	03440	MAMMOGRAPHY	8,252	0	23,387	0	2,712	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	19,779	0	8,657	1,012	1,004	56.00
57.00	05700	CT SCAN	29,657	0	6,330	566	734	57.00
58.00	05800	MRI	12,358	0	6,049	64	701	58.00
59.00	05900	CARDIAC CATHETERIZATION	95,479	0	37,202	1,830	4,313	59.00
60.00	06000	LABORATORY	225,347	0	58,968	59	6,837	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	13,518	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	11,896	0	449	0	52	64.00
65.00	06500	RESPIRATORY THERAPY	58,973	0	8,795	0	1,020	65.00
66.00	06600	PHYSICAL THERAPY	26,216	0	21,479	331	2,490	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,087	0	13,928	0	1,615	67.00
68.00	06800	SPEECH PATHOLOGY	4,736	0	1,137	0	132	68.00
69.01	03140	CARDIOLOGY	29,014	0	10,847	579	1,258	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	299,009	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	152,230	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	113,789	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	16,594	0	5,887	79	683	74.00
76.97	07697	CARDIAC REHABILITATION	27,086	0	18,912	249	2,193	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								
91.00	09100	EMERGENCY	208,395	0	69,617	3,377	8,072	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	334,058	0	0	1,425	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,207,479	0	1,472,183	42,600	166,187	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	7,778	0	7,885	0	914	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet B
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Cost Center Description			OTHER ADMIN & GEN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
192.01	19201	COVENANT OUTPATIENT PHARMACY	100	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	11,740	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	37,764	0	44,465	0	5,156	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
194.00	07950	INDUSTRIAL MEDICINE	3,645	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)	4,268,506	0	1,524,533	42,600	172,257	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet B
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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
5.01	00540	NONPATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCH RCVING STORING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING A/R						5.05
5.06	00590	OTHER ADMIN & GEN						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	295,078					10.00
11.00	01100	CAFETERIA	0	91,314				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	6	3,153	0	365,531		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,616	0	15,513	297,781	14.00
15.00	01500	PHARMACY	0	2,128	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,813	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	151,396	19,912	0	118,078	0	30.00
31.00	03100	INTENSIVE CARE UNIT	20,535	4,440	0	26,330	0	31.00
41.00	04100	SUBPROVIDER - IRF	59,637	4,032	0	23,910	0	41.00
43.00	04300	NURSERY	4,874	478	0	2,835	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	762	6,955	0	41,246	0	50.00
50.01	03330	ENDOSCOPY	28	1,558	0	9,236	0	50.01
51.00	05100	RECOVERY ROOM	0	880	0	5,216	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,467	2,796	0	16,583	0	52.00
53.00	05300	ANESTHESIOLOGY	0	161	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,556	0	9,227	0	54.00
54.01	03630	ULTRASOUND	0	512	0	3,037	0	54.01
54.02	03440	MAMMOGRAPHY	0	184	0	1,089	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	424	0	2,516	0	56.00
57.00	05700	CT SCAN	0	1,351	0	8,012	0	57.00
58.00	05800	MRI	0	254	0	1,504	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,706	2,344	0	13,903	0	59.00
60.00	06000	LABORATORY	0	5,733	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	374	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,102	0	12,466	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
69.01	03140	CARDIOLOGY	49,145	935	0	5,544	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	199,450	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	98,331	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	447	0	2,651	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	927	0	5,496	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								
91.00	09100	EMERGENCY	5,522	6,937	0	41,139	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	14,742	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	295,078	89,744	0	365,531	297,781	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEN	0	177	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

Period:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIO N	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	1,317	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
194.00	07950	INDUSTRIAL MEDICINE	0	76	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)	295,078	91,314	0	365,531	297,781	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

Period:
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCH RCVING STORING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING A/R						5.05
5.06	00590	OTHER ADMIN & GEN						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	228,922					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	172,206				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	17,786	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,557	0			31.00
41.00	04100	SUBPROVIDER - IRF	0	2,106	0			41.00
43.00	04300	NURSERY	0	1,053	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	24,807	0			50.00
50.01	03330	ENDOSCOPY	0	6,098	0			50.01
51.00	05100	RECOVERY ROOM	0	912	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,421	0			52.00
53.00	05300	ANESTHESIOLOGY	0	9,479	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,988	0			54.00
54.01	03630	ULTRASOUND	0	1,277	0			54.01
54.02	03440	MAMMOGRAPHY	0	307	0			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0			55.00
55.01	03480	ONCOLOGY	0	0	0			55.01
56.00	05600	RADIOISOTOPE	0	1,534	0			56.00
57.00	05700	CT SCAN	0	9,249	0			57.00
58.00	05800	MRI	0	2,090	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,803	0			59.00
60.00	06000	LABORATORY	0	19,361	0			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0			62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	447	0			63.00
64.00	06400	INTRAVENOUS THERAPY	0	315	0			64.00
65.00	06500	RESPIRATORY THERAPY	0	4,191	0			65.00
66.00	06600	PHYSICAL THERAPY	0	2,280	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,643	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	326	0			68.00
69.01	03140	CARDIOLOGY	0	4,253	0			69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,432	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,533	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	228,922	15,649	0			73.00
74.00	07400	RENAL DIALYSIS	0	629	0			74.00
76.97	07697	CARDIAC REHABILITATION	0	322	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								
91.00	09100	EMERGENCY	0	14,335	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	6,023	0			95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	228,922	172,206	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEN	0	0	0			190.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0			192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0			192.01
192.02	19202	REAL ESTATE	0	0	0			192.02
192.03	19203	FOUNDATION	0	0	0			192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0			192.04
192.05	19205	UNASSIGNED	0	0	0			192.05
194.00	07950	INDUSTRIAL MEDICINE	0	0	0			194.00
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	228,922	172,206	0	0	0	202.00

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Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCH RCING STORING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING A/R						5.05
5.06	00590	OTHER ADMIN & GEN						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	89,782					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		6,545				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS				2,034,446	0	30.00
31.00	03100	INTENSIVE CARE UNIT				426,274	0	31.00
41.00	04100	SUBPROVIDER - IRF				631,051	0	41.00
43.00	04300	NURSERY				105,476	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM				1,906,146	0	50.00
50.01	03330	ENDOSCOPY				179,130	0	50.01
51.00	05100	RECOVERY ROOM				102,150	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				618,673	0	52.00
53.00	05300	ANESTHESIOLOGY				49,752	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				357,784	0	54.00
54.01	03630	ULTRASOUND				43,103	0	54.01
54.02	03440	MAMMOGRAPHY				88,305	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC				0	0	55.00
55.01	03480	ONCOLOGY				0	0	55.01
56.00	05600	RADIOISOTOPE				53,421	0	56.00
57.00	05700	CT SCAN				141,947	0	57.00
58.00	05800	MRI				84,981	0	58.00
59.00	05900	CARDIAC CATHETERIZATION				689,796	0	59.00
60.00	06000	LABORATORY				450,943	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.				13,965	0	63.00
64.00	06400	INTRAVENOUS THERAPY				14,083	0	64.00
65.00	06500	RESPIRATORY THERAPY				138,160	0	65.00
66.00	06600	PHYSICAL THERAPY				98,592	0	66.00
67.00	06700	OCCUPATIONAL THERAPY				61,970	0	67.00
68.00	06800	SPEECH PATHOLOGY				8,755	0	68.00
69.01	03140	CARDIOLOGY				156,265	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT				501,891	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS				257,094	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				358,360	0	73.00
74.00	07400	RENAL DIALYSIS				39,545	0	74.00
76.97	07697	CARDIAC REHABILITATION				104,224	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								
91.00	09100	EMERGENCY				567,183	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES				471,425	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
2/28/2020 10:53 am

Cost Center Description			INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
			21.00	22.00				
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	10,754,890	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN				33,576	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES				0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY				100	0	192.01
192.02	19202	REAL ESTATE				0	0	192.02
192.03	19203	FOUNDATION				11,740	0	192.03
192.04	19204	OUTREACH PROGRAMS				183,598	0	192.04
192.05	19205	UNASSIGNED				0	0	192.05
194.00	07950	INDUSTRIAL MEDICINE				3,733	0	194.00
200.00		Cross Foot Adjustments	89,782	6,545	0	96,327	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	89,782	6,545	0	11,083,964	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
2/28/2020 10:53 am

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	NONPATIENT TELEPHONE	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00560	PURCH RCVING STORING	5.03
5.04	00570	ADMITTING	5.04
5.05	00580	CASHIERING A/R	5.05
5.06	00590	OTHER ADMIN & GEN	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	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
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	03330	ENDOSCOPY	50.01
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	03630	ULTRASOUND	54.01
54.02	03440	MAMMOGRAPHY	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
55.01	03480	ONCOLOGY	55.01
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.01	03140	CARDIOLOGY	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	07699	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
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			
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet B
Part II
Date/Time Prepared:
2/28/2020 10:53 am

Cost Center Description			Total	
			26.00	
192.02	19202	REAL ESTATE	0	192.02
192.03	19203	FOUNDATION	11,740	192.03
192.04	19204	OUTREACH PROGRAMS	183,598	192.04
192.05	19205	UNASSIGNED	0	192.05
194.00	07950	INDUSTRIAL MEDICINE	3,733	194.00
200.00		Cross Foot Adjustments	96,327	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	11,083,964	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

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

Worksheet B-1

Date/Time Prepared:
2/28/2020 10:53 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONE (N LINES)	DATA PROCESSING (N DEVICES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	388,902					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,855,899				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	642	0	39,699,587			4.00
5.01	00540	NONPATIENT TELEPHONE	0	0	0	0		5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.03	00560	PURCH RCVING STORING	0	0	0	0	0	5.03
5.04	00570	ADMITTING	0	0	0	0	0	5.04
5.05	00580	CASHIERING A/R	0	0	0	0	0	5.05
5.06	00590	OTHER ADMIN & GEN	36,350	2,395,767	2,313,786	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	97,096	1,120	847,752	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	973	0	93,630	0	0	8.00
9.00	00900	HOUSEKEEPING	5,521	1,399	860,902	0	0	9.00
10.00	01000	DIETARY	12,094	0	371,087	0	0	10.00
11.00	01100	CAFETERIA	2,579	0	383,819	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,147	120,286	1,340,343	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,498	13,929	718,171	0	0	14.00
15.00	01500	PHARMACY	4,555	833	1,366,036	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,985	0	501,679	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	55,122	41,077	7,791,481	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8,069	37,925	1,995,800	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	17,136	0	1,638,374	0	0	41.00
43.00	04300	NURSERY	3,835	0	247,448	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,616	583,990	2,722,009	0	0	50.00
50.01	05330	ENDOSCOPY	4,728	4,345	734,339	0	0	50.01
51.00	05100	RECOVERY ROOM	2,624	9,573	418,125	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,325	59,458	1,112,594	0	0	52.00
53.00	05300	ANESTHESIOLOGY	770	13,530	33,720	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,015	51,266	595,157	0	0	54.00
54.01	03630	ULTRASOUND	726	3,076	298,939	0	0	54.01
54.02	03440	MAMMOGRAPHY	3,909	1,568	91,575	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	1,447	0	174,025	0	0	56.00
57.00	05700	CT SCAN	1,058	45,636	410,229	0	0	57.00
58.00	05800	MRI	1,011	30,878	156,440	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,218	279,392	1,161,162	0	0	59.00
60.00	06000	LABORATORY	9,856	5,406	1,582,435	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	75	0	194,720	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,470	19,953	859,360	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,590	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,328	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	190	0	0	0	0	68.00
69.01	03140	CARDIOLOGY	1,813	19,820	432,543	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	984	0	109,655	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	3,161	5,435	418,363	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	11,636	38,252	2,968,448	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	71,985	4,217,093	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

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

Worksheet B-1

Date/Time Prepared:
2/28/2020 10:53 am

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONE (N LINES)	DATA PROCESSING (N DEVICES)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5.02	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	380,152	3,855,899	39,161,239	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	1,318	0	41,951	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	7,432	0	437,712	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
194.00	07950	INDUSTRIAL MEDICINE	0	0	58,685	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)	4,961,035	6,122,929	13,099,791	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.756517	1.587938	0.329973	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			8,190	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000206	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: 14-0113

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

Worksheet B-1

Date/Time Prepared:
2/28/2020 10:53 am

Cost Center Description		PURCH RCVING STORING (SUPPLIES \$)	ADMITTING (GROSS REVE NUE)	CASHIERING A/R (GROSS REVE NUE)	Reconciliatio n	OTHER ADMIN & GEN (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONE					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCH RCVING STORING	0				5.03
5.04	00570	ADMITTING	0	0			5.04
5.05	00580	CASHIERING A/R	0	0	0		5.05
5.06	00590	OTHER ADMIN & GEN	0	0	0	-19,861,159	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	6,256,266	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	536,420	8.00
9.00	00900	HOUSEKEEPING	0	0	0	1,462,819	9.00
10.00	01000	DIETARY	0	0	0	1,321,418	10.00
11.00	01100	CAFETERIA	0	0	0	905,852	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	2,850,131	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	2,422,460	14.00
15.00	01500	PHARMACY	0	0	0	3,011,058	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	761,188	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	46,251	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	1,978,022	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	144,189	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	0	0	0	12,627,153	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	3,364,246	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	4,503,474	41.00
43.00	04300	NURSERY	0	0	0	470,122	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	6,290,352	50.00
50.01	03330	ENDOSCOPY	0	0	0	1,327,102	50.01
51.00	05100	RECOVERY ROOM	0	0	0	609,623	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,924,419	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	80,538	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	1,940,005	54.00
54.01	03630	ULTRASOUND	0	0	0	423,489	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	181,811	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	435,766	56.00
57.00	05700	CT SCAN	0	0	0	653,388	57.00
58.00	05800	MRI	0	0	0	272,263	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	2,103,519	59.00
60.00	06000	LABORATORY	0	0	0	4,964,682	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	297,821	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	262,086	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,299,259	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	577,579	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	332,393	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	104,342	68.00
69.01	03140	CARDIOLOGY	0	0	0	639,223	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,587,543	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,353,832	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,506,920	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	365,591	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	596,731	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							
91.00	09100	EMERGENCY	0	0	0	4,591,199	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	7,359,719	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	-19,814,908	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

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

Worksheet B-1

Date/Time Prepared:
2/28/2020 10:53 am

Cost Center Description			PURCH RCING STORING (SUPPLIES \$)	ADMITTING (GROSS REVE NUE)	CASHIERING A/R (GROSS REVE NUE)	Reconciliatio n	OTHER ADMIN & GEN (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	171,359	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	2,208	192.01
192.02	19202	REAL ESTATE	0	0	0	-552,348	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	258,657	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	831,995	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	80,314	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0		19,861,159	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000		0.211198	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0		4,268,506	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000		0.045390	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: 14-0113

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

Worksheet B-1

Date/Time Prepared:

2/28/2020 10:53 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL MEAL S)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONE					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCH RCING STORING					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING A/R					5.05
5.06	00590	OTHER ADMIN & GEN					5.06
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	254,814			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	973	1,094,509		8.00
9.00	00900	HOUSEKEEPING	0	5,521	0	248,320	9.00
10.00	01000	DIETARY	0	12,094	0	12,094	51,889 10.00
11.00	01100	CAFETERIA	0	2,579	0	2,579	0 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	0	2,147	0	2,147	1 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,498	44,236	7,498	0 14.00
15.00	01500	PHARMACY	0	4,555	0	4,555	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,985	0	6,985	0 16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	55,122	413,114	55,122	26,623 30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,069	58,314	8,069	3,611 31.00
41.00	04100	SUBPROVIDER - IRF	0	17,136	92,716	17,136	10,487 41.00
43.00	04300	NURSERY	0	3,835	8,228	3,835	857 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	31,616	117,107	31,616	134 50.00
50.01	03330	ENDOSCOPY	0	4,728	78,155	4,728	5 50.01
51.00	05100	RECOVERY ROOM	0	2,624	30,632	2,624	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	21,325	0	21,325	258 52.00
53.00	05300	ANESTHESIOLOGY	0	770	0	770	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,015	6,068	9,015	0 54.00
54.01	03630	ULTRASOUND	0	726	0	726	0 54.01
54.02	03440	MAMMOGRAPHY	0	3,909	0	3,909	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01	03480	ONCOLOGY	0	0	0	0	0 55.01
56.00	05600	RADIOISOTOPE	0	1,447	25,991	1,447	0 56.00
57.00	05700	CT SCAN	0	1,058	14,552	1,058	0 57.00
58.00	05800	MRI	0	1,011	1,651	1,011	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,218	47,014	6,218	300 59.00
60.00	06000	LABORATORY	0	9,856	1,528	9,856	0 60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	75	0	75	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	1,470	0	1,470	0 65.00
66.00	06600	PHYSICAL THERAPY	0	3,590	8,497	3,590	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,328	0	2,328	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	190	0	190	0 68.00
69.01	03140	CARDIOLOGY	0	1,813	14,873	1,813	8,642 69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400	RENAL DIALYSIS	0	984	2,041	984	0 74.00
76.97	07697	CARDIAC REHABILITATION	0	3,161	6,401	3,161	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							
91.00	09100	EMERGENCY	0	11,636	86,776	11,636	971 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	36,615	0	0 95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	246,064	1,094,509	239,570	51,889 118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

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

Worksheet B-1

Date/Time Prepared:
2/28/2020 10:53 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL MEAL S)	
			6.00	7.00	8.00	9.00	10.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	1,318	0	1,318	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	7,432	0	7,432	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
194.00	07950	INDUSTRIAL MEDICINE	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	7,577,577	678,646	1,935,945	2,054,433	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	29.737679	0.620046	7.796170	39.592842	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	1,524,533	42,600	172,257	295,078	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	5.982925	0.038922	0.693690	5.686716	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: 14-0113

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

Worksheet B-1

Date/Time Prepared:
2/28/2020 10:53 am

Cost Center Description			CAFETERIA (TOTAL EMPL FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATIO N (TOTAL REV EMP)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCH RCVING STORING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING A/R						5.05
5.06	00590	OTHER ADMIN & GEN						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	56,164					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	1,939	0	37,913			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,609	0	1,609	10,156,666		14.00
15.00	01500	PHARMACY	1,309	0	0	0	2,506,920	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,115	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,247	0	12,247	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,731	0	2,731	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	2,480	0	2,480	0	0	41.00
43.00	04300	NURSERY	294	0	294	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,278	0	4,278	0	0	50.00
50.01	03330	ENDOSCOPY	958	0	958	0	0	50.01
51.00	05100	RECOVERY ROOM	541	0	541	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,720	0	1,720	0	0	52.00
53.00	05300	ANESTHESIOLOGY	99	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	957	0	957	0	0	54.00
54.01	03630	ULTRASOUND	315	0	315	0	0	54.01
54.02	03440	MAMMOGRAPHY	113	0	113	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	261	0	261	0	0	56.00
57.00	05700	CT SCAN	831	0	831	0	0	57.00
58.00	05800	MRI	156	0	156	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,442	0	1,442	0	0	59.00
60.00	06000	LABORATORY	3,526	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	230	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,293	0	1,293	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
69.01	03140	CARDIOLOGY	575	0	575	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,802,834	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,353,832	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,506,920	73.00
74.00	07400	RENAL DIALYSIS	275	0	275	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	570	0	570	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								
91.00	09100	EMERGENCY	4,267	0	4,267	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	9,067	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	55,198	0	37,913	10,156,666	2,506,920	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

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

Worksheet B-1

Date/Time Prepared:
2/28/2020 10:53 am

Cost Center Description			CAFETERIA (TOTAL EMPL FTE)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATIO N (TOTAL REV EMP)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	109	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	810	0	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	0	192.05
194.00	07950	INDUSTRIAL MEDICINE	47	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,193,965	0	3,573,918	3,428,815	3,845,781	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	21.258546	0.000000	94.266294	0.337593	1.534066	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	91,314	0	365,531	297,781	228,922	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.625846	0.000000	9.641310	0.029319	0.091316	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: 14-0113

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

Worksheet B-1

Date/Time Prepared:
2/28/2020 10:53 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES APPRV (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONE						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCH RCVING STORING						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING A/R						5.05
5.06	00590	OTHER ADMIN & GEN						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	536,488,824					16.00
17.00	01700	SOCIAL SERVICE	0	25,209				17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000	NURSING SCHOOL	0	0		0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0			17,238	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	55,408,587	18,108	0	0	17,238	30.00
31.00	03100	INTENSIVE CARE UNIT	7,964,490	1,162	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	6,562,134	4,853	0	0	0	41.00
43.00	04300	NURSERY	3,279,707	1,086	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	77,303,848	0	0	0	0	50.00
50.01	03330	ENDOSCOPY	18,997,453	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	2,841,402	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,425,851	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	29,528,146	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,192,123	0	0	0	0	54.00
54.01	03630	ULTRASOUND	3,978,702	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	956,267	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	4,778,605	0	0	0	0	56.00
57.00	05700	CT SCAN	28,812,295	0	0	0	0	57.00
58.00	05800	MRI	6,510,710	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,539,780	0	0	0	0	59.00
60.00	06000	LABORATORY	60,315,682	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	1,393,237	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	981,555	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	13,056,359	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	7,101,540	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,119,644	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,015,839	0	0	0	0	68.00
69.01	03140	CARDIOLOGY	13,249,885	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	10,691,216	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,351,081	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,749,503	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,958,522	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	1,002,261	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPS	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	44,658,346	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	18,764,054	0	0	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

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

Worksheet B-1

Date/Time Prepared:
2/28/2020 10:53 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALA RY & FRINGES APPRV (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	536,488,824	25,209	0	17,238	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	0	0	192.01
192.02	19202	REAL ESTATE	0	0	0	0	192.02
192.03	19203	FOUNDATION	0	0	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	0	0	192.04
192.05	19205	UNASSIGNED	0	0	0	0	192.05
194.00	07950	INDUSTRIAL MEDICINE	0	0	0	0	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,207,826	-46,251	0	2,395,776	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002251	0.000000	0.000000	138.982249	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	172,206	0	0	89,782	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000321	0.000000	0.000000	5.208377	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

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

Worksheet B-1

Date/Time Prepared:
2/28/2020 10:53 am

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)		
			SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED TIME)			
			22.00			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	
5.01	00540	NONPATIENT TELEPHONE			5.01	
5.02	00550	DATA PROCESSING			5.02	
5.03	00560	PURCH RCVING STORING			5.03	
5.04	00570	ADMITTING			5.04	
5.05	00580	CASHIERING A/R			5.05	
5.06	00590	OTHER ADMIN & GEN			5.06	
6.00	00600	MAINTENANCE & REPAIRS			6.00	
7.00	00700	OPERATION OF PLANT			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE			8.00	
9.00	00900	HOUSEKEEPING			9.00	
10.00	01000	DIETARY			10.00	
11.00	01100	CAFETERIA			11.00	
12.00	01200	MAINTENANCE OF PERSONNEL			12.00	
13.00	01300	NURSING ADMINISTRATION			13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00	
15.00	01500	PHARMACY			15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00	
17.00	01700	SOCIAL SERVICE			17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00	
20.00	02000	NURSING SCHOOL			20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	17,238		22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)		0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,238	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00	
41.00	04100	SUBPROVIDER - IRF	0	0	41.00	
43.00	04300	NURSERY	0	0	43.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	50.00	
50.01	03330	ENDOSCOPY	0	0	50.01	
51.00	05100	RECOVERY ROOM	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00	
54.01	03630	ULTRASOUND	0	0	54.01	
54.02	03440	MAMMOGRAPHY	0	0	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00	
55.01	03480	ONCOLOGY	0	0	55.01	
56.00	05600	RADIOISOTOPE	0	0	56.00	
57.00	05700	CT SCAN	0	0	57.00	
58.00	05800	MRI	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00	
60.00	06000	LABORATORY	0	0	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30	
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	68.00	
69.01	03140	CARDIOLOGY	0	0	69.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	74.00	
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						
91.00	09100	EMERGENCY	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00	
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	95.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet B-1
Date/Time Prepared:
2/28/2020 10:53 am

Cost Center Description			INTERNS & RESIDENTS	PARAMED ED PRGM (ASSIGNED TIME)	
			SERVICES-OTHE R PRGM COSTS APPRV (ASSIGNED TIME)		
			22.00		
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,238	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT FLOWER COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS PRIVATE OFFICES	0	0	192.00
192.01	19201	COVENANT OUTPATIENT PHARMACY	0	0	192.01
192.02	19202	REAL ESTATE	0	0	192.02
192.03	19203	FOUNDATION	0	0	192.03
192.04	19204	OUTREACH PROGRAMS	0	0	192.04
192.05	19205	UNASSIGNED	0	0	192.05
194.00	07950	INDUSTRIAL MEDICINE	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)	174,641	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.131164	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	6,545	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.379684	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: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
Date/Time Prepared:
2/28/2020 10:53 am

		Title XVIII		Hospital		PPS
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
				Total Costs	RCE Disallowance	Total Costs
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	20,212,707		20,212,707	0	20,212,707
31.00	03100 INTENSIVE CARE UNIT	4,890,181		4,890,181	1,068	4,891,249
41.00	04100 SUBPROVIDER - IRF	6,871,749		6,871,749	0	6,871,749
43.00	04300 NURSERY	793,733		793,733	0	793,733
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	9,551,864		9,551,864	0	9,551,864
50.01	03330 ENDOSCOPY	1,986,937		1,986,937	0	1,986,937
51.00	05100 RECOVERY ROOM	924,751		924,751	0	924,751
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,350,142		3,350,142	0	3,350,142
53.00	05300 ANESTHESIOLOGY	195,021		195,021	0	195,021
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,816,354		2,816,354	0	2,816,354
54.01	03630 ULTRASOUND	585,525		585,525	0	585,525
54.02	03440 MAMMOGRAPHY	382,136		382,136	0	382,136
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0
55.01	03480 ONCOLOGY	0		0	0	0
56.00	05600 RADIOISOTOPE	639,135		639,135	0	639,135
57.00	05700 CT SCAN	1,000,972		1,000,972	0	1,000,972
58.00	05800 MRI	401,413		401,413	0	401,413
59.00	05900 CARDIAC CATHETERIZATION	3,057,525		3,057,525	0	3,057,525
60.00	06000 LABORATORY	6,594,823		6,594,823	6,860	6,601,683
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0
63.00	06300 BLOOD STORING PROCESSING & TRANS.	363,856		363,856	0	363,856
64.00	06400 INTRAVENOUS THERAPY	327,351		327,351	0	327,351
65.00	06500 RESPIRATORY THERAPY	1,807,597	0	1,807,597	4,832	1,812,429
66.00	06600 PHYSICAL THERAPY	855,564	0	855,564	0	855,564
67.00	06700 OCCUPATIONAL THERAPY	501,496	0	501,496	0	501,496
68.00	06800 SPEECH PATHOLOGY	135,797	0	135,797	0	135,797
69.01	03140 CARDIOLOGY	1,289,909		1,289,909	0	1,289,909
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	10,299,470		10,299,470	0	10,299,470
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	5,240,195		5,240,195	0	5,240,195
73.00	07300 DRUGS CHARGED TO PATIENTS	6,991,892		6,991,892	0	6,991,892
74.00	07400 RENAL DIALYSIS	517,180		517,180	2,798	519,978
76.97	07697 CARDIAC REHABILITATION	913,478		913,478	0	913,478
76.98	07698 HYPERBARIC OXYGEN THERAPY	0		0	0	0
76.99	07699 LITHOTRIPSY	0		0	0	0
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	6,683,315		6,683,315	0	6,683,315
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,658,119		2,658,119		2,658,119
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	9,171,769		9,171,769	0	9,171,769
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					
200.00	Subtotal (see instructions)	112,011,956	0	112,011,956	15,558	112,027,514
201.00	Less Observation Beds	2,658,119		2,658,119		2,658,119
202.00	Total (see instructions)	109,353,837	0	109,353,837	15,558	109,369,395

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
Date/Time Prepared:
2/28/2020 10:53 am

			Title XVIII		Hospital	PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00	9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	49,487,145		49,487,145		30.00
31.00	03100	INTENSIVE CARE UNIT	7,964,490		7,964,490		31.00
41.00	04100	SUBPROVIDER - IRF	6,562,134		6,562,134		41.00
43.00	04300	NURSERY	3,279,707		3,279,707		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,057,613	52,246,235	77,303,848	0.123563	50.00
50.01	03330	ENDOSCOPY	4,270,861	14,726,592	18,997,453	0.104590	50.01
51.00	05100	RECOVERY ROOM	971,863	1,869,539	2,841,402	0.325456	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,425,851	0	4,425,851	0.756949	52.00
53.00	05300	ANESTHESIOLOGY	10,997,489	18,530,657	29,528,146	0.006605	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,482,692	3,709,431	6,192,123	0.454828	54.00
54.01	03630	ULTRASOUND	1,858,272	2,120,430	3,978,702	0.147165	54.01
54.02	03440	MAMMOGRAPHY	0	956,267	956,267	0.399612	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
55.01	03480	ONCOLOGY	0	0	0	0.000000	55.01
56.00	05600	RADIOISOTOPE	1,185,118	3,593,487	4,778,605	0.133749	56.00
57.00	05700	CT SCAN	9,475,862	19,336,433	28,812,295	0.034741	57.00
58.00	05800	MRI	3,157,963	3,352,747	6,510,710	0.061654	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,330,740	19,209,040	30,539,780	0.100116	59.00
60.00	06000	LABORATORY	28,106,843	32,208,839	60,315,682	0.109338	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	842,229	551,008	1,393,237	0.261159	63.00
64.00	06400	INTRAVENOUS THERAPY	193,989	787,566	981,555	0.333502	64.00
65.00	06500	RESPIRATORY THERAPY	11,959,236	1,097,123	13,056,359	0.138446	65.00
66.00	06600	PHYSICAL THERAPY	5,239,971	1,861,569	7,101,540	0.120476	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,304,339	815,305	5,119,644	0.097955	67.00
68.00	06800	SPEECH PATHOLOGY	878,239	137,600	1,015,839	0.133680	68.00
69.01	03140	CARDIOLOGY	6,253,754	6,996,131	13,249,885	0.097352	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,738,753	6,952,463	10,691,216	0.096358	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,113,350	11,237,731	20,351,081	0.257490	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,104,966	17,644,537	48,749,503	0.143425	73.00
74.00	07400	RENAL DIALYSIS	1,958,522	0	1,958,522	0.264066	74.00
76.97	07697	CARDIAC REHABILITATION	431,045	571,216	1,002,261	0.911417	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	10,384,064	34,274,282	44,658,346	0.149654	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,127,648	3,793,794	5,921,442	0.448897	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	18,764,054	18,764,054	0.488795	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	259,144,748	277,344,076	536,488,824		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	259,144,748	277,344,076	536,488,824		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 14-0113	Period: From 10/01/2018 To 09/30/2019	Worksheet C Part I Date/Time Prepared: 2/28/2020 10:53 am
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.123563		50.00
50.01	03330	ENDOSCOPY	0.104590		50.01
51.00	05100	RECOVERY ROOM	0.325456		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.756949		52.00
53.00	05300	ANESTHESIOLOGY	0.006605		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.454828		54.00
54.01	03630	ULTRASOUND	0.147165		54.01
54.02	03440	MAMMOGRAPHY	0.399612		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	03480	ONCOLOGY	0.000000		55.01
56.00	05600	RADIOISOTOPE	0.133749		56.00
57.00	05700	CT SCAN	0.034741		57.00
58.00	05800	MRI	0.061654		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.100116		59.00
60.00	06000	LABORATORY	0.109452		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.261159		63.00
64.00	06400	INTRAVENOUS THERAPY	0.333502		64.00
65.00	06500	RESPIRATORY THERAPY	0.138816		65.00
66.00	06600	PHYSICAL THERAPY	0.120476		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.097955		67.00
68.00	06800	SPEECH PATHOLOGY	0.133680		68.00
69.01	03140	CARDIOLOGY	0.097352		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.963358		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.257490		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.143425		73.00
74.00	07400	RENAL DIALYSIS	0.265495		74.00
76.97	07697	CARDIAC REHABILITATION	0.911417		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699	LITHOTRIPSY	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.149654		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.448897		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.488795		95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
Date/Time Prepared:
2/28/2020 10:53 am

		Title XIX		Hospital		Cost
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	20,212,707		20,212,707	0	20,212,707
31.00	03100 INTENSIVE CARE UNIT	4,890,181		4,890,181	1,068	4,891,249
41.00	04100 SUBPROVIDER - IRF	6,871,749		6,871,749	0	6,871,749
43.00	04300 NURSERY	793,733		793,733	0	793,733
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	9,551,864		9,551,864	0	9,551,864
50.01	03330 ENDOSCOPY	1,986,937		1,986,937	0	1,986,937
51.00	05100 RECOVERY ROOM	924,751		924,751	0	924,751
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,350,142		3,350,142	0	3,350,142
53.00	05300 ANESTHESIOLOGY	195,021		195,021	0	195,021
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,816,354		2,816,354	0	2,816,354
54.01	03630 ULTRASOUND	585,525		585,525	0	585,525
54.02	03440 MAMMOGRAPHY	382,136		382,136	0	382,136
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0
55.01	03480 ONCOLOGY	0		0	0	0
56.00	05600 RADIOISOTOPE	639,135		639,135	0	639,135
57.00	05700 CT SCAN	1,000,972		1,000,972	0	1,000,972
58.00	05800 MRI	401,413		401,413	0	401,413
59.00	05900 CARDIAC CATHETERIZATION	3,057,525		3,057,525	0	3,057,525
60.00	06000 LABORATORY	6,594,823		6,594,823	6,860	6,601,683
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0
63.00	06300 BLOOD STORING PROCESSING & TRANS.	363,856		363,856	0	363,856
64.00	06400 INTRAVENOUS THERAPY	327,351		327,351	0	327,351
65.00	06500 RESPIRATORY THERAPY	1,807,597	0	1,807,597	4,832	1,812,429
66.00	06600 PHYSICAL THERAPY	855,564	0	855,564	0	855,564
67.00	06700 OCCUPATIONAL THERAPY	501,496	0	501,496	0	501,496
68.00	06800 SPEECH PATHOLOGY	135,797	0	135,797	0	135,797
69.01	03140 CARDIOLOGY	1,289,909		1,289,909	0	1,289,909
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	10,299,470		10,299,470	0	10,299,470
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	5,240,195		5,240,195	0	5,240,195
73.00	07300 DRUGS CHARGED TO PATIENTS	6,991,892		6,991,892	0	6,991,892
74.00	07400 RENAL DIALYSIS	517,180		517,180	2,798	519,978
76.97	07697 CARDIAC REHABILITATION	913,478		913,478	0	913,478
76.98	07698 HYPERBARIC OXYGEN THERAPY	0		0	0	0
76.99	07699 LITHOTRIPSY	0		0	0	0
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	6,683,315		6,683,315	0	6,683,315
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	2,658,119		2,658,119		2,658,119
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	9,171,769		9,171,769	0	9,171,769
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					
200.00	Subtotal (see instructions)	112,011,956	0	112,011,956	15,558	112,027,514
201.00	Less Observation Beds	2,658,119		2,658,119		2,658,119
202.00	Total (see instructions)	109,353,837	0	109,353,837	15,558	109,369,395

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
Date/Time Prepared:
2/28/2020 10:53 am

			Title XIX		Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
			6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	49,487,145		49,487,145		30.00
31.00	03100	INTENSIVE CARE UNIT	7,964,490		7,964,490		31.00
41.00	04100	SUBPROVIDER - IRF	6,562,134		6,562,134		41.00
43.00	04300	NURSERY	3,279,707		3,279,707		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,057,613	52,246,235	77,303,848	0.123563	50.00
50.01	03330	ENDOSCOPY	4,270,861	14,726,592	18,997,453	0.104590	50.01
51.00	05100	RECOVERY ROOM	971,863	1,869,539	2,841,402	0.325456	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,425,851	0	4,425,851	0.756949	52.00
53.00	05300	ANESTHESIOLOGY	10,997,489	18,530,657	29,528,146	0.006605	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,482,692	3,709,431	6,192,123	0.454828	54.00
54.01	03630	ULTRASOUND	1,858,272	2,120,430	3,978,702	0.147165	54.01
54.02	03440	MAMMOGRAPHY	0	956,267	956,267	0.399612	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
55.01	03480	ONCOLOGY	0	0	0	0.000000	55.01
56.00	05600	RADIOISOTOPE	1,185,118	3,593,487	4,778,605	0.133749	56.00
57.00	05700	CT SCAN	9,475,862	19,336,433	28,812,295	0.034741	57.00
58.00	05800	MRI	3,157,963	3,352,747	6,510,710	0.061654	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,330,740	19,209,040	30,539,780	0.100116	59.00
60.00	06000	LABORATORY	28,106,843	32,208,839	60,315,682	0.109338	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	842,229	551,008	1,393,237	0.261159	63.00
64.00	06400	INTRAVENOUS THERAPY	193,989	787,566	981,555	0.333502	64.00
65.00	06500	RESPIRATORY THERAPY	11,959,236	1,097,123	13,056,359	0.138446	65.00
66.00	06600	PHYSICAL THERAPY	5,239,971	1,861,569	7,101,540	0.120476	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,304,339	815,305	5,119,644	0.097955	67.00
68.00	06800	SPEECH PATHOLOGY	878,239	137,600	1,015,839	0.133680	68.00
69.01	03140	CARDIOLOGY	6,253,754	6,996,131	13,249,885	0.097352	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,738,753	6,952,463	10,691,216	0.096358	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,113,350	11,237,731	20,351,081	0.257490	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,104,966	17,644,537	48,749,503	0.143425	73.00
74.00	07400	RENAL DIALYSIS	1,958,522	0	1,958,522	0.264066	74.00
76.97	07697	CARDIAC REHABILITATION	431,045	571,216	1,002,261	0.911417	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	10,384,064	34,274,282	44,658,346	0.149654	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,127,648	3,793,794	5,921,442	0.448897	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	18,764,054	18,764,054	0.488795	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	259,144,748	277,344,076	536,488,824		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	259,144,748	277,344,076	536,488,824		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
41.00	04100	SUBPROVIDER - IRF				41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.000000			50.00
50.01	03330	ENDOSCOPY	0.000000			50.01
51.00	05100	RECOVERY ROOM	0.000000			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300	ANESTHESIOLOGY	0.000000			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03630	ULTRASOUND	0.000000			54.01
54.02	03440	MAMMOGRAPHY	0.000000			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000			55.00
55.01	03480	ONCOLOGY	0.000000			55.01
56.00	05600	RADIOISOTOPE	0.000000			56.00
57.00	05700	CT SCAN	0.000000			57.00
58.00	05800	MRI	0.000000			58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000	LABORATORY	0.000000			60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000			63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500	RESPIRATORY THERAPY	0.000000			65.00
66.00	06600	PHYSICAL THERAPY	0.000000			66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800	SPEECH PATHOLOGY	0.000000			68.00
69.01	03140	CARDIOLOGY	0.000000			69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400	RENAL DIALYSIS	0.000000			74.00
76.97	07697	CARDIAC REHABILITATION	0.000000			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.000000			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS				Provider CCN: 14-0113		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part I Date/Time Prepared: 2/28/2020 10:53 am	
				Title XVIII		Hospital		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)			
		1.00	2.00	3.00	4.00	5.00			
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	2,034,446	0	2,034,446	20,592	98.80	30.00		
31.00	INTENSIVE CARE UNIT	426,274		426,274	1,162	366.85	31.00		
41.00	SUBPROVIDER - IRF	631,051	0	631,051	4,853	130.03	41.00		
43.00	NURSERY	105,476		105,476	1,086	97.12	43.00		
200.00	Total (lines 30 through 199)	3,197,247		3,197,247	27,693		200.00		
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)						
		6.00	7.00						
	INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	5,799	572,941						30.00
31.00	INTENSIVE CARE UNIT	1,059	388,494						31.00
41.00	SUBPROVIDER - IRF	2,750	357,583						41.00
43.00	NURSERY	0	0						43.00
200.00	Total (lines 30 through 199)	9,608	1,319,018						200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 14-0113	Period: From 10/01/2018 To 09/30/2019	Worksheet D Part II Date/Time Prepared: 2/28/2020 10:53 am			
				Title XVIII		Hospital		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,906,146	77,303,848	0.024658	8,158,257	201,166	50.00	
50.01	03330	ENDOSCOPY	179,130	18,997,453	0.009429	1,990,863	18,772	50.01	
51.00	05100	RECOVERY ROOM	102,150	2,841,402	0.035951	344,031	12,368	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	618,673	4,425,851	0.139786	14,109	1,972	52.00	
53.00	05300	ANESTHESIOLOGY	49,752	29,528,146	0.001685	3,265,072	5,502	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	357,784	6,192,123	0.057781	1,102,670	63,713	54.00	
54.01	03630	ULTRASOUND	43,103	3,978,702	0.010833	717,806	7,776	54.01	
54.02	03440	MAMMOGRAPHY	88,305	956,267	0.092343	0	0	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00	
55.01	03480	ONCOLOGY	0	0	0.000000	0	0	55.01	
56.00	05600	RADIOISOTOPE	53,421	4,778,605	0.011179	614,539	6,870	56.00	
57.00	05700	CT SCAN	141,947	28,812,295	0.004927	4,126,904	20,333	57.00	
58.00	05800	MRI	84,981	6,510,710	0.013052	1,395,130	18,209	58.00	
59.00	05900	CARDIAC CATHETERIZATION	689,796	30,539,780	0.022587	4,515,563	101,993	59.00	
60.00	06000	LABORATORY	450,943	60,315,682	0.007476	10,595,183	79,210	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30	
63.00	06300	BLOOD STORING PROCESSING & TRANS.	13,965	1,393,237	0.010023	352,404	3,532	63.00	
64.00	06400	INTRAVENOUS THERAPY	14,083	981,555	0.014348	67,757	972	64.00	
65.00	06500	RESPIRATORY THERAPY	138,160	13,056,359	0.010582	5,030,376	53,231	65.00	
66.00	06600	PHYSICAL THERAPY	98,592	7,101,540	0.013883	827,285	11,485	66.00	
67.00	06700	OCCUPATIONAL THERAPY	61,970	5,119,644	0.012104	513,291	6,213	67.00	
68.00	06800	SPEECH PATHOLOGY	8,755	1,015,839	0.008618	191,563	1,651	68.00	
69.01	03140	CARDIOLOGY	156,265	13,249,885	0.011794	2,941,682	34,694	69.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	501,891	10,691,216	0.046944	1,451,023	68,117	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	257,094	20,351,081	0.012633	3,192,101	40,326	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	358,360	48,749,503	0.007351	10,743,649	78,977	73.00	
74.00	07400	RENAL DIALYSIS	39,545	1,958,522	0.020191	833,908	16,837	74.00	
76.97	07697	CARDIAC REHABILITATION	104,224	1,002,261	0.103989	174,838	18,181	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								
91.00	09100	EMERGENCY	567,183	44,658,346	0.012700	4,380,945	55,638	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	267,545	5,921,442	0.045182	885,448	40,006	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)	7,353,763	450,431,294		68,426,397	967,744	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS					Provider CCN:14-0113		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part III Date/Time Prepared: 2/28/2020 10:53 am		
					Title XVIII		Hospital		PPS		
Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost				
			1A	1.00	2A	2.00	3.00				
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00		
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00		
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00		
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	20,592	0.00	5,799	30.00			
31.00	03100	INTENSIVE CARE UNIT	0	0	1,162	0.00	1,059	31.00			
41.00	04100	SUBPROVIDER - IRF	0	0	4,853	0.00	2,750	41.00			
43.00	04300	NURSERY	0	0	1,086	0.00	0	43.00			
200.00		Total (lines 30 through 199)	0	0	27,693		9,608	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	
41.00	04100	SUBPROVIDER - IRF	0							41.00	
43.00	04300	NURSERY	0							43.00	
200.00		Total (lines 30 through 199)	0							200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part IV
Date/Time Prepared:
2/28/2020 10:53 am

Cost Center Description		Title XVIII			Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	03330 ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630 ULTRASOUND	0	0	0	0	0	54.01
54.02	03440 MAMMOGRAPHY	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	03480 ONCOLOGY	0	0	0	0	0	55.01
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.01	03140 CARDIOLOGY	0	0	0	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
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							
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0		0			92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00

Health Financial Systems			OSF HEART OF MARY MEDICAL CENTER			In Lieu of Form CMS-2552-10			
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0113		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/28/2020 10:53 am	
				Title XVIII		Hospital		PPS	
	Cost Center Description			All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	77,303,848	0.000000	50.00	
50.01	03330	ENDOSCOPY	0	0	0	18,997,453	0.000000	50.01	
51.00	05100	RECOVERY ROOM	0	0	0	2,841,402	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	4,425,851	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	29,528,146	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	6,192,123	0.000000	54.00	
54.01	03630	ULTRASOUND	0	0	0	3,978,702	0.000000	54.01	
54.02	03440	MAMMOGRAPHY	0	0	0	956,267	0.000000	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00	
55.01	03480	ONCOLOGY	0	0	0	0	0.000000	55.01	
56.00	05600	RADIOISOTOPE	0	0	0	4,778,605	0.000000	56.00	
57.00	05700	CT SCAN	0	0	0	28,812,295	0.000000	57.00	
58.00	05800	MRI	0	0	0	6,510,710	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	30,539,780	0.000000	59.00	
60.00	06000	LABORATORY	0	0	0	60,315,682	0.000000	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0.000000	62.30	
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	1,393,237	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	981,555	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	13,056,359	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	7,101,540	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	5,119,644	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	1,015,839	0.000000	68.00	
69.01	03140	CARDIOLOGY	0	0	0	13,249,885	0.000000	69.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	10,691,216	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	20,351,081	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	48,749,503	0.000000	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	1,958,522	0.000000	74.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,002,261	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								
91.00	09100	EMERGENCY	0	0	0	44,658,346	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	5,921,442	0.000000	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)	0	0	0	450,431,294		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS					Provider CCN: 14-0113		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/28/2020 10:53 am		
					Title XVIII		Hospital		PPS		
Cost Center Description			Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)				
								9.00	10.00	11.00	12.00
	ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	0.000000	8,158,257		0	9,046,998		0	50.00	
50.01	03330	ENDOSCOPY	0.000000	1,990,863		0	3,256,266		0	50.01	
51.00	05100	RECOVERY ROOM	0.000000	344,031		0	274,225		0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	14,109		0	0		0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	3,265,072		0	2,964,859		0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,102,670		0	779,778		0	54.00	
54.01	03630	ULTRASOUND	0.000000	717,806		0	383,857		0	54.01	
54.02	03440	MAMMOGRAPHY	0.000000	0		0	82,095		0	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0		0	0		0	55.00	
55.01	03480	ONCOLOGY	0.000000	0		0	0		0	55.01	
56.00	05600	RADIOISOTOPE	0.000000	614,539		0	1,163,524		0	56.00	
57.00	05700	CT SCAN	0.000000	4,126,904		0	3,996,890		0	57.00	
58.00	05800	MRI	0.000000	1,395,130		0	433,246		0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	4,515,563		0	7,541,130		0	59.00	
60.00	06000	LABORATORY	0.000000	10,595,183		0	7,366,793		0	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0		0	0		0	62.30	
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.000000	352,404		0	314,953		0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	67,757		0	590,335		0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	5,030,376		0	182,354		0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	827,285		0	19,611		0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	513,291		0	9,231		0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	191,563		0	4,605		0	68.00	
69.01	03140	CARDIOLOGY	0.000000	2,941,682		0	1,754,272		0	69.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000	1,451,023		0	2,701,366		0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,192,101		0	3,370,267		0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	10,743,649		0	4,243,577		0	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	833,908		0	0		0	74.00	
76.97	07697	CARDIAC REHABILITATION	0.000000	174,838		0	199,815		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										
91.00	09100	EMERGENCY	0.000000	4,380,945		0	6,121,631		0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000	885,448		0	564,362		0	92.00	
	OTHER REIMBURSABLE COST CENTERS										
95.00	09500	AMBULANCE SERVICES								95.00	
200.00		Total (lines 50 through 199)		68,426,397		0	57,366,040		0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part V
Date/Time Prepared:
2/28/2020 10:53 am

			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.123563	9,046,998	0	0	1,117,874	50.00
50.01	03330	ENDOSCOPY	0.104590	3,256,266	0	0	340,573	50.01
51.00	05100	RECOVERY ROOM	0.325456	274,225	0	0	89,248	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.756949	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.006605	2,964,859	0	0	19,583	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.454828	779,778	0	0	354,665	54.00
54.01	03630	ULTRASOUND	0.147165	383,857	1,339	0	56,490	54.01
54.02	03440	MAMMOGRAPHY	0.399612	82,095	0	0	32,806	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0.000000	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0.133749	1,163,524	0	0	155,620	56.00
57.00	05700	CT SCAN	0.034741	3,996,890	0	0	138,856	57.00
58.00	05800	MRI	0.061654	433,246	4,412	0	26,711	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.100116	7,541,130	0	0	754,988	59.00
60.00	06000	LABORATORY	0.109338	7,366,793	1,244	0	805,470	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.261159	314,953	0	0	82,253	63.00
64.00	06400	INTRAVENOUS THERAPY	0.333502	590,335	0	0	196,878	64.00
65.00	06500	RESPIRATORY THERAPY	0.138446	182,354	0	0	25,246	65.00
66.00	06600	PHYSICAL THERAPY	0.120476	19,611	673	0	2,363	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.097955	9,231	0	0	904	67.00
68.00	06800	SPEECH PATHOLOGY	0.133680	4,605	0	0	616	68.00
69.01	03140	CARDIOLOGY	0.097352	1,754,272	0	0	170,782	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.963358	2,701,366	0	0	2,602,383	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.257490	3,370,267	0	0	867,810	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.143425	4,243,577	1,127	103,322	608,635	73.00
74.00	07400	RENAL DIALYSIS	0.264066	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.911417	199,815	0	0	182,115	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								
91.00	09100	EMERGENCY	0.149654	6,121,631	0	0	916,127	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.448897	564,362	0	0	253,340	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.488795		0			95.00
200.00		Subtotal (see instructions)		57,366,040	8,795	103,322	9,802,336	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 - line 201)		57,366,040	8,795	103,322	9,802,336	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet D
Part V
Date/Time Prepared:
2/28/2020 10:53 am

			Title XVIII		Hospital	PPS
	Cost Center Description	Costs				
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		6.00	7.00			
	ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	03330	ENDOSCOPY	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRASOUND	197	0		54.01
54.02	03440	MAMMOGRAPHY	0	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01	03480	ONCOLOGY	0	0		55.01
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	272	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	136	0		60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	81	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.01	03140	CARDIOLOGY	0	0		69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	162	14,819		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
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					
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	848	14,819		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 - line 201)	848	14,819		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN:14-0113 Component CCN:14-T113		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part II Date/Time Prepared: 2/28/2020 10:53 am	
				Title XVIII		Subprovider - IRF		PPS	
	Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
			1.00	2.00	3.00	4.00	5.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,906,146	77,303,848	0.024658	1,333	33	50.00	
50.01	03330	ENDOSCOPY	179,130	18,997,453	0.009429	36,721	346	50.01	
51.00	05100	RECOVERY ROOM	102,150	2,841,402	0.035951	3,347	120	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	618,673	4,425,851	0.139786	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	49,752	29,528,146	0.001685	1,374	2	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	357,784	6,192,123	0.057781	67,195	3,883	54.00	
54.01	03630	ULTRASOUND	43,103	3,978,702	0.010833	51,110	554	54.01	
54.02	03440	MAMMOGRAPHY	88,305	956,267	0.092343	0	0	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00	
55.01	03480	ONCOLOGY	0	0	0.000000	0	0	55.01	
56.00	05600	RADIOISOTOPE	53,421	4,778,605	0.011179	6,998	78	56.00	
57.00	05700	CT SCAN	141,947	28,812,295	0.004927	177,849	876	57.00	
58.00	05800	MRI	84,981	6,510,710	0.013052	71,192	929	58.00	
59.00	05900	CARDIAC CATHETERIZATION	689,796	30,539,780	0.022587	3,678	83	59.00	
60.00	06000	LABORATORY	450,943	60,315,682	0.007476	1,042,780	7,796	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30	
63.00	06300	BLOOD STORING PROCESSING & TRANS.	13,965	1,393,237	0.010023	14,505	145	63.00	
64.00	06400	INTRAVENOUS THERAPY	14,083	981,555	0.014348	652	9	64.00	
65.00	06500	RESPIRATORY THERAPY	138,160	13,056,359	0.010582	733,223	7,759	65.00	
66.00	06600	PHYSICAL THERAPY	98,592	7,101,540	0.013883	2,047,927	28,431	66.00	
67.00	06700	OCCUPATIONAL THERAPY	61,970	5,119,644	0.012104	1,863,783	22,559	67.00	
68.00	06800	SPEECH PATHOLOGY	8,755	1,015,839	0.008618	276,197	2,380	68.00	
69.01	03140	CARDIOLOGY	156,265	13,249,885	0.011794	33,984	401	69.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	501,891	10,691,216	0.046944	3,957	186	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	257,094	20,351,081	0.012633	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	358,360	48,749,503	0.007351	1,444,221	10,616	73.00	
74.00	07400	RENAL DIALYSIS	39,545	1,958,522	0.020191	239,200	4,830	74.00	
76.97	07697	CARDIAC REHABILITATION	104,224	1,002,261	0.103989	8,938	929	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								
91.00	09100	EMERGENCY	567,183	44,658,346	0.012700	6,923	88	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,921,442	0.000000	6,156	0	92.00	
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50 through 199)	7,086,218	450,431,294		8,143,243	93,033	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

Provider CCN: 14-0113
Component CCN: 14-T113

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

Worksheet D
Part IV
Date/Time Prepared:
2/28/2020 10:53 am

					Title XVIII		Subprovider - IRF	PPS	
Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
			1.00	2A	2.00	3A	3.00		
	ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
50.01	03330	ENDOSCOPY	0	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	03630	ULTRASOUND	0	0	0	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
55.01	03480	ONCOLOGY	0	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	0	76.99
	OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		0			0	92.00
	OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0113 Component CCN: 14-T113		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/28/2020 10:53 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	
				4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0	0	0	77,303,848	0.000000	50.00
50.01	03330	ENDOSCOPY		0	0	0	18,997,453	0.000000	50.01
51.00	05100	RECOVERY ROOM		0	0	0	2,841,402	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		0	0	0	4,425,851	0.000000	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	29,528,146	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0	0	0	6,192,123	0.000000	54.00
54.01	03630	ULTRASOUND		0	0	0	3,978,702	0.000000	54.01
54.02	03440	MAMMOGRAPHY		0	0	0	956,267	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0	0	0	0	0.000000	55.00
55.01	03480	ONCOLOGY		0	0	0	0	0.000000	55.01
56.00	05600	RADIOISOTOPE		0	0	0	4,778,605	0.000000	56.00
57.00	05700	CT SCAN		0	0	0	28,812,295	0.000000	57.00
58.00	05800	MRI		0	0	0	6,510,710	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION		0	0	0	30,539,780	0.000000	59.00
60.00	06000	LABORATORY		0	0	0	60,315,682	0.000000	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0	0	0	0	0.000000	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0	0	0	1,393,237	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	981,555	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY		0	0	0	13,056,359	0.000000	65.00
66.00	06600	PHYSICAL THERAPY		0	0	0	7,101,540	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY		0	0	0	5,119,644	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY		0	0	0	1,015,839	0.000000	68.00
69.01	03140	CARDIOLOGY		0	0	0	13,249,885	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0	0	0	10,691,216	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	20,351,081	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		0	0	0	48,749,503	0.000000	73.00
74.00	07400	RENAL DIALYSIS		0	0	0	1,958,522	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION		0	0	0	1,002,261	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									
91.00	09100	EMERGENCY		0	0	0	44,658,346	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0	0	0	5,921,442	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES		0	0	0			95.00
200.00		Total (lines 50 through 199)		0	0	0	450,431,294		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS				Provider CCN: 14-0113 Component CCN: 14-T113		Period: From 10/01/2018 To 09/30/2019		Worksheet D Part IV Date/Time Prepared: 2/28/2020 10:53 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
				9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM		0.000000	1,333	0	0	0	50.00
50.01	03330	ENDOSCOPY		0.000000	36,721	0	0	0	50.01
51.00	05100	RECOVERY ROOM		0.000000	3,347	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	1,374	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		0.000000	67,195	0	0	0	54.00
54.01	03630	ULTRASOUND		0.000000	51,110	0	0	0	54.01
54.02	03440	MAMMOGRAPHY		0.000000	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC		0.000000	0	0	0	0	55.00
55.01	03480	ONCOLOGY		0.000000	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE		0.000000	6,998	0	0	0	56.00
57.00	05700	CT SCAN		0.000000	177,849	0	0	0	57.00
58.00	05800	MRI		0.000000	71,192	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		0.000000	3,678	0	0	0	59.00
60.00	06000	LABORATORY		0.000000	1,042,780	0	26	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS		0.000000	0	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.		0.000000	14,505	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0.000000	652	0	99	0	64.00
65.00	06500	RESPIRATORY THERAPY		0.000000	733,223	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY		0.000000	2,047,927	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		0.000000	1,863,783	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY		0.000000	276,197	0	0	0	68.00
69.01	03140	CARDIOLOGY		0.000000	33,984	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		0.000000	3,957	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	1,444,221	0	373	0	73.00
74.00	07400	RENAL DIALYSIS		0.000000	239,200	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION		0.000000	8,938	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									
91.00	09100	EMERGENCY		0.000000	6,923	0	531	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0.000000	6,156	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50 through 199)			8,143,243	0	1,029	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0113

Period:

Worksheet D

Component CCN: 14-T113

From 10/01/2018
To 09/30/2019Part V
Date/Time Prepared:
2/28/2020 10:53 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.123563	0	0	0	50.00
50.01	03330	ENDOSCOPY	0.104590	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.325456	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.756949	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.006605	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.454828	0	0	0	54.00
54.01	03630	ULTRASOUND	0.147165	0	0	0	54.01
54.02	03440	MAMMOGRAPHY	0.399612	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
55.01	03480	ONCOLOGY	0.000000	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0.133749	0	0	0	56.00
57.00	05700	CT SCAN	0.034741	0	0	0	57.00
58.00	05800	MRI	0.061654	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.100116	0	0	0	59.00
60.00	06000	LABORATORY	0.109338	26	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.261159	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.333502	99	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.138446	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.120476	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.097955	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.133680	0	0	0	68.00
69.01	03140	CARDIOLOGY	0.097352	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.963358	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.257490	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.143425	373	0	822	73.00
74.00	07400	RENAL DIALYSIS	0.264066	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.911417	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0.149654	531	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.448897	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.488795		0		95.00
200.00		Subtotal (see instructions)		1,029	0	822	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 - line 201)		1,029	0	822	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 14-0113

Period:

Worksheet D

Component CCN: 14-T113

From 10/01/2018
To 09/30/2019Part V
Date/Time Prepared:
2/28/2020 10:53 am

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	03330	ENDOSCOPY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630	ULTRASOUND	0	0	54.01
54.02	03440	MAMMOGRAPHY	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	03480	ONCOLOGY	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.01	03140	CARDIOLOGY	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	118	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
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					
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0		95.00
200.00		Subtotal (see instructions)	0	118	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	118	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0113	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/28/2020 10:53 am
		Title XVIII	Hospital	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		20,592	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,592	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)		17,884	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		5,799	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)		20,212,707	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)		20,212,707	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)		20,212,707	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)		981.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,692,182	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)		5,692,182	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0113

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

Worksheet D-1

Date/Time Prepared:
2/28/2020 10:53 am

Cost Center Description		Title XVIII		Hospital		PPS	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,891,249	1,162	4,209.34	1,059	4,457,691	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)					10,360,390	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					20,510,263	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)					961,435	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					967,744	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,929,179	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					18,581,084	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)					2,708	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					981.58	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,658,119	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 14-0113

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

Worksheet D-1

Date/Time Prepared:
2/28/2020 10:53 am

		Title XVIII		Hospital	PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	2,034,446	20,212,707	0.100652	2,658,119	267,545	90.00
91.00 Nursing School cost	0	20,212,707	0.000000	2,658,119	0	91.00
92.00 Allied health cost	0	20,212,707	0.000000	2,658,119	0	92.00
93.00 All other Medical Education	0	20,212,707	0.000000	2,658,119	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/28/2020 10:53 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,853	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,853	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)		4,853	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,750	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		6,871,749	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		6,871,749	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		6,871,749	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)		1,415.98	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,893,945	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)		3,893,945	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 10/01/2018 To 09/30/2019	Worksheet D-1 Date/Time Prepared: 2/28/2020 10:53 am	
				Title XVIII	Subprovider - IRF	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			
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
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)					1,030,905	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,924,850	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)					357,583	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					93,033	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					450,616	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,474,234	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN:14-0113 Component CCN:14-T113		Period: From 10/01/2018 To 09/30/2019		Worksheet D-1 Date/Time Prepared: 2/28/2020 10:53 am	
				Title XVIII		Subprovider - IRF		PPS	
Cost Center Description				Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
				1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST									
90.00	Capital-related cost			631,051	6,871,749	0.091833	0	0	90.00
91.00	Nursing School cost			0	6,871,749	0.000000	0	0	91.00
92.00	Allied health cost			0	6,871,749	0.000000	0	0	92.00
93.00	All other Medical Education			0	6,871,749	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 14-0113	Period: From 10/01/2018 To 09/30/2019	Worksheet D-3 Date/Time Prepared: 2/28/2020 10:53 am	
Cost Center Description			Title XVIII	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		16,106,437		30.00
31.00	03100	INTENSIVE CARE UNIT		3,493,356		31.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.123563	8,158,257	1,008,059	50.00
50.01	03330	ENDOSCOPY	0.104590	1,990,863	208,224	50.01
51.00	05100	RECOVERY ROOM	0.325456	344,031	111,967	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.756949	14,109	10,680	52.00
53.00	05300	ANESTHESIOLOGY	0.006605	3,265,072	21,566	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.454828	1,102,670	501,525	54.00
54.01	03630	ULTRASOUND	0.147165	717,806	105,636	54.01
54.02	03440	MAMMOGRAPHY	0.399612	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	03480	ONCOLOGY	0.000000	0	0	55.01
56.00	05600	RADIOISOTOPE	0.133749	614,539	82,194	56.00
57.00	05700	CT SCAN	0.034741	4,126,904	143,373	57.00
58.00	05800	MRI	0.061654	1,395,130	86,015	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.100116	4,515,563	452,080	59.00
60.00	06000	LABORATORY	0.109452	10,595,183	1,159,664	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300	BLOOD STORING PROCESSING & TRANS.	0.261159	352,404	92,033	63.00
64.00	06400	INTRAVENOUS THERAPY	0.333502	67,757	22,597	64.00
65.00	06500	RESPIRATORY THERAPY	0.138816	5,030,376	698,297	65.00
66.00	06600	PHYSICAL THERAPY	0.120476	827,285	99,668	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.097955	513,291	50,279	67.00
68.00	06800	SPEECH PATHOLOGY	0.133680	191,563	25,608	68.00
69.01	03140	CARDIOLOGY	0.097352	2,941,682	286,379	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.963358	1,451,023	1,397,855	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.257490	3,192,101	821,934	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.143425	10,743,649	1,540,908	73.00
74.00	07400	RENAL DIALYSIS	0.265495	833,908	221,398	74.00
76.97	07697	CARDIAC REHABILITATION	0.911417	174,838	159,350	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						
91.00	09100	EMERGENCY	0.149654	4,380,945	655,626	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.448897	885,448	397,475	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		68,426,397	10,360,390	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net charges (line 200 minus line 201)		68,426,397		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 10/01/2018 To 09/30/2019	Worksheet D-3 Date/Time Prepared: 2/28/2020 10:53 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		3,717,831		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.123563	1,333	165	50.00
50.01	03330 ENDOSCOPY	0.104590	36,721	3,841	50.01
51.00	05100 RECOVERY ROOM	0.325456	3,347	1,089	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.756949	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.006605	1,374	9	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.454828	67,195	30,562	54.00
54.01	03630 ULTRASOUND	0.147165	51,110	7,522	54.01
54.02	03440 MAMMOGRAPHY	0.399612	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	03480 ONCOLOGY	0.000000	0	0	55.01
56.00	05600 RADIOISOTOPE	0.133749	6,998	936	56.00
57.00	05700 CT SCAN	0.034741	177,849	6,179	57.00
58.00	05800 MRI	0.061654	71,192	4,389	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.100116	3,678	368	59.00
60.00	06000 LABORATORY	0.109452	1,042,780	114,134	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300 BLOOD STORING PROCESSING & TRANS.	0.261159	14,505	3,788	63.00
64.00	06400 INTRAVENOUS THERAPY	0.333502	652	217	64.00
65.00	06500 RESPIRATORY THERAPY	0.138816	733,223	101,783	65.00
66.00	06600 PHYSICAL THERAPY	0.120476	2,047,927	246,726	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.097955	1,863,783	182,567	67.00
68.00	06800 SPEECH PATHOLOGY	0.133680	276,197	36,922	68.00
69.01	03140 CARDIOLOGY	0.097352	33,984	3,308	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.963358	3,957	3,812	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.257490	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.143425	1,444,221	207,137	73.00
74.00	07400 RENAL DIALYSIS	0.265495	239,200	63,506	74.00
76.97	07697 CARDIAC REHABILITATION	0.911417	8,938	8,146	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					
91.00	09100 EMERGENCY	0.149654	6,923	1,036	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.448897	6,156	2,763	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		8,143,243	1,030,905	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		8,143,243		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0113	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 2/28/2020 10:53 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		13,081,652	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		0	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		67,506	2.04
3.00	Managed Care Simulated Payments		6,119,640	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		177.58	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)		9.59	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)		0.09	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)		9.50	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		8.29	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)		8.29	12.00
13.00	Total allowable FTE count for the prior year.		6.02	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.		8.10	14.00
15.00	Sum of lines 12 through 14 divided by 3.		7.47	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		7.47	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.042066	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.043862	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.042066	21.00
22.00	IME payment adjustment (see instructions)		297,189	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		139,026	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).		1.19	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-1.21	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)		297,189	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		139,026	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.44	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.01	31.00
32.00	Sum of lines 30 and 31		27.45	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.86	33.00
34.00	Disproportionate share adjustment (see instructions)		387,871	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0113	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 2/28/2020 10:53 am	
		Title XVIII	Hospital	PPS	
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		0	0	35.00
35.01	Factor 3 (see instructions)	0.000000000	0.000000000		35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		0	1,397,781	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		0	1,397,781	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,397,781		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
			Before 1/1	On/After 1/1	
			1.00	1.01	
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)	15,231,999			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
				Amount	
				1.00	
49.00	Total payment for inpatient operating costs (see instructions)			15,371,025	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			1,097,699	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			277,458	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
54.01	Islet isolation add-on payment			0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			16,746,182	59.00
60.00	Primary payer payments			4,280	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			16,741,902	61.00
62.00	Deductibles billed to program beneficiaries			1,693,608	62.00
63.00	Coinsurance billed to program beneficiaries			23,062	63.00
64.00	Allowable bad debts (see instructions)			443,131	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			288,035	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			325,458	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			15,313,267	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0	70.50
70.87	Demonstration payment adjustment amount before sequestration			0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)				70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			72,308	70.93
70.94	HRR adjustment amount (see instructions)			-183,143	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0113	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part A Date/Time Prepared: 2/28/2020 10:53 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96	
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97	
70.98	Low Volume Payment-3		0	70.98	
70.99	HAC adjustment amount (see instructions)		0	70.99	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		15,202,432	71.00	
71.01	Sequestration adjustment (see instructions)		304,049	71.01	
71.02	Demonstration payment adjustment amount after sequestration		0	71.02	
72.00	Interim payments		14,651,086	72.00	
73.00	Tentative settlement (for contractor use only)		0	73.00	
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		247,297	74.00	
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		471,712	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: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/28/2020 10:53 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	0
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,081,652	0		13,081,652	13,081,652
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00					
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	0	67,506		0
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	67,506	0		0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0
4.00	Managed care simulated payments	3.00	6,119,640	0	0	6,119,640	6,119,640
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.042066	0.042066	0.042066	0.042066	
6.00	IME payment adjustment (see instructions)	22.00	297,189	0	0	297,189	297,189
6.01	IME payment adjustment for managed care (see instructions)	22.01	139,026	0	0	139,026	139,026
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	297,189	0	0	297,189	297,189
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	139,026	0	0	139,026	139,026
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1186	0.1186	0.1186	0.1186	
11.00	Disproportionate share adjustment (see instructions)	34.00	387,871	0	0	387,871	387,871
11.01	Uncompensated care payments	36.00	1,397,781	0	0	1,397,781	1,397,781
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	15,231,999	0	67,506	15,164,493	15,231,999
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	15,371,025	0	67,506	15,303,519	15,371,025

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet E
Part A Exhibit 4
Date/Time Prepared:
2/28/2020 10:53 am

		Title XVIII		Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)
		0	1.00	2.00	3.00	4.00	5.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,097,699	0	0	1,097,699	1,097,699
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	67,506	16,401,218	16,468,724
		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	1,049,811	0	0	1,049,811	1,049,811
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0
21.00	Capital DRG outlier payments	2.00	5,161	0	0	5,161	5,161
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	0.0407	0.0407	0.0407	0.0407	
23.00	Indirect medical education adjustment (see instructions)	6.00	42,727	0	0	42,727	42,727
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000	
25.00	Disproportionate share adjustment (see instructions)	11.00	0	0	0	0	0
26.00	Total prospective capital payments (see instructions)	12.00	1,097,699	0	0	1,097,699	1,097,699
		W/S E, Part A line	(Amounts to E, Part A)				
		0	1.00	2.00	3.00	4.00	5.00
27.00	Low volume adjustment factor				0.000000	0.000000	
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N				

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/28/2020 10:53 am

		Title XVIII		Hospital		PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	13,081,652		13,081,652	13,081,652	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	0	67,506		0	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	67,506		0	0	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	6,119,640	0	6,119,640	6,119,640	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.042066	0.042066	0.042066		5.00
6.00	IME payment adjustment (see instructions)	22.00	297,189	0	297,189	297,189	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	139,026	0	139,026	139,026	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	297,189	0	297,189	297,189	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	139,026	0	139,026	139,026	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1186	0.1186	0.1186		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	387,871	0	387,871	387,871	11.00
11.01	Uncompensated care payments	36.00	1,397,781	0	1,397,781	1,397,781	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	15,231,999	67,506	15,164,493	15,231,999	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	15,371,025	67,506	15,303,519	15,371,025	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,097,699	0	1,097,699	1,097,699	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			67,506	16,401,218	16,468,724	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet E
Part A Exhibit 5
Date/Time Prepared:
2/28/2020 10:53 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,049,811	0	1,049,811	1,049,811	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	5,161	0	5,161	5,161	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	0.0407	0.0407	0.0407		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	42,727	0	42,727	42,727	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	1,097,699	0	1,097,699	1,097,699	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	72,308	0	72,308	72,308	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	-183,143	0	-183,143	-183,143	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: 14-0113	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part B Date/Time Prepared: 2/28/2020 10:53 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		15,667	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,802,336	2.00
3.00	OPPS payments		6,654,378	3.00
4.00	Outlier payment (see instructions)		56,909	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		15,667	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		112,117	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)		112,117	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)		112,117	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		96,450	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		15,667	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)		6,711,287	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		1,211,482	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)		5,515,472	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		107,120	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)		5,622,592	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		5,622,592	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)		188,662	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		122,630	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		143,616	36.00
37.00	Subtotal (see instructions)		5,745,222	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		5,745,222	40.00
40.01	Sequestration adjustment (see instructions)		114,904	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		5,607,325	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		22,993	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN:14-0113 Component CCN:14-T113	Period: From 10/01/2018 To 09/30/2019	Worksheet E Part B Date/Time Prepared: 2/28/2020 10:53 am
		Title XVIII	Subprovider - IRF	PPS
			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)	118	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)	168	2.00	
3.00	OPPS payments	324	3.00	
4.00	Outlier payment (see instructions)	0	4.00	
4.01	Outlier reconciliation amount (see instructions)	0	4.01	
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00	
6.00	Line 2 times line 5	0	6.00	
7.00	Sum of lines 3, 4, and 4.01, divided by line 6	0.00	7.00	
8.00	Transitional corridor payment (see instructions)	0	8.00	
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200	0	9.00	
10.00	Organ acquisitions	0	10.00	
11.00	Total cost (sum of lines 1 and 10) (see instructions)	118	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges	822	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)	822	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)	822	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	704	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)	118	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)	324	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)	20	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)	422	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)	422	30.00	
31.00	Primary payer payments	0	31.00	
32.00	Subtotal (line 30 minus line 31)	422	32.00	
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)	0	33.00	
34.00	Allowable bad debts (see instructions)	0	34.00	
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00	
37.00	Subtotal (see instructions)	422	37.00	
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00	
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00	
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration	0	39.97	
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98	
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99	
40.00	Subtotal (see instructions)	422	40.00	
40.01	Sequestration adjustment (see instructions)	8	40.01	
40.02	Demonstration payment adjustment amount after sequestration	0	40.02	
41.00	Interim payments	367	41.00	
42.00	Tentative settlement (for contractors use only)	0	42.00	
43.00	Balance due provider/program (see instructions)	47	43.00	
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00	
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)	0	90.00	
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00	
92.00	The rate used to calculate the Time Value of Money	0.00	92.00	
93.00	Time Value of Money (see instructions)	0	93.00	
94.00	Total (sum of lines 91 and 93)	0	94.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet E-1
Part I
Date/Time Prepared:
2/28/2020 10:53 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		14,737,452		5,678,449	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	09/11/2019	86,366	09/11/2019	71,124	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)		-86,366		-71,124	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)		14,651,086		5,607,325	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		247,297		22,993	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		14,898,383		5,630,318	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 14-0113 Component CCN: 14-T113		Period: From 10/01/2018 To 09/30/2019		Worksheet E-1 Part I Date/Time Prepared: 2/28/2020 10:53 am	
		Title XVIII		Subprovider - IRF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider						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		4,336,689		367		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,336,689		367		4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0		5.01
5.02			0		0		5.02
5.03			0		0		5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0		5.50
5.51			0		0		5.51
5.52			0		0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		47		6.01
6.02	SETTLEMENT TO PROGRAM		22,462		0		6.02
7.00	Total Medicare program liability (see instructions)		4,314,227		414		7.00
		0		Contractor Number	NPR Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet E-1
Part II
Date/Time Prepared:
2/28/2020 10:53 am

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 14-0113 Component CCN: 14-T113	Period: From 10/01/2018 To 09/30/2019	Worksheet E-3 Part III Date/Time Prepared: 2/28/2020 10:53 am
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		4,210,540	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0386	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		191,580	3.00
4.00	Outlier Payments		41,347	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		13.295890	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	12.00
13.00	Total PPS Payment (see instructions)		4,443,467	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		0	15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		4,443,467	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		4,443,467	19.00
20.00	Deductibles		16,272	20.00
21.00	Subtotal (line 19 minus line 20)		4,427,195	21.00
22.00	Coinsurance		25,778	22.00
23.00	Subtotal (line 21 minus line 22)		4,401,417	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		1,316	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		855	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		4,402,272	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		0	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.99	Demonstration payment adjustment amount before sequestration		0	31.99
32.00	Total amount payable to the provider (see instructions)		4,402,272	32.00
32.01	Sequestration adjustment (see instructions)		88,045	32.01
32.02	Demonstration payment adjustment amount after sequestration		0	32.02
33.00	Interim payments		4,336,689	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)		-22,462	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		41,347	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 14-0113		Period: From 10/01/2018 To 09/30/2019		Worksheet E-4 Date/Time Prepared: 2/28/2020 10:53 am	
		Title XVIII		Hospital		PPS	
						1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT							
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.					8.70	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)					0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA					0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)					0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))					0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)					0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)					8.70	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)					8.29	6.00
7.00	Enter the lesser of line 5 or line 6					8.29	7.00
		Primary Care		Other		Total	
		1.00		2.00		3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	5.85		2.44		8.29 8.00	
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	5.85		2.44		8.29 9.00	
10.00	Weighted dental and podiatric resident FTE count for the current year			0.00		10.00	
10.01	Unweighted dental and podiatric resident FTE count for the current year			0.00		10.01	
11.00	Total weighted FTE count	5.85		2.44		11.00	
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	2.76		1.20		12.00	
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	7.61		0.00		13.00	
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	5.41		1.21		14.00	
15.00	Adjustment for residents in initial years of new programs	0.00		0.00		15.00	
15.01	Unweighted adjustment for residents in initial years of new programs	0.00		0.00		15.01	
16.00	Adjustment for residents displaced by program or hospital closure	0.00		0.00		16.00	
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00		0.00		16.01	
17.00	Adjusted rolling average FTE count	5.41		1.21		17.00	
18.00	Per resident amount	106,596.30		100,937.30		18.00	
19.00	Approved amount for resident costs	576,686		122,134		698,820 19.00	
						1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)					1.99 20.00	
21.00	Direct GME FTE unweighted resident count over cap (see instructions)					0.00 21.00	
22.00	Allowable additional direct GME FTE Resident Count (see instructions)					0.00 22.00	
23.00	Enter the locality adjustment national average per resident amount (see instructions)					0.00 23.00	
24.00	Multiply line 22 time line 23					0 24.00	
25.00	Total direct GME amount (sum of lines 19 and 24)					698,820 25.00	
		Inpatient Part A		Managed care			
		1.00		2.00		3.00	
COMPUTATION OF PROGRAM PATIENT LOAD							
26.00	Inpatient Days (see instructions)	9,608		4,271		26.00	
27.00	Total Inpatient Days (see instructions)	24,123		24,123		27.00	
28.00	Ratio of inpatient days to total inpatient days	0.398292		0.177051		28.00	
29.00	Program direct GME amount	278,334		123,727		29.00	
30.00	Reduction for direct GME payments for Medicare Advantage			17,483		30.00	
31.00	Net Program direct GME amount					384,578 31.00	

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN:14-0113	Period: From 10/01/2018 To 09/30/2019	Worksheet E-4 Date/Time Prepared: 2/28/2020 10:53 am	
		Title XVIII	Hospital	PPS	
			1.00		
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			1,958,522	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			25,435,113	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			4,280	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			25,430,833	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			9,818,289	42.00
43.00	Primary payer payments (see instructions)			0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			9,818,289	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			35,249,122	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.721460	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.278540	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			384,578	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			277,458	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			107,120	50.00

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

Provider CCN: 14-0113

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

Worksheet G

Date/Time Prepared:
2/28/2020 10:53 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	2,267,406	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	82,318,840	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-64,369,522	0	0	0	6.00
7.00	Inventory	3,092,815	0	0	0	7.00
8.00	Prepaid expenses	109,108	0	0	0	8.00
9.00	Other current assets	104,291	0	0	0	9.00
10.00	Due from other funds	2,257,305	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	25,780,243	0	0	0	11.00
FIXED ASSETS						
12.00	Land	16,389,900	0	0	0	12.00
13.00	Land improvements	1,647,000	0	0	0	13.00
14.00	Accumulated depreciation	-343,125	0	0	0	14.00
15.00	Buildings	56,996,132	0	0	0	15.00
16.00	Accumulated depreciation	-5,544,887	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	20,989,099	0	0	0	23.00
24.00	Accumulated depreciation	-4,868,588	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	635,368	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	85,900,899	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	282,119	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	8,603,031	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	8,885,150	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	120,566,292	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,375,891	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,888,021	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	637,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	7,723,438	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	15,624,350	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	28,847,184	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	28,847,184	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	44,471,534	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	76,094,758	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	76,094,758	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	120,566,292	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 14-0113

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

Worksheet G-1

Date/Time Prepared:
2/28/2020 10:53 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		98,671,208		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-22,689,956				2.00
3.00	Total (sum of line 1 and line 2)		75,981,252		0		3.00
4.00	TRANSFERS	113,506		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)		113,506		0		10.00
11.00	Subtotal (line 3 plus line 10)		76,094,758		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)		76,094,758		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	TRANSFERS		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: 14-0113

Period:
From 10/01/2018
To 09/30/2019Worksheet G-2
Parts I & II
Date/Time Prepared:
2/28/2020 10:53 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	52,766,852		52,766,852	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	6,562,134		6,562,134	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)	59,328,986		59,328,986	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,964,490		7,964,490	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	7,964,490		7,964,490	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	67,293,476		67,293,476	17.00
18.00	Ancillary services	179,339,560	220,511,946	399,851,506	18.00
19.00	Outpatient services	12,511,712	38,068,076	50,579,788	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	0	18,764,054	18,764,054	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES	2,448	0	2,448	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	259,147,196	277,344,076	536,491,272	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		134,285,207		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		134,285,207		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 14-0113

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

Worksheet G-3

Date/Time Prepared:
2/28/2020 10:53 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	536,491,272	1.00
2.00	Less contractual allowances and discounts on patients' accounts	421,153,544	2.00
3.00	Net patient revenues (line 1 minus line 2)	115,337,728	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	134,285,207	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-18,947,479	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	-7,259	6.00
7.00	Income from investments	19,017	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	298,318	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	57,053	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	2,574,889	24.00
24.01	GAIN ON DISPOSAL OF ASSETS	27,826	24.01
25.00	Total other income (sum of lines 6-24)	2,969,844	25.00
26.00	Total (line 5 plus line 25)	-15,977,635	26.00
27.00	EQUITY XFER	6,712,321	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	6,712,321	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-22,689,956	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 14-0113	Period: From 10/01/2018 To 09/30/2019	Worksheet L Parts I-III Date/Time Prepared: 2/28/2020 10:53 am
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,049,811	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		5,161	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)		52.79	3.00
4.00	Number of interns & residents (see instructions)		7.47	4.00
5.00	Indirect medical education percentage (see instructions)		4.07	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)		42,727	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)		1,097,699	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